HIGH JOB DEMANDS, LOW JOB CONTROL, LOW SUPPORT

SOCIAL WORK PRACTICE REALITIES IN PUBLIC SOCIAL SERVICES IN CRETE

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ABSTRACT

High job demands, low job control, low support. Social work practice realities in public social services in Crete, Eleni Papadaki

The overall aim of the present thesis is to gain an understanding of the working life of social workers working in public social services in Crete. It is a three-phase study, consisting of three distinct but related research parts; each research part is built upon issues and questions derived from the preceding part. In this work, both quantitative and qualitative approaches were employed. Theoretical perspectives regarding the impact of the welfare environment on social welfare workers’ behaviour and on their well being as well as gender aspects of welfare work constitute the main theoretical framework.

The findings of this thesis reveal the significant impact of the organizational environment on social workers’ well being, on their effectiveness as well as on their coping behaviour with unsatisfactory organisational conditions. The main sources of social workers’ dissatisfaction were organisational and extrinsic work aspects; their main sources of satisfaction were intrinsic work aspects. Social workers found themselves facing ethically difficult situations arising from the organisations’ inability to cover clients’ needs as well as from difficulties concerning interprofessional relationships with their superiors or physicians.

The most common pattern of coping that social workers used in order to deal with unsatisfactory organisational conditions was the ‘active defensive’ kind of adjustment aiming mainly at offering clients temporary relief. They adjusted their work attitudes to reflect lower expectations of their work. As their professional orientation called for altruistic behaviour towards clients, social workers tried to find solutions within the resource constraints they encountered; they did not risk trying to change the limitations imposed by the employing agencies. Certain common beliefs, such as that offering clients temporary help was the best they could do under the organisational circumstances, contributed to the forming of a dominant view: “the culture of silence”, which resulted in the perpetuation of unsatisfactory organisational conditions.

There were influences on social workers’ coping behaviour which affected them in order to accept limitations in their work rather than challenge them.
The inability of welfare programmes to cover social needs, organisational factors, factors related to gender and the insufficient amount of social workers’ knowledge limited their potential for intervention in order to improve unsatisfactory conditions. The most common patterns of coping resulted in the partial covering of clients’ needs. Social workers who used active strategies experienced frustration due to their limited effectiveness and the perpetuation of the organisational problems; most of them wanted to quit working in the organisation. The high job demands they experienced due to their efforts to deal with organisational constraints along with the low level of job control resulted in emotional exhaustion.

**Keywords:** social workers, job satisfaction, ethical dilemmas, patterns of coping, job demands, job control.
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1. Introduction

In Greece there is a serious lack of research on the function of social welfare organisations, on the provision of social services and on welfare workers. Due to this lack of research, the discussion on social welfare remains on a general level, instead of focusing on specific matters. Little research has been conducted regarding the working life of social workers, their activities and the pressures placed upon them while carrying out their work; there is limited published information in international journals regarding social workers. Two research-based articles tried to present a general picture of social workers in Greece: Dedoussi et al. (2002) investigated their educational, academic and employment characteristics and Georgoussi et al. (2003) explored the nature of their daily work. The lack of existing knowledge on social workers’ working experience in public social service organisations in Greece stresses the need for undertaking research on this issue.

Social work practice cannot be analysed properly without considering the settings within which it is located (Howe, 1991). The present thesis provides a general understanding of the working life of social workers within public social service organisations in Crete. More specifically, it examines their work expectations, their job satisfaction, the constraints of the organisational environment that they experience, the ethical conflicts they encounter as well as their coping behaviour with the difficulties of their work.

Social workers are involved in the provision of services to the most vulnerable members of the society during a time of socio-economic changes and growing pressure on resources. Research findings on the working life of social workers give us an idea of the ‘reality of social work practice’ within the organisational environment. Studies focusing on the work experiences of social workers provide those concerned with the provision of quality/effective social services with information in order to contribute to the improvement of the welfare environment. The findings of the present study provide social workers with the opportunity to be heard as far as the function of welfare organisations and social service provision in Crete are concerned. Crete is one of the 13 regions of Greece. It is the biggest island in Greece. In 2001 the population of
The island was 594,368. The distance of Iraklio (the island’s capital) from Athens is 325 Km.

In the present thesis, a combination of quantitative and qualitative research approaches was employed. The thesis consists of three distinct but related research parts:

1. A study on social workers’ work orientation and job satisfaction.
2. A study on the unsatisfactory organisational conditions which social workers experience and their patterns of coping with these conditions.
3. A study on social workers’ lived experiences of being in ethically difficult situations related to organisational conditions and their coping behaviour with these situations.

The structure of the thesis

This thesis includes:

- A section defining the aims of this thesis.
- A chapter illustrating the context within which the empirical part of this thesis took place. It provides information on: the recent socio-economic changes in Greece; the development of social policy/social welfare in Greece; the characteristics of social welfare/social service organisations; the development of social work in Greece as well as the organisational constraints social workers experience within the organisational context.
- Theoretical perspectives regarding the nature, the function of social service organisations, the impact of the bureaucratic welfare organisation on social welfare workers’ behaviour as well as gender aspects of welfare work.
- A chapter which presents the ‘work orientation’ perspective and the meaning of job satisfaction. Also, reference is made to the understanding of stress within human service organisations and to the ‘demand-control’ model.
- Reference to coping approaches and perspectives regarding the coping behaviour of welfare workers.
- A review of previous research regarding: a) social workers’ work orientation b) social workers’ job satisfaction c) organisational factors affecting social workers’ stress and burnout d) ethical dilemmas related with social work practice.
• A section on the methods used in the empirical part in general.

In the empirical part, the three research parts are presented in the chronological order in which they were conducted; study 1 comes first, followed by study 2 and finally, by study 3. Each of the three studies includes:

• The theoretical framework of the particular study.
• The specific aims and questions of the study.
• The research methods employed in the study.
• Research findings.
• Discussion of the research findings of the specific study.

Finally, the thesis also includes the conclusions and the general discussion of the three studies.

A few words about myself

I have been working as a field instructor at the Department of Social Work in the Technological Educational Institute of Crete, Greece for more than twenty years. I also teach introductory social work courses. As far as my educational background is concerned, I have a degree in social work and a Master’s degree in social work from the Department of Social Welfare of Umeå University.

My particular professional experience as field instructor stimulated my interest in the work experience of social workers within public social service organisations in Crete. The field practice and practice placement of social work students take place in social service organisations that cooperate with the Social Work Department. Through years of work experience as a field instructor I have cooperated with many social workers working in public social service organisations during students’ field practice and practice placement. I held regular meetings with the social workers of the agencies where students were placed, in order to discuss students’ progress and how students’ practice could be organized within the agency context according to certain competencies specified by the educational institution. By trying to contribute to the upgrading of field practice I became familiar with the working conditions and the constraints of the organisational environment that social workers encountered. As there is a lack of research regarding the working life of social workers within public social services I decided to explore this issue.

Since my interest in the research topic arose from my work experience as a field instructor, my level of pre-understanding is obvious. According to Tutty
et al. (1997) interest on the part of the researcher forms the foundation of a successful study but it can also prejudice the study’s results, since people tend to hold the firmest opinions on topics they feel most strongly about. Being aware of this, I tried to put my pre-understanding aside as much as possible. The knowledge I acquired while working on my Master’s degree provided me with tools important for the understanding of the phenomenon in focus. The overall educational experience in Umeå University helped me gain knowledge on social work research so I can contribute to the development of social work knowledge in Greece and to introduce social work students to research.
2. Aim of the thesis

This section presents the general aim of the thesis as well as the specific objectives of the three distinct empirical parts. The specific questions of each empirical part will be presented more analytically in the empirical part, after the chapters referring to the theoretical framework of each empirical study. The three empirical parts are clearly separate but at the same time each research part is built upon questions and issues derived from the preceding part.

General objective

The overall aim of this thesis was to gain an understanding of the working life of social workers working in public social service organisations in Crete. Moreover the study focused on the organisational conditions of the welfare environment that social workers experience and their subjective reactions to these conditions.

Specific objectives

• To investigate the work experience of social workers in terms of work orientation and job satisfaction (study 1).
• To identify the organisational conditions which contribute to social workers’ dissatisfaction as well as to describe and interpret their patterns of coping with these unsatisfactory conditions (study 2). The starting point of this empirical part was something that arose from the findings of study 1; the fact that respondents were dissatisfied with organisational work aspects and extrinsic work aspects and the fact that they indicated a moderate level of overall satisfaction with the functioning of the organisation where they worked. Study 2 is a further examination of organisational conditions that caused dissatisfaction among social workers working in public social service organisations in Crete.
To examine social workers’ lived experiences of being in ethically difficult situations related with organisational conditions and their coping behaviour with these situations (study 3). Study 3 focuses on an issue that came out of the findings of study 2: the fact that social workers experienced ethical dilemmas related to unsatisfactory organisational conditions. Organisational constraints prevented them from providing clients with effective services in accordance with basic social work professional norms and values.
3. The context of the three studies

This chapter illuminates the context within which the empirical part of this thesis took place. It provides the reader with information on the recent socio-economic changes in Greece; this is of interest since social workers experience the effects of socio-economic changes through working in social services. Also, there is a short reference to the development of social policy/social welfare in Greece, in order to understand the role of the state in the area of social welfare. Moreover, this chapter deals with the characteristics of social welfare and of the social services; these characteristics shape the working conditions that social workers experience while practising social work. Also reference is made to the organisational constraints social workers experience within the welfare environment and to the development of social work in Greece.

Significant difficulties were encountered while writing this chapter due to the lack of prior research regarding social welfare, the function of social services and welfare workers. As a result, the recent data available in these fields was limited. In Greece there are only general evaluation studies regarding social policy and social welfare.

**Socio-economic changes in Greece**

Important socio-economic changes have taken place in Greece during the last years. After a phase of economic development (early 60s up to middle 70s) in Greece, there was high inflation, low productivity and lack of investments (Stathopoulos, 1996). The accession into the European Union (1987) affected the Greek economy, since there was an effort to regulate Greek financial policy in such a way that Greece could be fully unified with the European Union. As a member of the E.U., Greece has been forced to adjust to an open and highly competitive market. Greece experienced considerable difficulties in adjusting to this new economic reality (Tsoukalis, 1999). In the mid-80s, the government decided on an austerity policy. According to Nikolaou (1996) consequences of the government’s austerity policy were:
• Decreasing inflation. According to the National Statistical Service of Greece it was 14 percent in 1994, 3.2 percent in 1999, 3.7 percent in 2001 and 3.2 percent in June 2005.

• Increasing unemployment.

• Increasing social inequalities.

• The creation of new forms of poverty and social exclusion.

Despite a slight increase in the last few years, unemployment has shown a rising trend in the last decades. In 1975 the unemployment rate was 2.5 percent; in 1985 it was 7.7 percent and in 1998 it was 11.3 percent (National Statistical Service of Greece). In 2004 the unemployed were 10.5 percent of the active population (Eurostat, 2005). According to Ketsetzopoulou & Bouzas (1996) the registered unemployment rate is lower than the genuine rate, since the Statistical Service records data that concern mostly hired employment. There are difficulties in recording unemployment in rural areas, where most people are self-employed.

Unemployment is more intense among women, young people and people with special needs. There is a high unemployment rate among women, particularly the young ones. Moreover, the employment rate among women is low compared to the other EU countries (in 2002 it was 42.7 percent). In 2001 the unemployment rate among women was 15.6 percent, whereas among men it was 7 percent (Eurostat, 2002). In March of 2003 the unemployment rate among women was 14.3 percent whereas among men it was 6.1 percent. At that time, the unemployment rate among the 15 member states of the European Union was 8.9 percent for women and 7.2 percent for men (Eurostat, 2004). In 2002, 34.3 percent of women who were up to 24 years old were unemployed in Greece, the highest percentage compared to all EU member states (Eurostat, 2003).

The unemployment rate among people under 25 years old has risen significantly in the past few years. In 1994 it was 27.7 percent (Eurostat, 1997) and in 1998 it was 32.1 percent (Eurostat, 2000). In 2002 Italy and Greece had the highest unemployment rate among people aged 15-24 (27.2 percent and 26.4 percent respectively), while the EU average was 15.1 (Eurostat/ Employment in Europe 2003). In the second term of 2003, 49.3 percent of the unemployed population in Greece were 15-29 years old. Of those unemployed young people, 64.7 percent had completed secondary education, 33.9 percent were higher education graduates and 1.4 percent had completed primary education (National Statistical Service of Greece, 2004). According to recent data (Euro-
the unemployment rate among young people who were under 25 years old in Greece remains high. In March 2005, Greece (25 percent) and Italy (24.2 percent) had the highest unemployment rate among people under 25 years old while in June 2005 the EU-15 average was 17.9 percent.

In the decade 1985-1995 the income inequalities in Greece increased. On average, poor people’s income was 34 percent lower than that of the rich. In the 90’s, 12.5 percent of the children in Greece lived below the poverty line (Organisation for Economic Cooperation and Development, 2000). In 1997 Portugal and Greece had the highest income poverty rates and the highest inequalities among the 12 member states of the European Union (Eurostat, 2001). 22 percent of the Greek population lived in income poverty1 whereas the same year the average poverty rate in the European Union was 18 percent. Portugal and Greece also had the highest share of persistent income poor. 10 percent of the Greek population had been living for at least three consecutive years (1994-1996) in a low-income household (Meyer & Linden, Eurostat, 2000). In 2001 the poverty rate in Greece was 20 percent, whereas the average poverty rate in the EU was 15 percent (European Commission, 2003:15). That same year, the Greek population had the lowest standard of living among the 15 member states of the European Union (Eurostat, 2004).

During the last few years economical and industrial restructuring have created new forms of poverty and social exclusion (H.A.S.W, 2005; Kavounidi, 1996). Factors that have also contributed to social exclusion were: the changes in functions of informal networks (which play a very important role in care provision in Greece); ineffective social services; large numbers of immigrants coming to Greece (Kavounidi, 1996). Even though Greece has been known as an exporter of migrants throughout the 20th century, since the beginning of the ’90s it has become a multi-cultural society due to immigration and repatriation. It is estimated that immigrants constitute 10% of the total populations (1.000.000 people) (H.A.S.W, 2005). The following groups of the population were considered to be the most liable to social exclusion: women, elderly people, people with special needs, people living in deindustrialised downgraded areas, gypsies, immigrants of Greek origins, immigrants who work illegally, drug addicts, those infected by AIDS and ex-prisoners. The development of social integration programmes based on previous research and evaluation procedures as well as the overcoming of prejudices and xenophobia will contrib-

1 The income poverty line is defined as 60 % of the median equivalised income per person in each member state.
ute to the struggle versus social exclusion (Kavounidi, 1996). Due to socio-economic changes new social problems have arisen or existing problems have deteriorated. But to what extent have social policy measures been developed in order to deal with ever-changing social needs?

Social policy in Greece – a general introduction

Until 1980 no serious social policy measures had been taken in Greece. The local government had only minimal authority and resources; it only carried out the central government’s choices (Getimis, 1993). After 1980, the central government handed over some authorities on social issues to the local authorities; however the role of the local government in social policy remained limited (Getimis, 1993). The local governments’ interventions in the field of social policy remain piecemeal since they depend to a significant degree on the choices and actions of the central state (Amitsis, 2001).

Despite the attempt in the beginning of the 80s to create the welfare state and the increase of social protection expenditure after 1993, the effectiveness of provided services is questionable (Matsaganis & Petroglou, 2001; Matsaganis, 2005). Although social protection expenditure in Greece is no longer low by European standards, the poverty rate is higher and the impact of social transfers on poverty reduction lower than in most EU countries (Matsaganis, 2005). In 1991 the social protection expenditure was 21.6 percent of the G.D.P versus 26.4 percent in the European Union. In 2000 expenditure on social protection were 26.4 percent of the G.D.P compared with 27.3 percent in the European Union as a whole (European Commission, 2003:25). The social policy interventions did not manage to deal efficiently with poverty and long-term unemployment; those interventions did not particularly support vulnerable groups such as the poor, the unemployed, young people, women, low-income workers and old-age pensioners (Matsaganis & Petroglou, 2001).

2 The term ‘social policy’ refers to the governmental policy (both central and local) in the area of welfare. The concept of social policy encompasses health, housing and social security including transfer payments such as pensions and personal services.

3 The term ‘welfare state’ is used to describe the state’s responsibility for welfare provision via social security systems, offering services and welfare benefits in order to meet people’s basic needs for housing, health, education and income.

4 The functions of social protection are sickness/health care, disability pensions, old age pensions, provision of goods and services to the disabled and the elderly, income support and support in connection with the death of a family member, family allowances, unemployment benefits, income support benefits for the socially excluded, housing benefits.
According to Matsaganis (2005) the welfare state in Greece places heavy emphasis on contributory benefits in cash, provided under social insurance. 90 percent of all spendings on social security (defined as the aggregate of all social transfers in cash) goes to pensions. In contrast, little provision is made for non-insurable social risks, such as poverty and unemployment. There is absence of a guaranteed minimum income scheme. The social safety net is full of holes, through which a large number of individuals and their families fall into poverty. Fragmentation and incomplete coverage are evident in all areas of social security. Benefits in kind, such as social care and other services, remain at an early stage of development – with the exception of health. A national health service has been in operation since 1983. Low patient satisfaction, widespread inefficiency and frequent episodes of industrial strife are the common problems of the National Health Service, while there is a large growth of the private sector (Matsaganis, 2005).

Greece’s accession into the European Union contributed to the implementation of new social programmes which are being developed with the financial support of the European Union. There were community initiatives against poverty, unemployment and social exclusion; programmes such as Horizon, Now, Youthstart, Poverty 3, Leda etc (Amitsis, 2001). Still there have been cases where programmes which had been effective in other EU countries were not effective when applied in Greece because the socioeconomic conditions in Greece were different (Kallinikaki, 1998).

**Causes of the limited development of social policy**

According to Maloutas (1988) the limited development of social policy is attributed to certain characteristics of the Greek society, such as: individuals’ capability to earn supplementary income from land cultivation while at the same time having other occupations; the existence of informal care networks (family, relatives, friends and neighbours). However, the above point of view was criticised because factors which are considered to be causes are actually results. According to this criticism, informal care networks were developed because of the lack of formal care networks (Petmezidou, 1992; Getimis, 1993).

The welfare state in Greece is characterised by a clientelist mediation of access to resources. There are examples of privileged treatment of individuals or whole categories (Matsaganis, 2005). According to Petmezidou (1992) politicians in Greece intervene in matters such as the state’s role in the redistribu-
tion of resources and, therefore, affect social policy. More often than not, decisions on social policy result from transactions between small groups of people and the decision-making centres of the government, depending on the access of such groups to these centres. Social groups – by acting on an individualistic level – try to strengthen their access to the decision-making centres of the government and gain benefits at the expense of other social groups. Under such conditions, social policy cannot be a concerted attempt to deal with social inequalities, since there is no consensus on the social groups’ part in order to claim certain social policy measures (Petmesidou, 1992). The distribution of welfare privileges correlates with a category’s ability to obtain concessions by drawing on a variety of resources. The resources put to effect in the case of bank employees, the ‘liberal professions’ and civil servants were respectively trade union strength, political influence and ‘proximity to power’ (Sotiropoulos, 2003).

**Characteristics of the welfare state in Greece**

Esping-Andersen (1990) distinguished three major types of welfare state (the ‘liberal’ welfare state, the ‘corporatist’ welfare state and the ‘social democratic’ welfare state). Lewis (1992) recognised the importance of Esping-Adersen’s analysis, but pointed out the absence of reference to work which is provided mainly by women in informal networks. Lewis proposed as a criterion for the distinction between welfare regimes the principle of ‘the breadwinner and head of the family’ and distinguished between welfare regimes that adopt the model of ‘one breadwinner’ – mostly a man – or the model of ‘two breadwinners’ in the family. According to Stasinopoulou (1994) the views of Esping-Andersen and Lewis are particularly interesting when reference is made to the welfare state in Greece. In Greece there is a limited development of the welfare state, whereas informal networks play a very important role in social care provision (Stasinopoulou, 1994; Stathopoulos, 1996; Amfitsis, 2001). As far as the provision of social services is concerned, Greece belongs to the ‘south European welfare model’ which is characterized by a family-based model of care (Katrougalos, 1996) whereas the public sector plays a minor role in social care provision (Cough, 1996).

According to Esping-Andersen’s welfare regime types, we could say that the welfare regime in Greece has characteristics of the ‘corporatist’ welfare state. “In the ‘corporatist’ welfare state the principle of ‘subsidiarity’ serves to emphasise that the state will only interfere when the family’s capacity to ser-
vice its members is exhausted” (Esping-Andersen, 1990:27). This is the case of the welfare state in Greece. The state intervenes only when family networks are either non-existent or unable to help. Social policy aims at the empowerment of the family so that the family can fulfil its role to protect its members. According to Matsaganis (2005) the label ‘conservative-corporatist’ fits the welfare state in Greece well. The Greek welfare state is dominated by social insurance in its southern variant. Pensions are associated with employment. Social security is dominated by the Bismarckian principle of contributory earnings-related benefits, provided by a plethora of social insurance agencies or ‘funds’. In 2001 these benefits accounted for 83.7 of the total social security expenditure. There is absence of a universal minimum pension. While most pensions are modest, generous benefits are available on retirement to the ‘protected categories’ of civil servants, workers in the utilities and the financial sector, the liberal professions and others (Matsaganis, 2005).

If we try to use the models of Lewis mentioned earlier, the Greek welfare state belongs to the model of the ‘one-breadwinner’ in the family. Women play an important role in care provision through informal care. The fact that women are the main care providers contributes to the perpetuation of gender inequalities and the dependence of women, since it affects women’s access to the labour market and their social participation (Lambropoulou K., 1993; 1998; Symeonidou, 1998). The social security system perpetuates inequalities. Traditional caregivers cannot participate in the social security system (e.g. old age pensions) as paid labour; therefore they depend on the male breadwinner. The social security system treats them as dependent family members. There are no sufficient support measures so that women can combine family and work (parental leaves/access to quality services for children and the elderly) (Matsaganis & Petroglou, 2001). Even though at times there is not only ‘one breadwinner’ in the family, women’s dependence on the husband or on family networks is associated with their limited opportunities to enter the labour market (Stasinopoulou, 1994). In Greece the number of working women is low compared to the other European countries. In 2002 the employment rate among women was 42.7 percent (Eurostat, 2004).

According to Cough (1996) the absence of a national scheme of last resort acting as ultimate social safety net, is a defining feature of the ‘rudimentary social assistance regime of south Europe’. Although all other EU countries already operated a general scheme of last resort (European Commission, 1998) Greece is left looking more of an exception even within the family of south
European nations (Matsaganis, 2005). Instead of applying a guaranteed minimum income programme, financial benefits are given to specific target groups of vulnerable people. This model does not respond to the contemporary aims of a social safety net, since the needs of population groups such as the homeless, the unemployed etc remain unmet; these needs would be covered only through the implementation of a guaranteed minimum income scheme (Amitisis, 2001).

Ferrera (1996) identified the clientelistic mediation of access to resources as a feature of the ‘south European welfare model’. According to Matsaganis (2005) due to the clientelist aspects of the Greek welfare state coverage gaps coexist alongside welfare privileges. That dualism (aggravated by the absence of a guaranteed minimum income scheme) are the main reasons for the high poverty rate in Greece (in 2001 it was 20 percent) although social protection expenditure in 2000 was no longer low by European standards (see p. 10).

Social welfare development in Greece

In Greece the term ‘social welfare’ is used in a limited sense to describe the programmes for the protection of weak groups of the population. Social welfare is orientated towards the provision of benefits to individuals or vulnerable groups facing socioeconomic problems that are not dealt with by social insurance (Amitisis, 2001). Despite the absence of evaluation studies, there is a general agreement on the ineffectiveness of social welfare services (Karanritis et al., 1992; Stasinopoulou, 1993; Kavounidi, 1996; Matsaganis & Petroglou, 2001).

As mentioned earlier the provision of social services is based on a traditional family-centred model of care (p. 12). Informal networks (mainly the family) have the main responsibility for care provision; they substitute for and supplement the formal social services network (Stasinopoulou, 1993; Stathopoulos, 1996, Amitisis, 2001; Matsaganis & Petroglou, 2001). It is mainly women that provide care to little children, the sick, the disabled and the elderly through informal networks. (Labropoulou, 1998). Such services though are not a part of the formal social services network (Amitisis, 2001). The needs of the traditional caregivers are not recognized; as a result they do not get any support from social services so they can be more effective in their role (Stathopoulos 1996).

Until the beginning of the 70s, the state intervention in welfare concerned mainly the institutional care of unprotected children, the elderly and the dis-
abled. In the 80s there was a 68 percent increase in the number of public sector welfare organisations. Open care programmes were founded (health centres, mental health centres, community centres for the aged). During the 90’s the role of the private, non-profit sector increased; at the same time the state’s control and supervision over private non-profit organisations increased (Stathopoulos, 1996). In 1992 there was an attempt to reform the social welfare system (act 2082/1992). This act supported the family-centred model of care and the centralised system; there were no decentralisation tendencies or service development on a local level (Stasinopoulou, 1993). The act 2646/98 aimed at developing a National Social Care System mainly for children, the elderly, people with special needs and groups with urgent needs. This act included centres of immediate social support for battling against social exclusion; centres for social support, training and rehabilitation for people with special needs; home-help programmes for supporting the elderly and the handicapped, which were to be carried out with the aid of the local authorities. The above-mentioned programmes were created with European Union financing. However, due to delays in the application of the particular act, there have been no substantial interventions regarding social welfare (Amitsis, 2001). The act 2646/98 supported the community-based assistance (as it included home-help programmes). These programmes did not actually support the informal care networks since help is provided mainly to lonely dependent elderly people and the handicapped (when family is non-existent, when it is unable to help or it refuses to provide care). According to Amitsis (2001) despite the tendency to reinforce the role of the private sector within the national social care system, this role in care provision remains limited; therefore, we cannot talk about privatization. The private sector offers programmes in fields where the public sector does not offer sufficient services; it focuses mostly on creating day care centres for children and old people’s homes.

Social and economic changes such as the urbanization with the weakening of kin relationships, the changes in family structure, women’s access to the labour market, have probably affected negatively the informal care networks’ ability to offer help (Kavounidi, 1996). Even though no research has been carried out there are indications that the family’s ability to provide care has been reduced. For example, in Crete many families cannot take care of their dependent elderly or disabled members so they end up hiring female migrant workers. These female migrant workers play an important role in care provision of the dependent elderly or the disabled, since public old people’s homes...
are insufficient and stigmatised, old people’s homes run by the church are meant only for the poor and private old people’s homes are few and charge very high fees. Most of the female migrant workers get low salaries, they take care of the elderly 24 hours a day and they do not participate in the social insurance system.

Demographic changes, such as the increase in the number of elderly people, increase the number of people in need of care. The decline in the role and number of informal networks may have serious repercussions in care provision of a considerable part of the population, mainly little children, the elderly and people with special needs (Kavounidi, 1996).

The characteristics of social welfare/social services

Social welfare/social services’ characteristics shape the organisational conditions which social workers experience while carrying out their work. According to Stasinopoulou (1993) the main characteristics of social services in Greece are the following:

Centralised Administration. There is a tendency towards a decentralised model which includes the following four levels: central, regional, prefectorial and local level. Moreover, there is a tendency to gradually hand over authorities to the prefectorial and the local government (Amitsis, 2001). However, if we examine the authorities of the Ministry of Health and Welfare as well as the authorities of Regional Welfare Councils and local authorities in social care we notice that there is a concentration of authorities on a central level, while the regions are given limited space for initiative. The Regional Welfare Councils cannot decide autonomously on the planning, the allocation of funds or the application of programmes on a regional level, according to the needs of local communities.

More specifically:

The Ministry of Health and Welfare holds the main authority over the shaping of national policy in social care. The interventions of the Ministry of Health and Welfare include the planning, the funding and the application of programmes. The National Social Care Committee proposes to the Minister of Health and Welfare the mapping out of policies in the field of social welfare (act 2646/98).

The Regional Welfare Council of each region proposes the mapping out of new programmes and their distribution over various areas to the Minister of
Health and Welfare. Moreover, it evaluates and co-ordinates regional social services. In every Regional Welfare Council there is a Social Service Department which aims at investigating social needs, programme planning, evaluation and professional supervision of social welfare programmes on a regional level (act 3106/2003 for the reform of the National Social Care System). Unfortunately there have been delays in applying the particular act and in employing specialised staff in Social Service Departments.

In every prefecture the Social Welfare Departments apply benefit-giving programmes for the protection of children, the elderly, the handicapped, the financially weak individuals; they also provide counselling. Moreover, they supervise programmes of the private for-profit sector (act 2218/94, presidential decree 30/96). Local authorities are responsible for establishing day-care centres, children’s homes, old people’s homes, support and rehabilitation centres for people with special needs (presidential decree 410/950). As there is lack of sufficient funding, local authorities mainly develop programmes such as day care centres for children, open day care centres for the elderly and home help programmes. Some municipalities have created a Social Service that submits proposals for the application of social welfare programmes to the particular municipality.

Due to the centralised and hierarchical social welfare system, social service organisations have limited opportunities for developing initiatives as there is little room for autonomous action and development of new activities (Kavounidi, 1996; H.A.S.W\(^5\), 1997; Kallinikaki, 1998). Welfare Organisations are bureaucratic centralised organisations with hierarchical lines of communication. There is lack of a modern, effective administration (Mouzakitis, 1995; Kallinikaki, 1998). Social workers do not usually hold managerial positions; they work only in the application of social welfare programmes (Kallinikaki, 1998). There is no essential participation of social workers in the decision-making sphere and they have limited control over the content of their work (Stathopoulos, 1996).

**Therapy-oriented model/Residual model.** This welfare model is targeted at certain weak population groups, while the needs of significant population groups remain uncovered (Amitsis, 2001). Social services’ clients are usually of low income; they have few opportunities and generally live in unequal socio-economic conditions (Stathopoulos, 1996). Emphasis is put on social pathology. Social welfare programmes intervene once problems have already

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\(^5\) Hellenic Association of Social Workers (H.A.S.W.)
arisen, which results in stigmatising people facing problems (Karantinos et al., 1992; H.A.S.W, 1997).

The pattern of service provision is front-line services, aimed at urgent situations, with no time spent on preventative work (Georgoussi et al., 2003). Social welfare programmes were developed to deal with emergencies. As a result, social workers’ intervention is of limited effectiveness, since social workers intervene when problems become acute (Mouzakitis, 1995; H.A.S.W., 1997). Only a few programmes aim at prevention (Community Centres for the Elderly, Community Centres of National Welfare Organisation etc) but these are not enough to change the overall picture. This fact indicates the need for the development of programmes with an emphasis both on prevention and therapy in order to meet modern society’s needs (Mouzakitis, 1995; H.A.S.W, 1997).

The benefit-giving nature of social welfare. In Greece instead of applying a guaranteed minimum income programme, financial benefits are given to specific target groups of vulnerable people (Matsaganis, 2005). Insufficient benefits given mainly to a low-income clientele result in stigmatising those entitled to benefits. Benefits are given to the individual in need of help, whereas no financial support is provided to those helping the individual in need (Stasinopoulou, 1993). The requirements for benefit-giving, the level, the duration and the form of benefits are determined by the Minister of Health and Welfare. The income one should have in order to be entitled to benefits is so low that many people who are in need are excluded (Kavounidi, 1996; Stathopoulos, 1996). The dominance of benefit-giving along with the family-centred model of care limits the development of social services (Stasinopoulou, 1993).

Lack of planning and evaluation. There is a lack of planning for the development of social services; there is a lack of overall central planning and decentralised application of programmes according to the needs of local communities (Stasinopoulou, 1993; Kavounidi, 1996). Social welfare programme planning is not based on research of social needs\(^6\), needs’ hierarchy, current services’ evaluation and re-definition of aims (Petmezidou, 1992; Kavounidi, 1996).

The state financing of social research in Greece is insufficient (Dautopoulos, 2002). Social research and evaluation studies are basic prerequisites for

\(^6\) Social needs are not merely those necessary for survival, but those necessary for a proper life within the society. They include not only a minimum level of income for food and clothing, but also adequate housing, education, health care and opportunities for employment.
social planning. Since only a small amount of money is spent on research in Greece, research on social issues is especially limited. The exact dimensions of social needs and shortages remain unknown because the required social research has not been carried out (Karantinos et al., 1992; Kavounidi, 1996). Evaluation of social welfare services is hardly ever carried out. There is a lack of a systematic collection and analysis of statistical data, as far as social welfare services are concerned. Such data would allow the evaluation of the effectiveness of the existing services (Kavounidi, 1996). There is a need for rational planning of social care services as well as a need for research and evaluation of social needs (H.A.S.W., 2005).

The outcomes of the lack of social planning and evaluation are:

- The incorrect use of funds spent on social welfare (Kavounidi, 1996).
- Fragmented social services/piecemeal development of social welfare services (Kavounidi, 1996; H.A.S.W., 2005).
- The unequal distribution of social services between the centre and the regions. There is a mass gathering of services in the centre and a lack of adequate services in the regions (Vagia, 1995; Kallinikaki, 1998). The unequal distribution results to inequalities as far as access to social services is concerned (Stasinopoulou, 1993).

**Staff Shortage.** The number of staff members of social welfare organisations is insufficient. There is a lack of specialized staff (Stathopoulos, 1996). The number of social workers in social services is limited – especially in the regions – thus hindering the development of social welfare programmes (Kallinikaki, 1998). Social workers are usually over-worked, possibly without the appropriate time for activities other than first-aid work with individual clients (Georgoussi et al., 2003).

Reproduction of gender inequalities. As mentioned earlier, it is mostly women that provide a large part of informal care. Since a large part of informal care is women’s responsibility, women’s access to the labour market and their social participation are limited (Lambropoulou K., 1993; 1998; Simeonidou, 1998). Literature on women’s relation to the state refers to the structuring and restructuring of gendered relations by the welfare state (for example Orloff, 1997; Daly, 2000).

In Greece social services perpetuate gender inequalities. Welfare workers consider traditional caregivers as a source that can make up for the shortages of formal care services under welfare workers’ guidance (Stasinopoulou,
Care as unpaid work is not regarded as a productive activity contributing to the welfare state and therefore as eligible for benefits. The need for programmes that might support caregivers in order to carry out their role is not recognised. Social services are orientated towards the needs of individuals in need of care, instead of taking into account the needs of those providing care as well (Stathopoulos, 1996). Social workers do not particularly focus on family work. Research findings showed that social workers in Greece work mainly with individuals. In a question concerning the frequency of conduct, only 33 percent of Greek social workers answered that they very often or often work with families (Georgoussi et al., 2003). Informal care provision within the context of the multiple roles that women have is considered to affect their physical and mental health (Doress-Wortes, 1994). Research findings (Chianos, 2000) showed that the percentage of stress symptoms and depression among Greek women is double as much as that among men.

**Social workers – social services**

From the presentation of the characteristics of social welfare and social services, it has been made clear that social workers’ opportunities for action (within the context of public social services) for the covering of clients’ needs are limited. Social services seem to offer a first-aid service aimed at acute cases, with little or no emphasis on follow-up and no time spent on preventative interventions (Georgoussi et al., 2003). Certain characteristics of social welfare and the social services (mentioned in the previous section) cause problems in the provision of services. These problems are what social workers have to deal with while practising social work. Social workers working in the public sector face difficulties in practising social work, which are possibly due to:

- The limited role of the public sector in social care provision (Stasinopoulou, 1993; Stathopoulos, 1996; Amitsis, 2001).
- The lack of social planning and evaluation of current welfare services (Kavounidi, 1996).
- The ineffectiveness of social welfare services (Karantinos et al., 1992; Stasinopoulou, 1993; Kavounidi, 1996; Matsaganis & Petroglou, 2001).
- The fragmented social services (Kavounidi, 1996; Georgoussi et al., 2003).
The welfare programmes’ orientation. The welfare programmes are targeted at certain weak population groups, while the needs of significant population groups remain unmet (Amitsis, 2001). There is no combination of preventive and therapeutic aims. As a result, social workers’ intervention is of limited effectiveness, since social workers intervene when problems become acute (Mouzakitis, 1995; H.A.S.W., 1997; Georgoussi et al., 2003).

The inadequate organisational resources/the limited funds available for helping those in need (Karantinos et al., 1992; Stathopoulos, 1996; Kavounidi, 1996; H.A.S.W., 1997).

The lack of sufficient staff (Stathopoulos, 1996; H.A.S.W, 1997; Kallinikaki, 1998), which results in heavy workload (Georgoussi et al., 2003).

The centralisation of social services. The centralised and hierarchical system does not provide social services staff with opportunities for developing initiatives. (Getimis, 1993; Vagia, 1995; Kavounidi, 1996; Kallinikaki, 1998).

The lack of modern, effective administration (Mouzakitis, 1995; Stathopoulos, 1996; Kallinikaki, 1998).

The lack of necessary facilities to practise social work, such as interview rooms, computers etc. (Stathopoulos, 1996; Georgoussi et al., 2003).

Social workers working in statutory social services usually provide occasional care, by offering help rather than treating the problems of socially excluded individuals (H.A.S.W., 1997). According to Papaioannou (2000) social workers working in the public sector as representatives of the state aim at adjusting the weak groups of the population to the current socio-economic conditions. Due to the increase of social problems\(^7\), new clients keep coming to social services. Social services cannot meet clients’ needs, as these needs are shaped by continuous socio-economic changes.

**Social work development in Greece**

Social work is a relatively new profession in Greece. The American College founded the first school of social welfare after the Second World War (1945). The first social workers were employed in 1950 in child welfare and health programmes (Panoutsopoulou, 1984). In 1961, social work was rec-

\(^7\) Social problems such as unemployment, forms of poverty and social exclusion (see pages 7-9).
Ognised as a profession (Decree 690/61). There is one professional body, the Hellenic Association of Social Workers (H.A.S.W) which was founded in 1955 and represents social workers on a national level. According to H.A.S.W.’s estimates, 5,000 social workers are employed in Greece today; almost half of them are H.A.S.W. members.

In Greece, social workers are employed both in the public and the private sector. They can also engage in private practice, if they have previous work experience of 5 years (Decree 23/92). In Greece social work is provided by social workers who are graduates either of the three Social Work Departments (in Athens, Patra and Crete) of Technological Educational Institutes (TEI) or graduates of the Social Administration Department at the University of Thrace. Regarding those social workers who are T.E.I graduates, they can work in the fields of: social welfare programmes; health and mental health services; social security organisations; vocational guidance; education; criminology; community development; social services in the Armed Forces and the Police. Graduates of the Social Administration Department combine a single degree in Social Administration with a specialisation either in social policy or in social work. They can work as social policy/social administration experts or as social work practitioners in the various fields of social work practice mentioned above.

Most social workers are employed in the public sector in permanent positions. The main fields of employment for social workers are Social Welfare and Health Services Departments. According to data of the Ministry of Health & Welfare in 1998, 31.3 percent of social workers worked in Social Welfare programmes and 13 percent worked in Health programmes (Kallinikaki, 1998). In the last few years a significant number of social workers have been hired in programmes that are largely financed by the European Union (home-help programmes, social care programmes etc). Also, there was an increase in the number of social workers working in the public sector and in the local government either part-time or on a short-time contract. The H.A.S.W. favours the full-time employment of social workers, so they can contribute to the covering of social needs.

Social workers do not enjoy a high professional status, and as such have rarely been the subject of any kind of research regarding their activities, working life or professional aspirations (Georgoussi et al., 2003). Welfare Organisations do not provide their staff with opportunities for professional development (Stathopoulos, 1996). Social workers work only in the application of
programmes. They do not usually hold management positions. Their rich experience has not been recorded. Research in social work has been developed to a very limited degree by social workers (Kallinikaki, 1998). The picture of the ‘typical’ social worker in Greece is a middle-aged woman, married or single, working in health or social services for the last 10 years with neither the time nor the money to attend scientific meetings and who has little or no prospects for promotion (Dedoussi et al., 2002). A social worker is someone who is over-worked, with no time, encouragement or management structure for much work other than first-aid with individual clients (Georgoussi et al., 2003).

As far as social work education is concerned, there has been a transition from private to public education, from post-secondary but not tertiary level education to tertiary level education and from TEI-based tertiary education to both TEI-and-University-based tertiary level education⁸.

The development of postgraduate studies in social work has been obstructed for many years. The Department of Social Administration started operating in the academic year 1996-1997. Up to 1996 social work education was provided only by TEI Departments which were not entitled to organize postgraduate studies (since 2000, TEI are entitled to co-organise post-graduate programmes with Greek or foreign Universities). Moreover, until 1995 social workers who were TEI graduates did not have the right to attend postgraduate programmes held in Greece. Today in Greece a social worker has limited opportunities to be accepted in postgraduate programmes related to social work. Thus, there is a tendency for social work graduates to attend postgraduate programmes in the European Union in order to increase their qualifications and deal with the prospect of unemployment (which is a common problem among Greek social workers).

The accession into the European Union had a positive effect on the quality of social work education in Greece. The European Union financed higher education programmes such as: exchange programmes with other Social Work Departments in order to develop staff and student mobility; upgrading of the study programmes; upgrading of field practice; buying equipment and teaching material and upgrading of academic libraries. The effort for upgrading social work education did not occur because the state had recognised that there was a need for staff that would be able to contribute to the upgrading of social

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⁸ The presidential decree 2817/2000 declared that tertiary level education consists of two equal sectors: the university sector and the technological sector. Even though TEI have been part of tertiary education since 1985, up to 2000 TEI degrees were not equal to those of the universities.
welfare. It occurred mostly due to a more general upgrading of tertiary level education due to the accession of Greece into the EU; it was also due to the policy of the Ministry of Education to increase the posts available in tertiary education. The department of Social Administration was created after many years of H.A.S.W.’s efforts in a period where there was an increase in the posts available in tertiary education (Papadaki E. & Papadaki V.).

As post-graduate studies in social work are not available in Greece, the need for further education of social workers is evident. No school or other social organisation provides educational programmes for social workers on a permanent basis. There have been only programmes in the form of seminars, workshops, etc. organised by various bodies, such as the Hellenic Association of Social Workers, Social Work Departments etc. Post-graduate studies in social work in Greece would help develop the theoretical structure of social work and create specialised social work staff. Such professionals could then contribute to the upgrading of social welfare and social work education. The constant struggle for the improvement of social work education, as well as the organising of postgraduate studies and continuous education, would contribute to the efficiency of social workers, to the further development of social work and to a higher professional status for social workers.

To sum up:

A traditional family-based model of care still prevails in Greece, whereas the public sector plays only a minor role in social care provision. Informal care networks (mainly the family) substitute for and supplement the formal care networks. This family-based model of care has a negative impact on the quality of care provided. Also it has a strong gender bias. More specifically, it affects negatively:

- The traditional caregivers who provide care through informal care networks (mainly women, as women play an important role in welfare provision through the informal care of little children, the elderly, the sick and disabled).
- The professional caregivers such as social workers (mainly women, as social work is considered to be a women’s profession concerned primarily with care).
As far as the traditional caregivers are concerned:
Informal care provision by women contributes to the perpetuation of gender inequalities and to the dependence and social exclusion of women care-providers, since it obstructs their entrance to the labour market and their social participation. The primarily unpaid care mainly provided by women constitutes an unnoticed and unrecognized issue for the social welfare in Greece. Care as unpaid work is not regarded as productive activity contributing to the welfare state. Welfare workers see the traditional caregivers as those who can help them make up for the shortages of formal services in care provision. The caregivers’ need for support so they can then be more effective in their role is not recognized. Informal care provision in the context of the multiple roles that women play affects women’s health.

As far as social workers are concerned:
In Greece the family usually believes that it has the responsibility to care for its members. Besides, it has no choice, since the services offered by formal care networks for covering such needs are either inefficient or nonexistent. The state relies upon informal networks that make up for care shortages and it does nothing to upgrade social services. In the context of a residual social welfare model, personal social services remain relatively underdeveloped as they are restricted to the most severe cases. The profession of social work operates within the context of the existing social services. As the role of public social services in care provision is limited, social workers try to help people within an organisational context that is characterized by the inability to cover clients’ needs and which cannot respond to the increasing demands for social services. Due to certain characteristics of the social welfare and the social services (p. 16) social workers experience many organisational constraints which affect how they carry out their tasks and the provision of social services. These constraints of the welfare environment stimulated my interest in order to examine social workers’ job satisfaction, the organisational sources of their dissatisfaction as well as how they deal with the unsatisfactory organisational conditions while practising social work in public social service organisations.
4. Understanding human service organisations

The previous chapter illuminated the context of the existing social policy and social service organisations in Greece. This, and the following two chapters deal with the main theoretical perspectives which proved to be suitable for the understanding of social workers’ working life and the conditions they experienced within social service organisations. This chapter includes theoretical perspectives regarding the nature of human service organisations, the impact of the bureaucratic welfare organisation on social welfare workers’ behaviour as well as a section on gender and welfare work. The section regarding gender and welfare work refers to the concepts of femininities and masculinities which guide and constrain people’s behaviour, as well as to gender aspects of welfare work, since welfare work is viewed as women’s work. The predominance of women in welfare work has consequences on their working conditions and on their work.

The nature of welfare organisations

The dominance of human service organisations in our lives is an outgrowth of the modern welfare state (Hasenfeled, 1983). Understanding the way in which welfare organisations operate should form an important part of our understanding of the delivery of welfare services, as these institutions are the crucial link between national policy and the clients. Studying these organisations is important as they are going through a rapid period of change. Social services are to be more like private sector organisations and more service provision is to be undertaken by the voluntary and commercial sector (Alaszewski & Walsh, 1995).

Hasenfeld (1983:1) denotes as human service organisations “the set of organisations whose principal function is to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes”. Human service organisations are viewed as symbols of the caring society, a manifestation of the societal obligation to the welfare and the
well being of its citizens. But they are also viewed as wasteful, fostering dependency and controlling (Offe, 1984). Recipients of their services expect that these organisations embody the values of caring, commitment to human welfare and responsiveness to human needs. They often do so, but at the same time these organisations represent bureaucracies burdened by incomprehensive rules and regulations (Hasenfeld, 1992).

Human service organisations share the characteristics of other bureaucracies. They are distinguished from the other bureaucracies by two key characteristics. First, they work directly with and on people whose attributes they attempt to shape. The core activities of the human service organisations are structured to process sustain or change people who come under their jurisdiction. Second, they are mandated and thus justify their existence to protect and promote the welfare of the people they serve (Hasenfeld, 1983). Every action taken on behalf of the clients represents not only some form of concrete services but also a moral judgment and statement about their social worth. When we work on people who are themselves imbued with values our own actions cannot be valued as neutral (Hasenfeld, 1992).

Welfare organisations offer human service workers the opportunity to practise their professional skills and reflect their dedication to improve the quality of life of people in need. They provide them with extrinsic benefits as well as with intrinsic work rewards that come from helping people. “But human service organisations are also a source of great frustration, by constraining them from serving their clients in accordance with their professional norms and values, by denying them the resources they need to serve their clients, by burdening them with too many rules and regulations, and by discounting their own views on the best ways to serve clients” (Hasenfeld, 1992:4).

Environmental, economic, sociodemographic, cultural, political-legal and technological conditions affect the development and the continuance of human service organisations (Hasenfeld, 1983). Economic conditions define the range of resources available to them and also influence the human problems and needs that human service organisations will be asked to respond to. The economic conditions that produce a high-risk population also affect the organisations’ capacity to mobilize resources to respond to their needs. Sociodemographic conditions have effects on clients’ attributes, on the range of service demands human service organisations confront and the receptivity of the environment to their services. Cultural conditions influence the value system within which they have to function. Human service organisations manifest the
dominant cultural and moral systems in society and promote and strengthen these systems. Political-legal conditions define the political-legal constraints human service organisations will need to adapt to. Political processes determine the available resources for the social welfare programmes and also the conditions under which they are to be expended. The legal system defines and specifies the conditions that human service organisations must meet in serving clients. The level of development in technology in areas such as medicine, mental health, education, community and social planning defines the range of human service technologies available to organisations. At the same time, technological conditions raise moral and ethical issues that may constrain the ability and willingness of human service organisations to use them (Hasenfeld, 1983). No one theory is adequate to explain the structure and processes of organisations in general, let alone human services in particular.

An effective organisation must develop the capacity to innovate and change regularly and to be responsive to new developments and trends in the environment. A human service organisation, in order to respond to clients’ needs, has to develop and improve its capacity to change both its programmes and structure. Several factors such as the rigid and inflexible bureaucratic structure, the clients’ lack of power and the professionals’ attempt to promote their own interests inhibit organisational change. Despite these conditions that inhibit change, human service organisations are capable of – and do – change (Hasenfeld, 1983).

Bureaucracy and welfare organisations

The study of organisations has been influenced and shaped by the work of Max Weber (1947). According to Weber there are three pure types of legitimate authority: rational, traditional and charismatic authority. Rational-legal authority is the basis of bureaucratic organisation. Weber defined bureaucracy as a hierarchical structure of office-holders in which decisions are based on impersonal rules. Bureaucracy is the manifestation of legal-rational authority. Its attributes are derived from legal-rational rules and the pursuit of maximum efficiency. According to Pavalco (1971) bureaucratisation allows for the control, centralisation and co-ordination of a large number of workers in one location. Through bureaucracy the organisation relies on task specification, routinization and formalisation of procedures to set limits on staff performance (Hasenfeld, 1983).
Weber foresaw the possibility that the very efficiency of a bureaucracy would lead to the concentration of immense power in the hands of bureaucrats and managerial elites (Mouzelis, 1968). The bureaucratisation of human services such as health, education and welfare has been accompanied by the concentration of power and control of service delivery – reinforced by state regulations – in the hands of bureaucrats. The bureaucratisation of human service organisations has brought with it greater rationalisation of services and increased efficiency; however it has also resulted in the greater isolation of such organisations from the public they are mandated to serve (Hasenfeld, 1983).

All organisations, including human services organisations, develop a bureaucratic structure. The degree to which organisations follow the Weberian model varies, but all adhere at least to some of its elements. Authority is legally and rationally based and is distributed hierarchically. Hierarchical authority establishes clear lines of responsibility and accountability, provides for a system of control to ensure staff compliance and enables the coordination of various tasks by means of hierarchical centres of responsibility. Also, responsibilities for operating decisions are delegated to the work units, roles and positions are specialised; many activities are formalized and standardized (Hasenfeld, 1983). Reacting to external accountability pressures, public sector human services tend to have rational internal structures that emphasise centralisation of authority, standardization of procedures and codification of rules (Martin, 1980).

Some of the criticism against the model of bureaucracy suggests that hierarchical authority and formal rules and regulations may not be the most effective way to reach the organisations’ goals. Litwak (1961) pointed out that the model of bureaucracy is most efficient and rational for routine tasks. According to Litwak (1961:179) where the organisations deal with non-uniform events (which is the case in many human service organisations) a model of bureaucracy with the following characteristics may be more efficient:

- Horizontal patterns of authority.
- Minimal specialisation.
- Mixture of decisions on policy and on administration.
- Little a priori limitation of duty and privileges to a given office.
- Personal rather than impersonal relations and a minimum of general rules.

According to Hugman (1991) professions almost always are not free-standing but they are located in organisational structures. Hierarchy is power and authority in the organisation, embedded in organisational language (job
descriptions and so on). Hierarchical power is exercised through sets of expectations about work, about objectives, methods and so on, in a context in which some professionals are defined as having the right and the capacity to influence how that work should be undertaken.

**Social welfare bureaucracies and the welfare worker behaviour**

*Bureaucratic norms and professional values*

Theorists assumed an incompatibility between bureaucratic and professional norms. In 1966 Skott argued that “the profession and the bureaucracy rest on fundamentally different principles of organisation, and these divergent principles generate conflicts between professionals and their employers in certain specific areas” (Roach Anleu, 1992:24). On the one hand, people deliver service to people, invoking a model of human interaction, caring and responsibility. On the other hand, service is delivered through bureaucracy, invoking a model of detachment and equal treatment under conditions of resource limitations and constraints, making care and responsibility conditional (Lipsky, 1980). The primacy of the ethical code which social workers are supposed to apply is challenged by organisational rules and supervision or line management of a bureaucracy (Banks, 1995). Rhodes (1986) argued that the rigid lines of decision-making and authority undermine the professional concept of morality and confront the worker with ethical dilemmas over which he or she has little control.

Lipsky (1980) was concerned with the dilemmas experienced by workers in public service bureaucracies. He argued that street-level bureaucrats encounter conflicts in wanting their life in the organisation to be more consistent with their own preferences and commitments. They work in jobs with conflicting and ambiguous goals. Resources are chronically inadequate relative to the tasks workers are asked to perform. At times a worker’s concern for the client conflicts with the general social role of the agency. Typical conflicts are individual client treatment versus routinization and mass processing, as well as response to the needs of individual clients versus efficient agency performances. Also goal conflicts arise from the contradictory expectations that shape the street-level bureaucrats’ role. Work-related peer groups, professionally related standards and public expectations are significant in determining role behaviour (Lipsky, 1980).
The bureaucracy tends to dehumanise recipients by viewing them as cases and numbers or as objects related to financial accountability. Its main aim is financial accountability - not accountability to the people it serves. Although bureaucratic procedures that cause dehumanisation of clients are criticized, they are probably a psychic necessity for some workers. Still, the fact that the worker sometimes treats the client as a worthwhile human being keeps the system partially viable and the client feels that someone does care for him/her (Wasserman, 1971).

**Professional discretion within social welfare bureaucracies**

Social work is frequently practised in bureaucratic organisations and there is a tension between the ideal of professional autonomy⁹ and the reality of a rule-governed hierarchical structure (Banks, 1995).

There are different theoretical perspectives on the continuation or the curtailment of professional discretion in social services bureaucracies. These different perspectives focus on beliefs about managers’ desire for, and ability to secure control and workers’ ability to resist control and seek discretion (Evans & Harris, 2004). Lipsky (1980) referred to the existence of space for professional discretion due to the discretionary nature of the work; it tends to be conducted in private and it is difficult to measure, therefore allows some freedom. “The ambiguity of agency policy and the unavailability of appropriate performance measures in street level bureaucracies¹⁰ are of fundamental importance not only to workers’ job experience but also to managers’ ability to exercise control over policy” (Lipsky, 1980: 40). Others (Jones, 1999; Lymbery, 2000) argued that the changes in the nature of social work, under the impact of managerialism have undermined discretion in social work as the power of management has encroached on professional practice.

Evans & Harris (2004) concluded that a range of factors influence the existence of professional discretion, its extent and operation. Therefore “the alternative argument suggests that discretion should be regarded as a series of gra-

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⁹ In 1976 Hackman & Oldham defined autonomy as “the degree to which the job provides substantial freedom, independence and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out” (Ganster & Fusilier 1989:246).

¹⁰ According to Lipsky’s definition (1980:3) public service agencies that employ a significant number of street-level bureaucrats in proportion to their workforce are called street-level bureaucracies. Street-level bureaucrats are “the public service workers who interact directly with citizens in the course of their jobs, and have a substantial discretion in the execution of their work”.
dations of freedom to make decisions and, therefore, the degree of freedom professionals have at specific conjunctures should be evaluated on a situation-by-situation basis” (Evans & Harris, 2004:871). According to Roach Anleu (1992) within different work settings, authority distribution and the division of labour vary. “Rather than conceptualising professional organisations and bureaucratic employment as by definition incompatible, it is more fruitful to look at how they each impinge upon one another in different organisational and work contexts” (Roach Anleu, 1992:25).

**The impact of the bureaucratic welfare organisation on social welfare workers’ behaviour**

In 1964 Arendt argued that in a bureaucracy, if social workers try to help their clients and ‘buck’ the organisation, they often suffer from emotional and physical fatigue and become cynical and defeatist about the nature of social work. If they adapt to the bureaucracy, at best they experience massive frustration; at worst they become a ‘mindless functionary’ (Wasserman 1971).

According to Karger (1981) the structure of the public welfare organisation denies workers significant input in the major questions affecting their work life. The worker inability to affect policy and administrative decisions often leads to profound cynicism and resignation and sets the stage for alienation. “Alienation may be a functional response to the dehumanizing, mechanistic and overwhelming chore of participating in a programme geared for financial rather than client accountability. It is perhaps the stark reality of the worker’s perception and the inability to deny the reality of the workplace that is the genesis of burnout. Alienation is endemic to public welfare by virtue of welfare’s organisational, administrative and hierarchical structure and its subservience to financial rather than client accountability” (Karger, 1981:280, 281).

Street level bureaucracy theory focuses on the influence of workplace structure on public service workers’ behaviour. Street-level bureaucrats’ work is alienated work. “Alienation is a concept summarizing the relationship of workers to their work from which, we may infer, attitudes arise” (Lipsky, 1980:75). Alienation refers to the extent to which workers are able to express their creative and human impulses through work activity; the extent to which they make decisions about the work, they have control over what is made and influence their work outcome. Alienated work leads to job dissatisfaction. Dissatisfaction affects commitment to both clients and the agency for which they
work. To the extent that street-level bureaucrats are alienated in their work, they will be more willing to accept organisational restructuring and less concerned with protecting clients’ interests (Lipsky, 1980). According to Lipsky (1980) street-level bureaucrats feel alienated due to:

- Their lack of control over work outcomes. Workers do not control all of the resources of the agency they work for. Clients’ problems are not subject to closure. Although street-level bureaucrats are regarded and regard themselves as able to solve problems, the problems do not end or they are not resolvable. The solutions that they offer people are not adequate. “They are alienated to the extent that they experience the discrepancy between objectives and capabilities as loss of control over situations they are supposed to control” (Lipsky, 1980:78).

- Their lack of control over the nature of the material with which they work. They cannot deploy to greatest effectiveness the skills they possess partly because the conditions of work prohibit effective interaction with the clients, and because they do not have control over clients’ circumstances even when conditions are favourable for intervention.

- Their lack of control over the pace of work.

- Also, public services workers become alienated because in response to the need to categorize clients they tend to treat them only as bundles of bureaucratically relevant attributes rather as whole persons. Responding to clients in narrowed defined areas is likely to miss important dimensions of clients’ problems.

**Gender and welfare work**

*Masculinities, femininities and work*

In gender studies the notion of gender is central to and relevant to understanding all social relations, institutions and processes. Gender is the effect of social definitions and internalisations of the meaning of being a man or a woman. The concepts of femininities and masculinities indicate “traits or forms of subjectivities (orientations in thinking, feeling and valuing that are present in all persons, men as well as in women), although to different degrees. Ideas about what is masculine or feminine and what is natural for men and women in relation to these qualities guide, constrain and trap people in all respects from occupational choice to acceptance/rejection of tasks in eve-
ryday working life, although people may be more or less independent in relation to these guidelines and constraints” (Alvesson and Due Billing, 1997:85,86)

The concept of femininity can be defined as values, experiences and meanings that are culturally interpreted as feminine and typically feel ‘natural’ to or are ascribed to women more than men in the particular cultural context (Alvesson & Due Billing, 1997). Female values are characterised by nurturance, compassion, sensitivity, empathy (Grant, 1988). Professional women are probably less inclined to put a strong emphasis on family issues and other ‘private’ parts of life at work (Alvesson & Due Billing, 1997).

One could say that a job has a certain gender symbolism. This does not only mean that a particular job is openly viewed as women’s or men’s work, but it refers also to non-explicit meanings, unconscious fantasies and associations. A symbol is rich in meaning and evokes a subjective response, shared by people who are part of the same culture. Gender symbolism is not restricted to work or occupations but also to the social field and organisation in question as well as to specific activities (Due Billing & Alvesson, 1994). According to Harding (1986) the symbolic dimension of gender includes everything that is socially and culturally connected with femininity and masculinity and ideologies related to gender.

Most people conform up to a point to social norms and expectations of engaging in sex-consistent behaviour. They also identify with and feel natural about choosing an education, forms of employment, job tasks and career moves that are in line or at least do not break radically with these cultural conventions. Understanding the identity in the context of femininities/masculinities emphasises how power operates through constraining feelings, thoughts and actions (Alvesson & Due Billing, 1997).

**Gender aspect of social welfare work**

Care is mainly women’s work. Caring is traditionally a woman’s duty, but also many women choose to do care-work. There are two main reasons why women choose to do care work: “on the structural level it belongs to the category of either un- or comparatively low-paid work, on the symbolic level it is seen as a sort of prolonged mothering, which women are more apt to do than men” (Brückner, 2002:272). Ideologies that “see women as nurturers and men as providers within the family wage system, rationalise the predominance of women in social welfare” (Dressel, 1992:205).
The relationship between the gender role and professional role in women’s professions such as care is centred “on the fact that abilities seen as part of the female gender role become incorporated in the professional role as quasi-natural features. Women can perform the necessary tasks naturally. That is why there is no need for a high status qualification and no need for a good salary” (Brückner, 2002:273). It is assumed that caring is something women do naturally with a ‘commonsense’. Social work is considered to be a women’s profession concerned primarily with caring. Social work’s workforce is made up primarily of women (Dominelli, 1997). However the numerical dominance of women in social work has not translated into authority, power and pay equity or equality (Dressel, 1992).

Professions numerically dominated by women may be seen as inferior because women form the majority of their members (Dex, 1985). There is a devaluation of women’s work in general and in welfare organisations in particular (Hasenfeld, 1992). According to Etzioni (1969) the occupation of social work was considered to be semi-professional. Semi-professionals focused on care giving and they were regarded to have limited competence. Their work was based more on techniques than on a systematic body of theoretical knowledge. Hasenfeld (1983) argued that semi-professionals are better characterised by their lack of exclusive control over their services and body of knowledge. Semi-professionals are subject to greater organisational evaluation and administrative authority and have less control over the content and conditions of work. Even when social workers are not dominated by other professions, they are still dominated by administrative authority. According to Hugman (1991) “the social construction of caring professions as women’s work has had the effect of legitimating their lower status. The very concept of the semi-profession serves as a disguise that the work in question concerns those areas of society which are regarded as the domain of women, as workers and consumers” (Hugman,1991:185).

There are series of divisions and segmentations within caring professions and between caring professions and other occupational groups each of which must be understood as gendered. This structure systematically disadvantages women and advantages men (Hugman, 1991). Within social welfare organisations men and women tend to do different kinds of work based on normative expectations for both genders. Women predominate in the direct service positions in social service organisations, while men tend to occupy administrative or authoritative positions (Hasenfeld, 1992). Hugman (1991) argued that two
factors combine to locate caring professions in hospitals as subordinate to the masculine instrumentality of medicine, that is in a ‘feminine’ role. “First, because they were created in the spaces which medicine controlled they have cultures of obedience to (male) doctors, who have the legally defined right to direct their work. Second, because of the content of the work they have been women’s professions numerically” (Hugman, 1991:185).

In general women seem to be in occupations which do not provide them with the same opportunities that men have, either with regard to power and status position or regarding pay (Alvesson & Billing, 1997). Research findings confirmed that women in welfare earn appreciably less than men in comparable positions and are underrepresented in administrative positions (York et al., 1987; Martin & Chernesky, 1989). McNeely (1992) found that female welfare workers were more likely to feel that they had little opportunities to use their abilities in the organisation. In the same study, women were found to earn less and be disproportionately placed in lower status positions, even when educational background and employment longevity were taken into account. Data regarding social services staff (Ginn & Fisher, 1999) showed that women do continue to experience disadvantage in attaining seniority, but this resulted from factors other than direct discrimination. Factors influencing seniority were the lower professional qualifications and full-time years in social care.

There are various reasons for women’s under-representation in administrative positions in social welfare bureaucracies. According to Coyle (1984) there is a prejudice against women as ‘managerial material’. Women are not encouraged to go for promotion. The informal networks that exist favour men. In 1969 Brager & Mickhæel argued that women’s preferences for direct contact with clients over activities of organisational maintenance are responsible for the overrepresentation of men in administrative jobs (Dressel, 1992). Women are less likely than men to seek higher-level qualifications in order to enter managerial environments that they consider as non-client-centred (Dominelli, 1997). Hallett (1990) emphasised the limitations that family commitments can place on career advancement. The claim that women might have lower aspirations for promotion was not supported by research findings regarding social work students’ career orientation (Taylor, 1994). In order to grasp the total impact of gender on the individual, we must take into consideration the synergies of the social situation, cultural norms and individual behaviour. Therefore, as Becker-Schmidt & Knapp (2000) argued “it is not sufficient to look at the social construction of femininity and masculinity alone, but to take the un-
equal social situation of men and women into account, since gender is, just as
class and race, inherent in the social structure” (Becker-Schmidt & Knapp,
2000:270).

There is limited research on the conflicts that women experience as work-
ners in human service organisations. There is an inherent conflict between the
care-giving values that women bring to their work environment and the norms
of bureaucracy. The structure of human service organisations not only inhibits
the capacity of women to optimise their care giving role, but it also fails to
reward them adequately (Ferguson, 1984). The professional ethics of social
work emphasise its caring dimensions (Dominelli, 1997). Occupational expec-
tations that social workers will be altruistic intertwined with the idea of social
welfare work as ‘women’s work’ set the stage for the exploitation of women
in social welfare agencies. Workers’ over-commitment to their job can affect
their personal well-being. Studies of burnout among direct service providers
who are mostly women suggest that women experience symptoms of emo-
tional exhaustion (Dressel, 1992). In 1983, Hochschild argued that women
who perform emotional labour are susceptible to exploitation. There is a pos-
sibility of developing an ‘altruistic false self’, that is, they may become alien-
ated from themselves in the ongoing demand to tend the others (Dressel,

Feminists have revealed the importance of gender in the allocation of
power and resources within organisations. They have identified the importance
of examining unequal social relations in organisational structures; how work-
ing relations are stratified according to gender, race and class. Gendered and
racially stratified working relations mean that men and women occupy un-
equal positions in the workplace. Social organisations perpetuate and maintain
relations of dominance. Gendered relations permeate in working relations, or-
ganisational structures, decision-making procedures, service provision and
service delivery (Dominelli, 1997).

As far as the theoretical framework of the present study is concerned:
Perspectives regarding the impact of social welfare bureaucracies on the
welfare worker behaviour as well as the conflicts between the bureaucratic
norms of social welfare organisations and social work professional values,
proved to be helpful for understanding the working conditions that social
workers experience as well as the ethical dilemmas that social workers dealt
with while attempting to integrate their professional values into daily prac-
tice realities. The notion of hierarchy as an aspect of power in caring professions was relevant for the analysis of the findings regarding social workers’ low organisational positions/limited authority within the welfare organisations in Crete.

Social work is an occupation with a strong gender symbolism. As social work is considered to be a women’s profession that is primarily concerned with caring (Dominelli, 1997), gender aspects were useful in order to interpret findings regarding the working conditions that social workers experience, their limited authority within social service organisations, their job satisfaction as well as their coping behaviour with the unsatisfactory organisational conditions.

In this section, literature is mostly UK/USA-based. It must be noted that differences may occur between countries and cultures. In Greece women seem to be employed in occupations which do not provide them with the same power, status or pay that men have. There is no prior research available focusing on gender differences in welfare work. Within the context of a family-based model of care/residual model of welfare, welfare work remains relatively low valued. As social work is considered to be a women’s profession concerned primarily with care and social workers do not enjoy a high professional status there is a predominance of women in social work profession. There are no segmentations within the social work profession; male and female social workers do the same kind of work and experience the same working conditions.
5. Working in organisations: work orientation, job satisfaction, stress

This chapter presents the work orientation perspective and the meaning of job satisfaction, since social workers’ job satisfaction was examined within the context of work orientation (study 1). It also refers to the understanding of stress within human services. A model relevant for human service organisations, the demand-control model (Karasek & Theorell, 1990), is presented here since the effect of the welfare environment on social workers’ well-being was one of the research questions of study 2.

The work orientation perspective

The Affluent worker studies of Goldthorpe, Lockwood et al., (1968) gave sociology the important concept of ‘work orientation’, which helps us explain both individual and structural factors influencing people’s attitudes and behaviour regarding their work. The concept work orientation refers “to the meaning attached by individuals to their work, which predisposes them both to think and act in particular ways with regard to that work” (Watson, 1995:118). The work orientation perspective takes the employee’s own definition of the situation as an “initial basis for the explanation of their social behaviour and relationships” (Goldthorpe et al., 1968:54).

According to Watson (1995) the starting point of the work orientation perspective is a fundamental distinction between work meanings in which work offers intrinsic satisfactions to people and meanings that recognise only extrinsic satisfactions. From this dichotomy we can set up two types of work meaning:

- When work has an expressive meaning, work is regarded as an end in itself and provides challenges to the individual. Expressive workers give priority to intrinsic qualities of work; they develop and fulfil themselves in work.
When work has an instrumental meaning, work is regarded as a means to an end. Instrumental workers emphasise extrinsic work values and lack personal involvement in their work and work situation. Having an instrumental work orientation means that “work is regarded as a means of acquiring the income necessary to support a valued way of life of which work itself is not a part”, it therefore appears as “an expenditure of effort which is made for extrinsic rather than for intrinsic rewards” (Goldthorpe et al., 1968:38,39).

Much discussion has centred upon the question of whether people are generally intrinsically or extrinsically oriented towards their work. Blackburn and Mann (1979) suggested that “there is, however, a weaker sense in which we may speak of workers having orientations. Rather than a single dominant concern, the worker may have a whole set of expectations and relative priorities” (Blackburn and Mann, 1979:64). Watson (1987) argued that the concept work orientation has been developed to show that the ways in which people approach their work typically include mixtures of these basic inclinations.

**Defining job satisfaction**

Job satisfaction is the most frequently studied variable in organisational behaviour research. “Job satisfaction is simply how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their job. As it is generally assessed, job satisfaction is an attitudinal variable” (Spector, 1997:2). Greenberg and Baron (1993) defined work satisfaction as employees’ cognitive, affective and evaluative reactions directed toward their work. Work satisfaction is an affective orientation towards anticipated outcome (Wanous & Lawler, 1972). Job satisfaction has been defined as an affective state describing feelings about one’s work (Smith et al., 1967). According to Abu-Bader (2000), satisfaction and dissatisfaction are a function of the relationship between what individuals expect from their work and what they actually derive.

Job satisfaction can be considered as a global feeling about the job or as a related constellation of attitudes about various aspects or facets of the job. The **global approach** and the **facet approach** can be used to get a complete picture of employees’ job satisfaction (Spector, 1997). Facets are specific elements of a job, such as the challenge a job provides, the physical environment in which
work is constructed, and the salary received (Conway et al., 1987). People may have different evaluative responses toward each facet of the job.

Research tends to divide the characteristics of work into two broad categories: extrinsic variables and intrinsic variables (Rothman, 1987). In 1959 Herzberg et al. made the distinction between the intrinsic rewards from the job and the extrinsic rewards from the job. The intrinsic factors refer to a job’s inherent features, people’s affective reactions to features integral to the work itself. The extrinsic work factors focus on issues that are external to the job itself, such as pay (Landy, 1989). The distinction between intrinsic work rewards and extrinsic work rewards remains useful (Koeske et al., 1994).

There are important reasons why we should be concerned with job satisfaction. The first is that people deserve to be treated fairly and with respect. Job satisfaction is to some extent a reflection of good treatment. It can also be considered as an indicator of emotional well-being or physiological health. The second reason is that job satisfaction can lead to behaviour of employees that affects organisational functioning. Furthermore, job satisfaction can be a reflection of organisational functioning. Differences among organisational units in job satisfaction can be diagnostic of potential trouble spots (Spector, 1997). Dissatisfied workers provide inferior services; the health, the mental health and the social functioning of these workers can be affected substantially by the level of their job satisfaction (Mc Neely, 1988).

**Stress in social services**

*Defining stress*

It is useful to make a distinction between pressure and stress. Individual performance can improve with increased levels of pressure before these lead to negative stress. Too much pressure can become harmful; it can become stressful, and health and quality of life can suffer (Arnold et al., 1991).

There is no simple way of defining stress. Lazarus (1966:27) defined stress as “a generic term for the whole area of problems that includes the stimuli producing stress, the reactions themselves and the various intervening processes it means the physiological, sociological and psychological phenomena and their respective concepts. Stress is not any one of these things; nor only it is a stimulus, response or intervening variable, but rather a collective term for an area of study”. According to Payne (1979) stress is the result of balance of various demands, supports and constraints. “*Occupational stress* is about the
interaction between people and their environment, the demands made upon them and their ability or inability to control or cope with them” (Lazarus & Folkman, 1984:21).

According to Spector (1997), there are two categories of variables in job stress research. “A job stressor is a condition or an event at work that requires an adaptive response by a person” (Spector, 1997:43). Stress in this sense is a state of psychological tension produced by various kinds of forces; it is an effect, the result of other pressures. A job strain is the response to a job stressor. Jex & Beehr (1991) categorised strains into behavioural reactions (e.g. quitting the job), psychological reactions (e.g. dissatisfaction, frustration) and physical reactions (e.g. hypertension). Among the commonly identified job stressors are role ambiguity, role conflict and workload (Jayaratne & Chess, 1984). Role ambiguity is a central issue for people who work in social services. It occurs when there is uncertainty about the employee’s function and responsibilities and about the expectations of others (Balloch et al., 1998).

Role conflict exists when people experience incompatible demands concerning their functions and responsibilities (Spector, 1997).

Job stress can have a detrimental impact on both physical health and emotional well being (Cooper & Cartwright, 1994). Under conditions of occupational stress individual psychological, behavioural and physical symptoms can occur. Stress appears to increase job dissatisfaction, anxiety and depression. Relationships within the work setting and with the family may be affected (Beehr & Newman, 1978). As Cournoyer suggested, (1998) the critical reactions of stress may range through: stimulation, raising curiosity and energising; distress affecting working, social and emotional life; major distress signified by poor work performance; ‘burnout’, the last stage of stress identified and analysed by Maslach & Jackson (1981).

Burnout has been a focus of attention within the ‘helping professions’ such as social workers (Spector, 1997). Freudenberger (1974:75) first used the concept ‘burnout’ in a human service setting. According to him, burnout refers to a condition in which workers become exhausted because excessive demands have been placed on their energy, strength and resources. Maslach & Jackson defined burnout (1986:1) as “a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind”, a cluster of physical, emotional and interactional symptoms related to job stress. They developed (1981) a multidimensional construct of burnout that includes emotional exhaustion,
increasing depersonalisation of clients and decreased feelings of personal accomplishment. Emotional exhaustion is the feeling of fatigue and lack of enthusiasm for work. Emotional exhaustion has been accepted as the deplete emotional state resulting from chronic exposure to stress (Schmitz et al. 2000). It is the most widely accepted and recognised aspect of burnout. Out of the three components of burnout, emotional exhaustion is the most commonly associated condition with burnout and has been the most traditional measure to study job performance (Jakson et al., 1986). Reduced personal accomplishment is the sense that nothing of value is being done at work by the person. Depersonalisation is the emotional distancing from direct care clients that results in a callous and uncaring attitude towards others (Maslach & Jackson, 1981).

There is little doubt that social workers work under stressful working conditions. Although employees in social services have been a focus for burnout researchers, they have received less attention from researchers in the field of job stress. They frequently experience stress, but little progress has been made in our understanding of occupational stress within social services (Bradley & Sutherland, 1995). The literature clearly indicates a move away from the tendency to perceive that a person experiencing stress must be in some way inadequate (Eadie & Lymbery, 2002). It is generally recognised that explanatory models of occupational stress should not only include individual and environmental factors, but should also take into account the dynamic and interactive nature of stress (Sutherland & Cooper, 1990). The actions to reduce stress should address both individual and organisational sources of stress (Bradley & Sutherland, 1995).

**Job demands and job control in human services**

In 1979 Karasek suggested that the relationship between job demands and stress is mediated by job discretion. Karasek’s model proposes that psychological strain results from the joint effects of high job demands and low job control (Collins & Parry-Jones, 2000). According to Söderfelt et al. (1996) in the further development of the model, it has become connected to physiological stress theory by the collaboration between Karasek & Theorell. The demand-control model (Karasek & Theorell 1990) concerns the joint effects of job demands and job control on worker health. It can be regarded as a social psychological model, since it emphasises the interaction between a person and his/her immediate work environment. It also assumes a sociological
causality, since the organisation is supposed to determine the degree of psychological demands and job control (Söderfeldt et al., 1996:1219).

The demand-control model (Karasek & Theorell, 1990) assumes two main hypotheses: (1) The combination of high job demands with low job control precipitates psychological strain, adverse reactions like fatigue, depression, anxiety and physical strain (high strain jobs) (2) The combination of high job demands with high job control results in challenging but stimulating work situations and no particular risk for psychological strain (active jobs).

The greater feature of job demand is said to be ‘how hard you work’. Workload poses the greater psychological job demand for most workers (Karasek & Theorell 1990). Physical demands, emotional demands of the job and role conflicts at the work place have also been included in the demand concept (Söderfeldt et al., 1996). Karasek & Theorell (1990) defined job control as the working individuals’ control over their tasks and their performance during the working day. The more control the organisation has, the less control there is for the worker. Control has two components: skill discretion and decision authority. Skill discretion concerns the skill in accomplishing a work task, control over the outcome of work, task variety, degree of routinisation, opportunities to learn new things etc. Decision authority or task authority is the individuals’ freedom to make decisions about their own job, influence the work group, and influence the company policy (Karasek & Theorell, 1990). Söderfeldt et al., (1996) argued that decision authority can be interpreted in terms of closeness of supervision, control within and over a situation and ideological control. They also suggested the term ‘administrative control’ to describe formal properties of jobs like setting of work hours, placement of vacations etc.

One of the modifications of the demand-control model included the concept ‘social support in the workplace’ (Johnson, 1986). The level of social support introduces support as a buffering factor in the interaction between demand and control (Karasek & Theorell, 1990). Social support is a valuable coping resource that provides individuals with the opportunity to make use of people within their environment to help them solve or confront stressful circumstances (Scheck & Kinicki, 2000).

The concepts of job demands, job control and social support were used in this thesis to interpret the joint effects of high job demands and low job control combined with a low support environment on social workers’ psychological well being while practising social work in public social services in Crete.
6. Coping with unsatisfactory/stressful conditions

This chapter provides the reader with information regarding perspectives on stress-coping behaviour; it also refers to the patterns of social welfare workers’ coping behaviour with the difficulties of their job. Welfare workers’ coping behaviour was of interest since one of the aims of study 2 was to examine social workers’ patterns of coping with unsatisfactory organisational conditions; moreover study 3 examines social workers’ experiences with ethically difficult situations and their coping behaviour.

Coping with stress

Research on coping has primarily focused on the relationship between stress and coping. A stress-and-coping framework was developed by Lazarus and Folkman (1984). They defined coping as the “constantly changing cognitive and behavioural effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman, 1984:141). According to Dewe (1987) coping can be defined as active or passive attempts to respond to a situation or threat with the aim of removing the threat or reducing the emotional discomfort.

Lazarus and his colleagues (Lazarus and Folkman, 1984; Folkman, 1984) defined two forms of coping: Problem-focused strategies deal directly with the management of a problem causing distress to an individual. These strategies may be used to change the stressful situation for the better either by changing one’s offending actions or by changing the threatening environment. Emotion-focused strategies regulate stressful emotions; they control the emotional response to the situation. These strategies may be used to manage the physiological and psychological outcomes of stress-related emotions, so that they do not overwhelm the person and damage his/her ability to function or maintain morale. Folkman and Lazarus (1985) identified two problem-focused strategies (confrontive and planful problem-solving coping) and six emotion-focused strategies (wishful thinking, distancing, emphasizing the positive, self-
blame, tension-reduction and self-isolation). There are strategies that can serve both problem-focused and emotion-focused functions. Seeking social support is one such strategy to the extent that it can provide emotional and practical or information support (Terry, 1994). Pines and Aronson (1981) distinguished between direct and indirect coping. Coping approaches that focus on the environmental sources of stress are direct. Indirect coping approaches are applied inwardly to ones’ own attitudes, emotions and behaviour.

Coping is situationally specific because coping thoughts and actions differ according to the context in which they are utilized and cannot be understood in a generalized sense. Various factors have their effect on the choice of different coping strategies (Lazarus and Folkman, 1984). Not only personality characteristics but also environmental resources (e.g. social support, supportive work environment) influence the coping efforts that individuals use when they deal with a specific situation (Terry, 1994). Scheck & Kinicki (2000) found that social support acts as a resource in directly coping with stressful conditions. Findings indicated that all coping strategies were impacted by social support.

Gardell’s research was concerned with the relationship between objective work conditions and subjective reactions. In 1971 Gardell considered instrumental orientation as one of workers’ many reactions to unsatisfactory work conditions. He interpreted instrumentality as a passive, alienated adjustment to unsatisfactory, alienated work situations. A defence necessitated by certain work conditions (Madsen, 1978). According to Madsen (1978), Gardell mentioned non-passive types of reactions but without attempts to integrate them in his study. The dichotomy active-versus-passive adjustment appears fruitful; passive types of adjustment are a major problem in our society. Madsen (1978) argued for the need for distinction between defensive and offensive adjustment. “The defensive struggle …serves to minimize exploitation but it is not oriented toward any lasting solution. The offensive struggle combines the present–oriented functionality with the more radical aim to abolish exploitation through change of the present mode of production” (Madsen, 1978:262). In study 2 the term ‘active defensive’ was used to describe a strategy that was not oriented to any lasting solution. The term ‘active offensive’ was used to describe a strategy aiming at the improvement/changing of unsatisfactory organisational conditions.

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11 A person is considered instrumentally oriented if he/she values work as a means to an end. The instrumental worker emphasizes the extrinsic qualities of work.
Public welfare workers’ coping behaviour

Much of the stress that social welfare workers encounter derives from constraints of social welfare policies and dilemmas of welfare organisations. Although the routine sources of caseworkers’ difficulties lie in the work environments, their patterns of stress management were designed to change social welfare workers themselves. The typical coping strategies that female social welfare workers use to deal with job-related stress involve blaming themselves for the stress. They rarely seek to change the stress-producing work environment (Dressel, 1992).

In a review of prior research on social welfare workers’ patterns of stress management, Dressel (1992) mentioned that they utilized strategies such as role manipulation (Wasserman, 1971; Pines & Maslach, 1978; Brager & Holloway, 1978; Dressel, 1984), role bargaining (Pines & Maslach, 1978; Street, Martin & Gordon, 1979; Dressel, 1984), norm violations (Dressel, 1984) and various cognitive realignments (Wasserman, 1971; Pines & Maslach, 1978; Dressel, 1984) to alter their work performance in the hope of relieving stress. In public welfare agencies, social welfare workers may adapt in several ways: they capitulate by feeling that they are doing the best they can for the ‘deserving clients’; they identify with the clients, feeling that the agency creates barriers to meeting their needs; they find a niche for themselves by assuming tasks that protect them from contradictions; they withdraw by leaving the agency; they feel victimized themselves by the organisation (Sherman & Wenocur, 1983). By using individualized coping strategies the actual sources of work-related stress remain unchanged. Pearlin & Schooler (1978) suggested that coping with occupational strains requires collective action for their alleviation rather than intervention by the individuals.

According to Lipsky (1980) street-level bureaucrats attempt to do a good job. However, the job is impossible to accomplish with inadequate resources, few controls, indeterminate objectives and discouraging circumstances. Street-level bureaucrats develop the following responses in order to cope with the difficulties of their job:

- They organize their work so they can derive a solution within the resource constraints they encounter. They develop patterns of practice that tend to limit demand, maximize the utilization of available resources, and obtain client compliance over and above the organisational procedures.
• They modify their concept of their jobs so as to lower or otherwise restrict their objectives and thus reduce the gap between available resources and achieving objectives. Street-level bureaucrats develop private conceptions of the agency’s objectives. They strive to realize these modified objectives and measure their day-to-day achievements in terms of them. Taking limitations in the work as a fixed reality rather than as a problem with which to grapple, they forge a way to obtain job satisfaction and consistency between aspirations and perceived capability. Workers may withdraw in fact, or they may withdraw psychologically. Those who do not actually withdraw from the workforce may withdraw psychologically without actually quitting, by rejecting personal responsibility for agency performance.

• They modify their concept of their clients so as to make the gap between accomplishments and objectives more acceptable. Street-level bureaucrats are expected to treat all people in common circumstances alike. Paradoxically, many factors operate to make unequal treatment characteristic of modern bureaucracies. Client differentiation is a significant aspect of street level bureaucrats’ rationalization of the contradictions in their work. Street-level bureaucrats, who are unable to provide all clients with their best efforts, develop conceptual mechanisms to divide up the client population and rationalize the division. Assumptions about who or what is responsible for the clients’ situation are significant conceptual instruments by which street-level bureaucrats distance themselves from clients.

To sum up: I have mainly used a variety of theoretical perspectives in order to gain an understanding of social workers’ working life within public social services in Crete. Information regarding the development of welfare state and the social welfare/social services’ characteristics in Greece illuminated the context under which social workers in Greece operate. Social workers’ job satisfaction was examined within the context of the work orientation perspective. Theoretical perspectives regarding the influence of social welfare bureaucracies on welfare workers’ behaviour as well as the conflicts between the bureaucratic norms and social work professional values, proved to be helpful for understanding the organisational pressures social workers were subject to, the ethical dilemmas they experienced as well as their coping behaviour. Gender aspects of welfare work were useful in order to interpret findings regarding the working conditions that social workers experience, their job satisfaction as well as their coping behaviour with the unsatis-
factory organisational conditions. The concepts of job demands, job control and social support were relevant for the understanding of the effects of the welfare environment on social workers’ well being.
7. Research review

This chapter is a review of previous research findings that are relevant to the three studies of the present thesis. It includes a review of previous research on: social workers’ work orientation; social workers’ job satisfaction; social workers’ sources of stress; the ethical dilemmas related with social work practice.

Review of previous research on social workers’ work orientation

The review of previous research on social workers’ work orientation includes only research findings on social work students’ work orientation. No studies on social workers’ work orientation were found. It must be taken into account that social workers and social work students experience different situations which possibly influence their work orientation. Social workers have to deal with the reality of social work practice; they try to adjust to the work context and to respond to the demands of their professional role. Although social work students also experience the reality of social work practice during their practice placement, what they try to do is adjust to the demands of social work training. Therefore there might be differences between social workers’ and social work students’ work orientation.

Regarding social work students’ work orientation they were found to score highly on intrinsic, ‘people-oriented’ values (Wagner, 1989 in Hanson & McCullagh, 1995; Butler, 1990; Csikai & Rozensky, 1997; Limb & Organista, 2003). Social work students in Iraklio, Greece, rated as more important intrinsic work values and rated all extrinsic work values after the intrinsic ones (Papadaki, 2004). According to Csikai & Rozensky (1997) altruistic reasons were reported as more important than other occupational values among BSW students. In 1989 Wagner found that altruism, social idealism and a commitment to social change were major factors in opting for social work as a career (Hanson & McCullagh, 1995). Social work students’ belief that through social work they could make an important contribution to individuals and the society
was a very important factor in their decision to study social work (Limb & Organista, 2003).

Hanson & McCullagh (1995:35) found that social work students were motivated by both service to others and personal concerns, such as salary and working conditions. The social work students cited working with people, contributing to individuals and the society, believing that they could succeed in the profession and effecting social change as important factors in making their career choice. They also consistently labeled more personal factors such as job opportunities, working conditions and salaries as being less important.

Review of previous research on social workers’ job satisfaction

Main sources of social workers’ satisfaction/dissatisfaction

Social workers’ job satisfaction has been a much-explored topic. According to previous research findings its main sources are related to intrinsic work aspects, while the main sources of social workers’ dissatisfaction are related to extrinsic work aspects and especially organisational work aspects.

More specifically as far as the main sources of social workers’ satisfaction is concerned: Balloch et al. (1998) found that the main sources of social workers’ satisfaction were: the feeling that they have helped people; the progress in a difficult case; the challenge work provides; being part of a team that works well. According to Penna et al. (1995) contact with clients and client progress were key aspects of job satisfaction among residential care staff. Other research findings showed that satisfying professional situations were those where social workers felt that they had created something positive for their clients and for themselves (De Fatima de Campos Francozo & Smeke Cas sorla, 2004). According to McLean (1999), the most satisfying aspects of work for field social work staff were associated with: their freedom to choose their own methods; making progress in difficult work; the feeling that they have helped people; their fellow workers; being part of a team that works well; the variety and challenge of work; their amount of responsibility.

As far as the main sources of social workers’ dissatisfaction are concerned:

According to Balloch et al. (1998) the main sources of social workers’ dissatisfaction were: the way the department is managed; attention paid to sug-
gestions; rate of pay. Role ambiguity was also an important source of dissatisfaction. Moreover many social workers were unhappy with issues such as: the new emphasis on financial management as opposed to professional expertise; the devaluing of practice skills; the cutbacks in support and supervision; the lack of career opportunities for social work practitioners. Other research findings (Bradley & Sutherland, 1995) showed that social workers were less satisfied with organisational factors such as relationships in the workplace and organisational structure and processes (communication within the organisation; the level of participation in decision-making; management style; the way in which change was implemented). Penna et al. (1995) found that pressure points generating stress and job dissatisfaction of social workers were: physical abuse at work; unpaid overtime and staff shortages; lack of resources; feelings of insecurity; demoralisation occasioned by organisational changes (freezing posts, shifting to part-time contracts etc). Findings indicated that unpleasant situations described by social workers were: unfair situations experienced by clients; poor working conditions; difficulties with inter-professional relationships (De Fatima de Campos Francozo & Smek Cassorla, 2004). According to McLean (1999), social workers were least satisfied with the following organisational work aspects: the chances for promotion; the amount of influence they had if they thought something needed to be changed; the number of deadlines; the attention paid to suggestions; the way the department is managed; the amount of time they could devote to in-depth work; the paperwork. Among social services workforce, the managers, the field social work staff and the staff working with children and families had the highest level of stress and the lowest level of satisfaction. Marsh and Triseliotis (1996) identified a number of organisational factors that caused frustrations for newly qualified social workers including the weight of bureaucracy and paperwork; heavy workloads; resource limitations; lack of support and supervision; the pressure of crisis work.

**Relationship between social workers’ satisfaction and other variables**

Various studies examined the relationship between social workers’ job satisfaction and organisational factors. Job satisfaction was found to be related to the following organisational variables: autonomy (Arches, 1991; Agho et al., 1993; Poulin, 1994; Abu-Bader, 2000; Haj-Yahia et al., 2000); workload (Agho et al., 1993; Abu-Bader, 2000); role conflict (Agho et al., 1993); qual-
ity of supervision (Agho, et al., 1993; Poulin, 1994; 1995); working with colleagues (Poulin, 1995). Also pay (Poulin, 1994; Abu-Bader, 2000) and opportunities for promotion (Siefert et al., 1991; Abu-Bader, 2000) were found to be significantly correlated with social workers’ job satisfaction. Arches (1991) found that job satisfaction was strongly related to structural factors of the social services workplace, such as autonomy and bureaucratisation. She came to the conclusion that “as long as social workers lack the autonomy they expect to use in their work with clients, they are likely to be dissatisfied and experience some degree of burnout. Social workers are most satisfied when they have autonomy, are not limited by demands of funding sources and are not stifled by bureaucracy’’ (Arches, 1991:206).

Various studies also examined the relationship between social workers’ job satisfaction and personal work characteristics or demographic characteristics. Job satisfaction was found to be associated with the following variables: gender (Armentor & Forsyth, 1995); age (Armentor & Forsyth, 1995; Poulin, 1995; Abu-Bader, 2000); career tenure (Armentor & Forsyth, 1995); job tenure (Armentor & Forsyth, 1995); educational level (Armentor & Forsyth, 1995; Abu-Bader, 2000).

**Job satisfaction in private and agency social work practitioners**

Some reports mention that social workers in private practice experience higher job satisfaction than agency social work practitioners (Jayaratne et al., 1988; Jayaratne et al., 1991). Private social work practitioners were found to fare better physically and psychologically than agency social work practitioners (Jayaratne et al., 1991). Among the primary reasons cited by private practitioners for entering private practice were: the professional challenge, the financial rewards and their dissatisfaction with agency jobs. An agency practitioner may experience loss of control over the workplace, caused by the demands of the agency structures and by related cost containment measures that may result in a less challenging work environment and assembly line service (Jayaratne et al., 1988).

**Gender differences in job satisfaction of welfare workers**

Research findings on gender differences in job satisfaction of welfare workers are contradictory. Penna et al. (1995) found that there were highly significant differences between male and female residential care staff in relation to ‘job dissatisfaction’ and ‘desire to leave’. A much higher proportion of
males expressed job dissatisfaction and a desire to leave. Men were more likely to find their job emotionally draining and less satisfying than women, whilst women were more likely to report liking contact with clients. In 1978 Andrisani & Shapiro attributed the lower level of job satisfaction among males in female dominated professions to social isolation associated with being a minority (Armentor & Forsyth, 1995). Research findings have also shown that female human welfare workers were more satisfied than males (McNeely, 1984). Still, other research findings indicated no consistent differences on overall and intrinsic satisfaction levels between male and female welfare workers (McNeely, 1992).

There are several explanations for the equivalent job satisfaction of women to men despite non-equivalent job conditions and pay. In 1987 Brush et al. suggested that women may differ in expectations. Women expect less from work and so they are satisfied with less. This may have developed over generations in which women had to accept fewer promotion opportunities and lower pay (Spector, 1997). Witt & Nye (1992) discussed how men and women sometimes view fairness in reward distribution differently. Men and women might have different values. This could lead to women perceiving lesser rewards as being more fair than men would.

**Review of previous research on social workers’ stress and burnout: perspectives on organisational factors**

**Organisational sources of social workers’ stress**

Researchers have found that organisational aspects of work are sources of social workers’ stress (Bradley & Sutherland, 1995; Penna et al., 1995; Collings & Murray, 1996; Balloch et al., 1998; McLean, 1999).

More specifically:

Bradley & Sutherland (1995) found that social workers experienced stress as a result of organisational structure and climate. Social workers identified emotional and physical exhaustion among the most frequent symptoms. The main sources of stress were: inadequate and inappropriate resources; time pressure; paperwork; perceived lack of communication including lack of feedback on performance; having to refuse services to clients. Other research findings have shown that the main sources of social workers’ stress were: being unable to answer or solve the specific problems of service users; being
unable to reach planned workload targets; having too much administration and paper work (Collings & Murray, 1996). According to Balloch et al., (1998) working in statutory social services represents one of the more stressful occupational choices. Social services staff (social work staff, managers, home care workers and residential staff) experienced more stress and violence than workers in other parts of the health and welfare services. More specifically, when it comes to social workers, the most stressful aspect of social work was not being able to offer people the help they needed. Some of the most frequently mentioned sources of stress were: being expected to do things which were not part of the job; being unable to do things which should be part of the job; being unclear about what was expected (Balloch et al., 1998). For McLean (1999:83) stress was associated with aspects of work over which social services staff had least control. “Most stress was caused by lack of resources and inability to provide the standard of service staff would like to provide”. Among social services workforce, the field social work staff, the managers and residential workers experienced the highest level of stress. The main sources of social workers’ stress were: not being able to give users what they needed and the accountability or responsibility they had without having power. Penna et al. (1995) found that good teamwork and supportive management were key factors in mediating work-place stress of residential care staff.

Organisational conditions and social workers’ burnout

Some researchers have used the concept of ‘burnout’ synonymously with stress, while for others burnout describes a negative response to stress. Burnout has been a focus of attention within the ‘helping professions’ such as social workers (Spector, 1997). Söderfeldt et al. (1995), in a review of 18 empirical studies on burnout in social work, concluded that there were no empirical indications that social workers on average suffer excessive burnout. The results of these studies make it impossible to generalize to other social workers as a group. There was lack of empirical studies based on national samples. Most studies were local surveys with small samples of social workers. According to Söderfeldt et al. (1995) the work situation of social workers should be analysed more closely in order to discover what factors in the workplace contribute to burnout.

Many factors related to organisational conditions were found to be associated with burnout. The following organisational variables have been found to
be correlated with social workers’ burnout: low work autonomy (Arches 1991; Poulin & Walter, 1993; Abu-Bader et al., 2000; Haj-Yahia et al., 2000); availability of organisational resources (Arches 1991; Poulin & Walter, 1993); supervisor support (Poulin & Walter, 1993; Abu-Bader et al., 2000); low degree of social support (Himle et al., 1987; Jayaratne et al., 1988) and role ambiguity (Himle et al., 1987). Also job stress (Poulin & Walter, 1993) was found to be related to social workers’ burnout. Melamed et al. (1991) found the lowest level of burnout in a sample of female social workers under conditions of low demands, high control and high degree of support.

**Review of previous research on ethical dilemmas related with social work practice**

There are textbooks on professional ethics which include sections on ethical dilemmas presented as cases and analysed; such cases may be real or imagined or a mixture of both (for example: Loewenberg et al., 2000; Banks, 2001). The research on the ethical dilemmas related with social work practice and the ways social workers deal with them is limited. Lipsky (1980) was concerned with the dilemmas experienced by workers in public service bureaucracies. He argued that at times a worker’s concern for the client conflicts with the general social role of the agency. Kugelman (1992) found no evidence of perceived ethical dilemmas arising from commitment to the organisation conflicting with other professional principles.

According to Linzer et al. (2003) the main ethical dilemmas that social workers encountered were related to: confidentiality; their duty to warn about and prevent harm; number of client contacts; competence of practitioner; informed consent\(^{12}\); truth telling or not when it might cause harm to the client. The most frequently used actions by social workers to resolve ethical dilemmas were: consulting with a colleague; resolving dilemmas on their own; consulting with supervisors; talking with significant others or friends and consulting the I.A.S.W. Code.

An important and still unresolved issue in social work practice is the conflict between principles of self-determination and protection, between care and control (Clark, 2000). Proctor et al. (1993) found that social workers working in hospitals with elderly people experienced conflicts between the principle of

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\(^{12}\) ‘Informed consent’ refers to social workers obtaining the client’s consent in written form to release information to others.
self-determination and the principle of protection of the clients’ interests. There were disagreements over the discharge destination and over medical care; there were also conflicts between the parties in cases involving some or all of patients, doctors, social workers and family members.

To sum up:

Regarding social work students’ work orientation, researchers have found that they rated intrinsic work values as more important than extrinsic ones; others found that social work students were motivated by intrinsic work values as well as by extrinsic work values. As far as social workers’ job satisfaction is concerned previous research findings indicated that the main sources of their satisfaction were intrinsic work aspects and the main sources of their dissatisfaction were extrinsic and organisational work aspects. Moreover the main sources of social workers’ stress were organisational work aspects. No studies focusing on social workers’ ethical dilemmas related with organisational conditions were found. The contribution of the present thesis to what is already presented here concerns: a) information on social workers’ job satisfaction within the context of their work orientation, a topic which no previous studies were found on b) an examination of the organisational sources of social workers’ dissatisfaction in particular c) an investigation of social workers’ ethical dilemmas related with organisational conditions, an issue that no prior research has focused on. Furthermore, it must be mentioned that no previous research on the above mentioned issues has ever been conducted in Greece before.
Empirical part

The empirical part provides the reader with general information about the methodology used in the studies. This is then followed by a detailed presentation of the three distinct but related studies included in this thesis. The three studies that the empirical part consists of will be presented one by one.
8. About the methods used in the empirical parts

According to Hartman (1990) there are many ways of knowing social work by using a variety of research approaches. Riessman (1994) argued for methodological diversity and equal time for qualitative approaches in social work research training. Also other researchers recognised the limitations and the validity of quantitative and qualitative research methods (Epstein, 1985, 1988; Waitzkin, 1990).

In the present thesis, both quantitative and qualitative research approaches were combined in order to understand social workers’ work experience in public social services in Crete. The combination of quantitative and qualitative research approaches offers a more complete picture of respondents’ work experience. Researchers have recognised the complementarity of quantitative and qualitative research approaches (Epstein, 1988; Hartman, 1990; Waitzkin, 1990; Riessman, 1994; Miles & Huberman, 1994; Krysik & Grinnell, 1997). According to Epstein (1988) both methods make meaningful contributions to our understanding of the social world and, when used together, can obviously increase it; moreover, where methods are compatible, research about a problem is strengthened when various kinds of data sources are used (Denzin, 1978; Allen-Meares & Lane, 1990; Unrau, 1997).

As no research on social workers’ job satisfaction had ever taken place in Greece before, I decided to begin by exploring the issue quantitatively. Having done that, I then decided to go deeper into the research topic in order to understand respondents’ personal work experience by using two different qualitative research methods (the grounded theory approach and narrative analysis) in the two studies that followed. Qualitative studies offer the potential for representing human agency, initiative, language and emotion (Riessman, 1994).

The research was conducted in three phases. The results of each study formed the basis for the following study. The choice of the specific methodology was made in relation to the type of research question that was in focus in each paper. It is common belief that quantitative methods are suited to certain
kinds of research questions, and qualitative ones to others. First of all, I conducted a quantitative study in order to get a broad picture of social workers’ job satisfaction/dissatisfaction. One issue raised from that first study was that respondents were dissatisfied with organisational and extrinsic work aspects. Then I decided to expand further on this issue, in order to present a detailed close up view of social workers’ dissatisfaction with organisational conditions. Since the aim of study 2 was also to describe and interpret respondents’ patterns of coping with these unsatisfactory organisational conditions, the grounded theory approach was well suited as a research method. Findings of the grounded theory study indicated that respondents experienced ethical dilemmas related with unsatisfactory organisational conditions. Study 3 focused on social workers’ lived experiences of being in ethically difficult situations (related with unsatisfactory organisational conditions) and how they dealt with such situations; therefore, narrative analysis was a suitable research method since narrative analysis is well suited to the exploration of how people make sense of their experiences (Cladinin & Connely, 1994).

Table 1 illustrates the main characteristics of the three studies. Table 2 shows the process of the three studies in time.

Table 1. The three studies of the present thesis.

<table>
<thead>
<tr>
<th></th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>‘Social workers’ work orientation &amp; job satisfaction in public social services in Crete’</td>
<td>‘Dealing with unsatisfactory conditions of public social services in Crete: social workers’ views’</td>
<td>‘Ethical dilemmas in social work practice: a narrative study’</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>Quantitative</td>
<td>Qualitative (Grounded theory)</td>
<td>Qualitative (Narrative analysis)</td>
</tr>
<tr>
<td><strong>Research participants</strong></td>
<td>61 social workers</td>
<td>16 social workers</td>
<td>16 social workers</td>
</tr>
<tr>
<td><strong>Instrument</strong></td>
<td>Structured questionnaire</td>
<td>Thematic interviews</td>
<td>Written narratives</td>
</tr>
</tbody>
</table>
Table 2. Process of the whole research in time.

<table>
<thead>
<tr>
<th>Studies</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative study (study 1)</td>
<td>March 1998-December 2000</td>
</tr>
<tr>
<td>Grounded theory (study 2)</td>
<td>June 2001-May 2003</td>
</tr>
<tr>
<td>Narrative analysis (study 3)</td>
<td>June 2003-June 2004</td>
</tr>
</tbody>
</table>
9. Social workers’ work orientation and job satisfaction in public social services in Crete (study 1)

Theoretical framework of the study

The present study examined social workers’ job satisfaction within the context of work orientation, the place of work in their lives and the working conditions, the opportunities and pressures which respondents experienced through practising social work. Social workers’ work orientation was examined in terms of extrinsic and intrinsic work values. The global approach and the facet approach were used to assess respondents’ job satisfaction. The facet approach was used to find out which parts of the job (intrinsic, extrinsic and organisational) were the main sources of respondents’ satisfaction or dissatisfaction. Also the global approach was used since respondents’ overall job satisfaction, as well as their overall job satisfaction in relation to other variables, were of interest.

The work orientation approach was the theoretical perspective first introduced in this study. The work orientation perspective takes the employee’s own definition of the situation as an initial basis for the explanation of their social behaviour (Goldthorpe et al., 1968). The notion ‘work orientation’ refers “to the meaning attached by individuals to their work, which predisposes them both to think and act in particular ways with regard to that work” (Watson, 1995:118). The starting point of the work orientation perspective is a fundamental distinction between work meanings in which work offers intrinsic satisfactions to people (when work is regarded as an end in itself and provides the individual with challenges) and meanings that recognise only extrinsic satisfactions (when work becomes a means to an end and it has an instrumental meaning). In the present study the term ‘work orientation’ referred to both intrinsic and extrinsic work values.

The suggestion that the ‘global approach’ and the ‘facet approach’ can be used to get a complete picture of employees’ job satisfaction (Spector, 1997) was fruitful in the planning of this research. Having recognised the importance
of the public welfare environment on social welfare workers’ behaviour, I examined respondents’ overall organisational satisfaction as well as their satisfaction with organisational and extrinsic work aspects. Previous research findings regarding influential factors concerning social workers’ job satisfaction and the sources of social workers’ satisfaction/dissatisfaction proved to be suitable in formulating questions on factors possibly affecting respondents’ satisfaction.

The work orientation perspective, dynamic theories of job satisfaction (Daniel, 1969), gender aspects of work orientation and job satisfaction (as social work is considered to be ‘a women’s profession’) as well as the concept of feminist discourse ‘femininity’ proved suitable for the interpretation of the findings.

**Aims and questions of the study**

Job satisfaction is worth investigating for a number of reasons; it can be a reflection of the organisational functioning and it can also be considered as an indicator of employees’ emotional well being or physiological health (Spector, 1997). The topic of job satisfaction is not merely important because dissatisfied workers provide inferior services; workers’ level of job satisfaction can affect substantially their health, mental health and social functioning (McNeely, 1992). There’s no previous research on social workers’ job satisfaction in Greece. Agency social work practitioners work within a welfare environment which is characterised by an inability to cover clients’ needs due to certain characteristics (see p. 20). Therefore it was interesting to examine social workers’ job satisfaction since they work under difficult working conditions when practising social work in public social service organisations.

The aim of the present study was to investigate the work experience of social workers working in public social services in Crete, in terms of work orientation and job satisfaction. I wanted to explore how social workers’ wants and expectations towards work were met with the rewards and the deprivations which job provides through practising social work. More specifically the objectives of the study were:

- To assess social workers’ job satisfaction. Of particular interest was their overall job satisfaction as well as their satisfaction or dissatisfaction with intrinsic, extrinsic and organisational work aspects.
• To examine what the respondents’ work orientation and the place of work in their lives was.

• To examine if there were statistically significant differences between different levels of respondents’ overall job satisfaction and variables regarding their demographic and personal work characteristics.

• To examine if there were statistically significant differences between different levels of respondents’ overall job satisfaction and variables regarding characteristics of the organisations where they worked.

This study tried to tackle the following questions:

• What was the respondents’ work orientation? Were they more intrinsically than extrinsically oriented or did they rank intrinsic as well as extrinsic work aspects highly? Research findings showed that social work students in Iraklio Greece rated intrinsic work values higher than extrinsic work values (Papadaki, 2004).

• What aspects of their job (intrinsic, extrinsic, and organisational) gave them the greatest satisfaction, or what caused the most dissatisfaction? Were the main sources of social workers’ satisfaction related to intrinsic work aspects? Were the main sources of social workers’ dissatisfaction related to organisational work aspects? Research findings from other countries have shown that the main sources of social workers’ satisfaction were intrinsic work aspects and the main sources of social workers’ dissatisfaction were organisational and extrinsic work aspects (see p. 54).

• What was their overall satisfaction with their job, with the organisation where they worked and with social work practice in Greece? Would they leave or change their job, if they were given the opportunity to start again?

• What was the place of work in respondents’ life?

• Were there statistically significant differences between respondents’ different levels of overall job satisfaction and variables regarding their demographic characteristics? Previous research has shown that social workers’ job satisfaction is related with gender (Armentor & Forsyth, 1995), age (Armentor & Forsyth, 1995; Poulin, 1995; Abu-Bader, 2000) and educational level (Armentor & Forsyth, 1995; Abu-Bader, 2000).

• Were there statistically significant differences between different levels of respondents’ overall job satisfaction and variables regarding their personal work characteristics (job tenure, career tenure, position in the organisation,
years of unemployment before they first worked as social workers)? Previous research has shown that social workers’ job satisfaction is related with job tenure and career tenure (Armentor & Forsyth, 1995). Moreover in Greece many social workers have experienced unemployment; therefore, it was interesting to examine whether the negative experience of having been unemployed in the past affected their job satisfaction.

- Were there statistically significant differences between different levels of respondents’ overall job satisfaction and variables regarding characteristics of the organisations where they work (number of social workers working in the organisation, the existence or not of an interdisciplinary team)?

The small number of social workers working in the organisation and the lack of interdisciplinary teams are common problems among welfare organisations in Greece. According to previous research findings social workers’ job satisfaction was found to be related to organisational characteristics (see p. 55).

The figures 1 and 2 on the following page present the issues investigated in this study.
**Figure 1. Issues investigated in this study.**

- **Respondents’ work orientation**
  - Intrinsic work values (helping people, people-oriented work, personal growth, developing new skills, self-fulfilment, autonomy)
  - Extrinsic work values (salary level, social status, promotion, job permanence)

- **Respondents’ job satisfaction**
  - Overall job satisfaction (global approach) ("All in all how satisfied would you say you are in your present job?"; "If you were given the opportunity to start again, what would you do concerning work?");
  - Overall organisational satisfaction
  - Overall satisfaction with social work practice in Greece

- **Work aspects’ satisfaction (facet approach)**
  - Extrinsic facets of satisfaction (pay, opportunities for promotion)
  - Intrinsic facets of satisfaction
  - Organisational facets of satisfaction

- The place of work in respondents’ life
Figure 2. Differences were evaluated between:

- Respondents' demographic characteristics
- Respondents' personal work characteristics (years of unemployment before they first worked as social workers, job tenure, career tenure, position in the organisation)
- Characteristics of the organisations where respondents work (number of social workers working in the organisation, the existence or not of interdisciplinary teams)
- Respondents' intention to leave or change their job
Method

Data collection
A self-administered anonymous questionnaire was distributed to all social workers (75) who work in all social service organisations (39) of the public sector in Crete. The research took place in March and June 1998. 61 respondents completed the questionnaire. The response rate was 81.33 percent.

Table 3. Total number of social workers working in each type of public social service organisation in Crete.

<table>
<thead>
<tr>
<th>Type of organisation</th>
<th>Number of organisations</th>
<th>Number of social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Centres for the Aged</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Social Welfare Centres</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Health Services</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Delinquency Programmes</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Programmes for the Handicapped</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>75</td>
</tr>
</tbody>
</table>

Respondents worked in 31 of the 39 public social service organisations that exist in Crete. They worked in all kinds of social service organisations that exist in Crete. Table 4 presents the number of respondents and the response rate for each type of social service organisation.
Table 4. Number of respondents working in each type of social service organisation and the response rate.

<table>
<thead>
<tr>
<th>Type of organisation</th>
<th>Number of respondents</th>
<th>Response rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Centres for the Aged</td>
<td>16</td>
<td>72.72</td>
</tr>
<tr>
<td>Social Welfare Centres</td>
<td>11</td>
<td>78.57</td>
</tr>
<tr>
<td>Health Services</td>
<td>12</td>
<td>85.71</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>10</td>
<td>76.92</td>
</tr>
<tr>
<td>Delinquency Programmes</td>
<td>10</td>
<td>100.00</td>
</tr>
<tr>
<td>Programmes for the Handicapped</td>
<td>2</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

Respondents

The majority of the respondents were female (90.2 percent) and they were 30-39 years old (67.2 percent). 50.8 percent of the respondents were heads of the social work departments and 49.2 percent were social work practitioners. They all had permanent positions in the organisations. All respondents had no less than 1-year work experience in the organisation where they worked.

Questionnaire

Since no similar research had been conducted before in Greece, my purpose was to give social workers the opportunity to express their views on job satisfaction as well as their satisfaction with different work aspects. My aim was not to develop an instrument for measuring social workers’ job satisfaction.

The questionnaire included mostly closed-ended questions, as well as one open-ended question (“You’d be able to do a better job in the post you hold now if…”). There were questions on:

- Respondents’ demographic characteristics (sex, age, educational level).
- Respondents’ family status.
- Respondents’ personal work characteristics (field of practice, work experience as a social worker, work experience in the organisation, position...
they hold in the organisation), as well as information on their years of un-
employment before they first worked as social workers.

- Characteristics of the organisations where the respondents work (number
  of social workers working in the organisation, whether the number of so-
cial workers covered the needs, whether there was an interdisciplinary
  team and its function).
- Respondents’ work orientation
- Respondents’ satisfaction with different aspects of work: intrinsic, extrin-
sic, organisational work aspects.
- Respondents’ overall satisfaction with their present job, their intention or
  not to leave or change their job, their overall satisfaction with the organi-
sation where they worked and their overall satisfaction with social work
  practice in Greece.
- The place of work in respondents’ lives.

Measures and procedure

The S.P.S.S. statistical package was used for the analysis that follows. The
presentation of the findings includes frequency distributions and means as
well as chi-square tests of significance. Chi-square evaluates differences be-
tween groups with different values on a variable against a second variable. In
some categories the number of respondents was too small; in such cases,
where chi-square was invalid, I had to modify the tables by collapsing or
combining categories, until all expected values satisfied the size criteria
(Sirkin, 1995).

Measurement of work-orientation

In the question about work orientation there were six intrinsic work values
(helping people, personal growth, people-oriented work, developing new
skills, self-fulfilment and autonomy) and four extrinsic work values (salary
level, social status, promotion and job permanence). Respondents rated the
importance of each aspect of work on a scale from 1 (not at all important) to
10 (extremely important). The distinction between extrinsic and intrinsic
rewards from the job which was made by Herzberg (1959) was used in the
data analysis procedure (see p. 43). The distinction between intrinsic and
extrinsic rewards from work is found in a large number of studies (Herzberg
Measurement of job satisfaction (facet approach)

The questions about work aspects’ satisfaction (facet approach) included:

- Common facets of job satisfaction (work challenge, autonomy, pay, promotion, and supervision),
- Some facets of job satisfaction that had been included in job satisfaction scales for the human services (Koeske et al., 1994).
- Organisational facets regarding common problems of social services in Greece (problems which I am aware of through my experience as a social worker and through discussions with social workers who work in the public sector).
- One open-ended question was included in the questionnaire in an attempt to locate unidentified work facets.

Finally in the question about satisfaction with work aspects, sixteen aspects of work were included:

- Extrinsic facets of satisfaction (pay, opportunities for promotion).
- Intrinsic facets of satisfaction (working with clients, challenge work provides, feeling of self-actualisation, opportunities for really helping people, contribution of work in personal growth, opportunities that work provides for acquiring new skills and the employee’s efforts to improve the services).
- Organisational facets of satisfaction (field of practice, amount of authority given to the respondents to do their job, opportunities for involvement in decision-making, the funding of the programmes and the means that the organisation provides, supervision in social work, facilities for a comfortable work setting and opportunities to affect/improve the programmes to meet the clients’ needs).

Respondents rated their satisfaction with each of the sixteen aspects of work, on a five-point scale from 1 (not at all satisfied) to 5 (extremely satisfied). The distinction between intrinsic, organisational and extrinsic work rewards (which was made by Koeske et al. 1994) was used in the data analysis procedure.

Measurement of overall job satisfaction (global approach)

There were two questions: “All in all how satisfied would you say you are in your present job?” and “If you were given the opportunity to start again,
what would you do concerning work?” In the first question respondents rated their satisfaction, on a five-point scale from 1 (not at all satisfied) to 5 (extremely satisfied). In the second question the answers were: I would choose the same job, I would choose a different job, I would prefer to work as a social worker in another organisation, I would rather not work.

Respondents rated the importance of work, family, social relations and social action on a five-point scale from 1 (not at all important) to 5 (extremely important).

**Findings**

**Demographic information**

As it was expected the overwhelming majority (90.9 percent) of the social workers were women. Many women choose to do care-work since care is mainly women’s work. The majority of them were middle-aged (67.2 percent were 30-39 years old and 24.6 percent of the respondents were 40-49 years old) whereas only 1.6 percent was up to 29 years old (table 5). Public social services in Crete do not often take on new staff; young social workers with little or no work experience have very few opportunities to find a job.

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 29 years old</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>30-39 years old</td>
<td>41</td>
<td>67.2</td>
</tr>
<tr>
<td>40-49 years old</td>
<td>15</td>
<td>24.6</td>
</tr>
<tr>
<td>50 or more</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As far as social workers’ educational level is concerned, the majority (83.6 percent) of them had a basic degree in social work. None of them had a postgraduate degree in social work or in any other field while 16.4 percent had a university degree in another field (table 6). This was to be expected since social workers who are TEI graduates had no right to attend post graduates studies in Greece up to 1995. Although they have this right now, they have very few opportunities to attend postgraduate programmes that accept social workers who are TEI graduates. Post graduates studies in social work are not
available. As the Greek educational system is not flexible, TEI graduates can also enter some university departments through examinations and thus acquire a university degree usually after 4 years of studies. Due to all these obstacles that TEI graduates have to face and the fact that social services do not provide their staff with motivation for continuing education, it is common for a small number of social workers working in social services in Greece to have another university degree while only very few have postgraduate degrees in social work or in other fields.

Table 6. Respondents’ educational level.

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree in social work</td>
<td>51</td>
<td>83.6</td>
</tr>
<tr>
<td>Degree in social work and university degree in another field</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Post-graduate degree in social work or in another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As far as social workers’ family status is concerned, the majority (86.8 percent) of the respondents were married (table 7 below). Regarding the number of children the respondents had, the majority (80.3 percent) had 1-2 children, 11.5 percent had 3-4 children and 8.2 percent had no children. These findings were to be expected since Greeks consider the family as a very important value in their lives and marriage is usually considered to be a prerequisite for having children.

Table 7. Family status.

<table>
<thead>
<tr>
<th>Family status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>53</td>
<td>86.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Single</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Information on respondents’ personal work characteristics

As far as the years of unemployment are concerned, a significant percentage of social workers (49.2 percent) had experienced long-term unemployment:
29.5 percent had been unemployed for 2-3 years before they first worked as social workers and 19.7 percent for 4-7 or more years (table 8). Unemployment is one of the main problems that social workers in Greece have to deal with.

**Table 8. Respondents’ years of unemployment before they first worked as social workers.**

<table>
<thead>
<tr>
<th>Years of unemployment</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 year</td>
<td>31</td>
<td>50.8</td>
</tr>
<tr>
<td>2-3 years</td>
<td>18</td>
<td>29.5</td>
</tr>
<tr>
<td>4-6</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>7 or more years</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Regarding respondents’ field of practice (table 9): the majority of social workers worked in health/mental health services (36.1 percent), in Community Centres for the Aged (26.2 percent) as well as in Social Welfare Centres (18 percent). Table 3 (page 73) indicates that at the time this research was conducted the most common organisations in Crete were the Community Centres for the Aged. We cannot claim that there was a variety of social services in Crete, while the public sector programmes for the handicapped were scarce.

**Table 9. Respondents’ field of practice.**

<table>
<thead>
<tr>
<th>Field of practice</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Centres for the Aged</td>
<td>16</td>
<td>26.2</td>
</tr>
<tr>
<td>Health Services</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td>Social Welfare Centres</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Delinquency Programs</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Programs for the Handicapped</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

A little more than half of social workers (50.85 percent) were heads of the social work departments and 49.2 percent of them were social work practitioners (table 10 on the following page). Table 13 shows that 29.5 of them
worked in organisations where there was only 1 social worker, therefore they were both heads of the social work department as well as social work practitioners. Being head of the social work department is not a higher rank position offering higher financial rewards or particular authority within the organisation.

**Table 10.** Respondents’ position in the organisation.

<table>
<thead>
<tr>
<th>Position in the organisation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of the social work department</td>
<td>31</td>
<td>50.8</td>
</tr>
<tr>
<td>Social work practitioner</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority of social workers had many years of work experience in their present job: 64 percent of the respondents had 6-21 or more years of work experience and 36 percent had job tenure 1-5 years (table 11).

**Table 11.** Respondents’ job tenure (years of work experience in the present job).

<table>
<thead>
<tr>
<th>Job tenure</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>3-5 years</td>
<td>13</td>
<td>21.2</td>
</tr>
<tr>
<td>6-10 years</td>
<td>15</td>
<td>24.6</td>
</tr>
<tr>
<td>11-20 years</td>
<td>17</td>
<td>27.9</td>
</tr>
<tr>
<td>21 years or more</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As we can see in table 12, 86.9 percent of social workers had 6-21 or more years of work experience as a social worker and 13.1 percent had career tenure 1-5 years. Only 1.6 percent was junior workers (they had career tenure less than three years) and 98.4 percent were senior workers (they had three or more years career tenure).
Table 12. Respondents’ career tenure (years of work experience as a social worker).

<table>
<thead>
<tr>
<th>Career tenure</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>3-5 years</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td>6-10 years</td>
<td>21</td>
<td>34.4</td>
</tr>
<tr>
<td>11-20 years</td>
<td>22</td>
<td>36.1</td>
</tr>
<tr>
<td>21 years or more</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Information on organisational characteristics

As social services in Crete are understaffed, it was to be expected that the majority of the respondents (55.7 percent) worked in organisations where there was a small number of social workers (1 up to 3 social workers) (table 13).

Table 13. Number of social workers working in the organisation.

<table>
<thead>
<tr>
<th>Number of social workers</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18</td>
<td>29.5</td>
</tr>
<tr>
<td>2-3</td>
<td>16</td>
<td>26.2</td>
</tr>
<tr>
<td>4 or more</td>
<td>27</td>
<td>44.3</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As seen in table 14, when social workers were asked “if the existing number of social workers covers the needs of the organisation” 36 percent answered that the needs were covered. The majority of them (64 percent) answered that needs were partly covered/needs were not covered; 23 percent of them also experienced intense pressure due to the heavy workload.
Table 14. Organisational needs covered by the existing number of social workers.

<table>
<thead>
<tr>
<th>Needs covering</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs are covered</td>
<td>22</td>
<td>36</td>
</tr>
<tr>
<td>Needs are not covered/employees are constantly under pressure</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Needs are partly covered, so individuals’ workload increases</td>
<td>25</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Regarding the existence of interdisciplinary teamwork in the organisations where social workers worked, 50.8 percent of them answered that in the organisation where they worked there was no interdisciplinary team (table 15) since there was a lack of the necessary specialised staff.

Table 15. Existence of interdisciplinary teamwork in the organisation.

<table>
<thead>
<tr>
<th>Existence of interdisciplinary team</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an interdisciplinary team</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>There is no interdisciplinary team</td>
<td>31</td>
<td>50.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As far as the function of the interdisciplinary team is concerned (table 16 on the following page), 56.7 percent of social workers who worked in organisations where there was an interdisciplinary team answered that regular meetings were held; in all other cases meetings were held only in emergencies or there was occasional co-operation among team members. As in Greece there are no established procedures and policies regarding interdisciplinary teams, their function depends on whether organisations are sufficiently staffed, as well as on whether the staff actually wants an interdisciplinary team to function. In health services the function of interdisciplinary teams depends on the doctor who is the head of the clinic or the health/mental health centre.
Table 16. Function of the interdisciplinary team.

<table>
<thead>
<tr>
<th>Function of interdisciplinary team</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular meetings are held</td>
<td>17</td>
<td>56.7</td>
</tr>
<tr>
<td>Meetings are held only in emergencies</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>There is occasional co-operation among team members</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Information on work orientation

Table 17 presents the means (in order of importance as respondents rated them) for the results of a question asking respondents to rate on a 10-point scale the importance of ten work values (6 intrinsic and 4 extrinsic). The question was: “Different people have different expectations from their job. Rate the importance that each of the following aspects of work has for you, from 1 (a little important) to 10 (extremely important)”.

Table 17. Work orientation.

<table>
<thead>
<tr>
<th>Work values</th>
<th>Intrinsic (I) or Extrinsic (E)</th>
<th>Valid</th>
<th>Missing</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-fulfilment</td>
<td>I</td>
<td>58</td>
<td>3</td>
<td>8.38</td>
<td>2.08</td>
</tr>
<tr>
<td>Autonomy</td>
<td>I</td>
<td>60</td>
<td>1</td>
<td>8.25</td>
<td>1.94</td>
</tr>
<tr>
<td>People oriented work</td>
<td>I</td>
<td>59</td>
<td>2</td>
<td>7.95</td>
<td>2.47</td>
</tr>
<tr>
<td>Developing new skills</td>
<td>I</td>
<td>58</td>
<td>3</td>
<td>7.86</td>
<td>2.31</td>
</tr>
<tr>
<td>Social status</td>
<td>E</td>
<td>59</td>
<td>2</td>
<td>7.80</td>
<td>2.26</td>
</tr>
<tr>
<td>Job permanence</td>
<td>E</td>
<td>58</td>
<td>3</td>
<td>7.57</td>
<td>2.76</td>
</tr>
<tr>
<td>Helping people</td>
<td>I</td>
<td>59</td>
<td>2</td>
<td>7.53</td>
<td>2.62</td>
</tr>
<tr>
<td>Salary level</td>
<td>E</td>
<td>59</td>
<td>2</td>
<td>7.17</td>
<td>3.05</td>
</tr>
<tr>
<td>Personal growth</td>
<td>I</td>
<td>59</td>
<td>2</td>
<td>6.90</td>
<td>2.80</td>
</tr>
<tr>
<td>Promotion opportunities</td>
<td>E</td>
<td>58</td>
<td>3</td>
<td>5.45</td>
<td>3.21</td>
</tr>
</tbody>
</table>

Social workers were more intrinsically than extrinsically oriented (the overall mean of the intrinsic work values is 7.811 and the overall mean of the
extrinsic work values is 6.997). As there was a slight difference between the overall mean of the intrinsic work values and the overall mean of the extrinsic work values (0.814) we can say that they also rated highly extrinsic work aspects.

**Information on satisfaction with work aspects (facet approach)**

Table 18 on the following page presents the means (in order of importance, as respondents rated them) for the results of a question asking respondents to rate their satisfaction with sixteen work aspects (intrinsic, extrinsic and organisational) on a 5-point scale, from 1 (not at all satisfied) to 5 (extremely satisfied).
Table 18. Satisfaction with work aspects.

<table>
<thead>
<tr>
<th>Work aspects</th>
<th>Intrinsic(I), Extrinsic(E) or Organisational (O)</th>
<th>Valid</th>
<th>Missing</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with clients</td>
<td>I</td>
<td>61</td>
<td>0</td>
<td>3.95</td>
<td>0.80</td>
</tr>
<tr>
<td>The challenge your work provides</td>
<td>I</td>
<td>61</td>
<td>0</td>
<td>3.90</td>
<td>0.94</td>
</tr>
<tr>
<td>The amount of authority you have been given to</td>
<td>O</td>
<td>59</td>
<td>2</td>
<td>3.81</td>
<td>1.09</td>
</tr>
<tr>
<td>do your job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your feeling of self-actualisation as a profes-</td>
<td>I</td>
<td>61</td>
<td>0</td>
<td>3.66</td>
<td>0.85</td>
</tr>
<tr>
<td>sional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of work in your personal growth</td>
<td>I</td>
<td>56</td>
<td>5</td>
<td>3.66</td>
<td>0.88</td>
</tr>
<tr>
<td>Your efforts to improve the existing services</td>
<td>I</td>
<td>59</td>
<td>2</td>
<td>3.53</td>
<td>0.86</td>
</tr>
<tr>
<td>The field of practice you work in</td>
<td>O</td>
<td>61</td>
<td>0</td>
<td>3.49</td>
<td>0.83</td>
</tr>
<tr>
<td>Opportunities for involvement in decision-making</td>
<td>I</td>
<td>57</td>
<td>4</td>
<td>3.39</td>
<td>1.21</td>
</tr>
<tr>
<td>Opportunities for really helping people</td>
<td>O</td>
<td>61</td>
<td>0</td>
<td>3.23</td>
<td>1.01</td>
</tr>
<tr>
<td>Opportunities your work provides for acquiring</td>
<td>I</td>
<td>60</td>
<td>0</td>
<td>3.12</td>
<td>1.03</td>
</tr>
<tr>
<td>new skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities provided for a comfortable work set-</td>
<td>O</td>
<td>61</td>
<td>0</td>
<td>3</td>
<td>1.21</td>
</tr>
<tr>
<td>ting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary level</td>
<td>E</td>
<td>61</td>
<td>0</td>
<td>2.84</td>
<td>0.93</td>
</tr>
<tr>
<td>Opportunities to affect/improve the programme</td>
<td>O</td>
<td>61</td>
<td>0</td>
<td>2.84</td>
<td>1.21</td>
</tr>
<tr>
<td>to meet the clients’ needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The funding of the programme and the means</td>
<td>O</td>
<td>58</td>
<td>3</td>
<td>2.67</td>
<td>1.23</td>
</tr>
<tr>
<td>that the org. provides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>E</td>
<td>60</td>
<td>1</td>
<td>2.48</td>
<td>1.02</td>
</tr>
<tr>
<td>Supervision in social work</td>
<td>O</td>
<td>60</td>
<td>1</td>
<td>2.40</td>
<td>0.98</td>
</tr>
</tbody>
</table>
The overall mean of satisfaction with work aspects was 3.107, which shows a moderate level of satisfaction. Social workers tended to be very satisfied with intrinsic work aspects (the overall mean of satisfaction with intrinsic work aspects was 3.578); they were moderately satisfied with organisational work aspects (the overall mean of satisfaction with organisational work aspects was 3.085) and they tended to be moderately satisfied with extrinsic work aspects (the overall mean of satisfaction with extrinsic work aspects was 2.66). Table 18 shows that they were satisfied with intrinsic work aspects and the organisational work aspect ‘the amount of authority you have been given to do your job’. They were dissatisfied with organisational and extrinsic work aspects.

In the question “you would be able to do a better job in the post you hold if…” the answers were as shown in table 19. Respondents could give as many answers as they liked to this open-ended question. 46 out of 61 respondents answered this question.

Table 19. Conditions under which respondents could do a better job.

<table>
<thead>
<tr>
<th>I would be able to do a better job:</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there were opportunities for continuing education in social work</td>
<td>14</td>
</tr>
<tr>
<td>If the funding of the programmes met the clients’ needs</td>
<td>13</td>
</tr>
<tr>
<td>If a greater number of social workers worked in the organisation</td>
<td>11</td>
</tr>
<tr>
<td>If there was an interdisciplinary team</td>
<td>9</td>
</tr>
<tr>
<td>If there were facilities for a comfortable work setting</td>
<td>9</td>
</tr>
<tr>
<td>If there was less bureaucracy</td>
<td>9</td>
</tr>
<tr>
<td>If social workers were more autonomous</td>
<td>9</td>
</tr>
<tr>
<td>If there was supervision in social work practice</td>
<td>8</td>
</tr>
<tr>
<td>If the salary was better</td>
<td>7</td>
</tr>
<tr>
<td>If there was a possibility to modernise the function of the organisation</td>
<td>7</td>
</tr>
<tr>
<td>If there were prevention programmes</td>
<td>6</td>
</tr>
<tr>
<td>If there were more social programmes to support clients</td>
<td>6</td>
</tr>
<tr>
<td>If I had the opportunity to participate in the decision-making</td>
<td>5</td>
</tr>
<tr>
<td>If regular meetings of the interdisciplinary team were held</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total (46 out of 61 respondents)</strong></td>
<td>118</td>
</tr>
</tbody>
</table>
The most frequent sources of social workers’ dissatisfaction were organisational work aspects and the most frequent work aspect which caused them dissatisfaction was ‘the lack of opportunities for continuing education in social work’. Social workers’ answers to this open-ended question confirmed their dissatisfaction with some work aspects which they had also referred to in other questions. These work aspects were: the insufficient funding of welfare programmes, the lack of facilities for a comfortable work setting, the lack of supervision in social work practice, the salary level (table 18) as well as the insufficient number of social workers working in the organisation (table 14). A number of social workers were also dissatisfied with bureaucracy and the level of their autonomy within the organisation. In the question regarding social workers’ satisfaction with work aspects (table 18) respondents identified autonomy as one of the main sources of their satisfaction. The lack of an interdisciplinary team or the lack of regular meetings of the interdisciplinary team was another source of respondents’ dissatisfaction.

**Information on overall job satisfaction, organisational satisfaction and satisfaction with social work practice in Greece**

In the question ‘All in all how satisfied would you say you are in your present job?’ social workers indicated a quite high level of overall job satisfaction: 44.2 percent of them were very/extremely satisfied, 37.7 percent were moderately satisfied. 18.1 percent of them were dissatisfied (18.1 percent were somewhat satisfied, none were not at all satisfied) (table 20). It was expected that their level of dissatisfaction would be higher since social workers in Greece experience difficult working conditions due to certain characteristics of social welfare/social services (see p. 20). Moreover social workers do not enjoy a high professional status.

**Table 20.** Overall job satisfaction.

<table>
<thead>
<tr>
<th>Overall job satisfaction</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td>11</td>
<td>18.1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>23</td>
<td>37.7</td>
</tr>
<tr>
<td>Moderately satisfied</td>
<td>26</td>
<td>42.6</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Extremely satisfied</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

87
In the question “if you were given the opportunity to start again, what would you do concerning work” 52.4 percent of the respondents would choose the same job if they had the opportunity to start again (table 21). Social workers’ answers regarding their intention to leave their job did not confirm the quite high level of their overall job satisfaction. Their answers to the present question showed that their level of dissatisfaction was higher than the dissatisfaction they had expressed in the previous question regarding their overall job satisfaction. In the previous question (table 20) 18.1 percent were dissatisfied and 37.7 percent were moderately satisfied with their job. In the present question 24.6 percent were completely dissatisfied (they would choose a different work/would rather not work) and 23 percent would prefer to work as social workers in another organisation.

**Table 21. Respondents’ intention to quit their job.**

<table>
<thead>
<tr>
<th>If you were given the opportunity to start again:</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would choose the same job</td>
<td>32</td>
<td>52.4</td>
</tr>
<tr>
<td>I would rather not work</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>I would choose a different work</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>I would prefer to work as a social worker in another organisation</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In the question “All in all how satisfied would you say you are with the function of the organisation you work for” the majority of social workers were moderately satisfied (62.3 percent) and 16.4 were dissatisfied (13.1 percent were somewhat satisfied and 3.3 percent not at all satisfied) (table 22). A rather low level of satisfaction with the function of the welfare organisation was expected since despite the absence of evaluation studies there is a general agreement on the ineffectiveness of welfare services (Stasinopoulou, 1993; Kavounidi, 1996; Matsaganis & Petroglou, 2001).
Table 22. Overall organisational satisfaction.

<table>
<thead>
<tr>
<th>Satisfaction with the organisation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>Moderately satisfied</td>
<td>38</td>
<td>62.3</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>Extremely satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In the question “All in all, how satisfied would you say you are with social work practice in Greece?” social workers indicated a low level of satisfaction: 45 percent of them were not at all/somewhat satisfied with social work practice in Greece and 43.3 percent moderately satisfied (table 23). A low level of satisfaction was expected since certain characteristics of social services affect social work practice and cause problems in social service provision (see p. 16)

Table 23. Satisfaction with social work practice in Greece.

<table>
<thead>
<tr>
<th>Satisfaction with social work practice in Greece</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>Moderately satisfied</td>
<td>26</td>
<td>43.3</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Extremely satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Missing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Information on the place of work in respondents’ lives

Table 24 presents the means for the results of a question asking respondents to rate the importance that work, family, social relations and social action13 have for them, on a 5-point scale from 1 (not at all important) to 5 (ex-

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13 Social action refers to social workers’ efforts to argue for the extension of clients’ rights as well as to expand opportunities for all people, with special regard for vulnerable people.
tremely important). Means are presented in order of importance to illustrate the importance that work has in the respondents’ lives.

**Table 24.** The importance of family, work, social relations and social action.

<table>
<thead>
<tr>
<th>Importance</th>
<th>Valid</th>
<th>Missing</th>
<th>Mean</th>
<th>Std. deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family importance</td>
<td>61</td>
<td>0</td>
<td>4.84</td>
<td>0.73</td>
</tr>
<tr>
<td>Work importance</td>
<td>61</td>
<td>0</td>
<td>4.31</td>
<td>0.79</td>
</tr>
<tr>
<td>Social relations/friendship</td>
<td>61</td>
<td>0</td>
<td>4.18</td>
<td>0.76</td>
</tr>
<tr>
<td>Social action</td>
<td>60</td>
<td>1</td>
<td>3.78</td>
<td>1.06</td>
</tr>
</tbody>
</table>

**Figure 3.** Importance of family and work.

As we can see (table 24) although respondents rated highly both family and work they placed less importance on work than on family. It was expected that social workers would rate the importance of the family highly (since by tradition Greeks maintain strong family ties) but not to such a high degree. As we can see in Figure 3, the overwhelming majority (93.4 percent) rated family as extremely important and 3.3 percent as very important, whereas 47.5 percent of the respondents rated work as extremely important and 39.3 percent as very important. As far as the importance of social action is concerned, since the respondents were social workers it was expected that they would rate social action higher than they did.
To sum up:

The overwhelming majority of social workers were middle-aged married women. Most of them had only a degree in social work (83.6 percent) and more than six years of work experience as social workers (86.9 percent). Half of them were heads of the social work departments; the rest were social work practitioners. A significant percentage of them had experienced long term unemployment before they first worked as social workers. (29.5 percent had been unemployed for 2-3 years and 19.7 percent for 4-7 or more years).

Most of the respondents (55.7 percent) answered that a small number of social workers (up to 3) was employed in the agency where they worked; 64 percent of the respondents answered that needs were partly or not at all covered. The insufficient social work staff resulted in increased workload (41 percent) and a feeling of being constantly under pressure (23 percent). Half of them worked in organisations where there was an interdisciplinary team; still in these organisations multidisciplinary teamwork was not the norm (only 56.7 of the respondents said that regular meetings of the interdisciplinary team where held).

Regarding social workers’ work orientation, they were more intrinsically than extrinsically oriented, but they also rated extrinsic work aspects highly. They considered family as more important than work. Respondents indicated a quite high level of job satisfaction (44.2 percent were very/extremely satisfied), a moderate level of satisfaction with the organisation where they worked (62.3 were moderately satisfied) and a rather low level of satisfaction with social work practice in Greece (45 percent of them were not at all/somewhat satisfied and 43.3 percent moderately satisfied). The main sources of social workers’ satisfaction were intrinsic work aspects and the organisational work aspect ‘the amount of authority given to respondents to do their job’. The main sources of respondents’ dissatisfaction were organisational work aspects as well as the extrinsic work aspects ‘lack of opportunities for promotion’ and ‘salary level’.

The relationship between respondents’ overall job satisfaction and variables regarding their demographic characteristics

In order to evaluate differences between ‘different levels of respondents’ overall job satisfaction’ and ‘age’, I combined categories and no statistically significant differences were found between job satisfaction and age. The chi-square analysis was not reliable to evaluate differences between ‘different
levels of respondents’ overall job satisfaction’ and the following variables: ‘gender’ (because there was a very small number of male respondents), ‘educational level’ (because 83.6 percent of the respondents had only a degree in social work).

**The relationship between respondents’ overall job satisfaction and variables regarding their personal work characteristics**

Statistically significant differences were found between ‘different levels of respondents’ overall job satisfaction’ and ‘the years of unemployment before they first worked as social workers’. As we can see (table 25) the majority of the respondents who had been unemployed for 4 or more years (83.3 percent) were somewhat/moderately satisfied with their job. The majority of the respondents who had been unemployed for 1-3 years (51 percent) were very/extremely satisfied with their job. Therefore the more the years of unemployment the respondents had (before they first worked as social workers), the less satisfied they were with their job.
Table 25. ‘Respondents’ overall job satisfaction’ and ‘years of unemployment before they first worked as social workers’.

<table>
<thead>
<tr>
<th>Years of unemployment</th>
<th>Somewhat/moderately satisfied</th>
<th>Very/Extremely satisfied</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>24</td>
<td>25</td>
<td>49</td>
</tr>
<tr>
<td>4 or more years</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>27</td>
<td>61</td>
</tr>
</tbody>
</table>

$\chi^2 = 4.611$, df(1), $p = 0.032 < 0.05$.

Statistically significant differences were not found between ‘respondents’ overall job satisfaction’ and the following variables: ‘job tenure’, ‘career tenure’, ‘position in the organisation’. The chi-square analysis was not reliable to evaluate differences between ‘respondents’ overall job satisfaction’ and the variable ‘field of practice’.

The relationship between respondents’ overall job satisfaction and variables regarding characteristics of the organisations where they worked

Statistically significant differences were found between ‘different levels of respondents’ overall job satisfaction’ and ‘the number of social workers working in the organisation’. As we can see (table 26) the majority of the very/extremely satisfied respondents were in organisations where there were 4 or more social workers (55.55 percent) or 2-3 social workers (33.33 percent). The majority of the somewhat/moderately satisfied respondents worked in organisations where there was 1 social worker (44.12 percent) or 2-3 social workers (20.58 percent). The larger the number of social workers working in the organisation (where the respondents worked), the more likely they were to be more satisfied with their job.

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14 In the variable ‘years of unemployment’, the categories ‘up to 1 year’ and ‘1-3 years’ were combined into the category ‘1-3 years’ and the categories ‘4-6 years’ and ‘7 or more years’ were combined into the category ‘4 or more years’. Also, in the variable ‘job satisfaction’ the categories ‘somewhat satisfied’ and ‘moderately satisfied’ as well as the categories ‘very satisfied’ and ‘extremely satisfied’ were combined into one.
Table 26. ‘Respondents’ overall job satisfaction’ and ‘number of social workers working in the organisation’.

<table>
<thead>
<tr>
<th>Number of social workers working in the organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction</td>
</tr>
<tr>
<td>Somewhat/Moderately satisfied</td>
</tr>
<tr>
<td>Very/Extremely satisfied</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

$x^2=7.884$, df(2), $p=0.019<0.05$.

No statistically significant differences were found between ‘respondents’ overall satisfaction’ and ‘the existence of an interdisciplinary team’ in the organisations where respondents worked.

The relationship between respondents’ overall job satisfaction and their intention to leave/change their job if they were given the opportunity

Statistically significant differences were found between ‘different levels of respondents’ overall job satisfaction’ and ‘respondents’ intention to leave/change their job if they were given the opportunity’. As we can see (table 27 on the following page) the majority of the respondents who were some/moderate whatly satisfied with their job would not work/ would choose a different job (38.25 percent), or would work in another organisation (38.25 percent), if they were given the opportunity to start again. The majority of the respondents (88.8 percent) who were very/extremely satisfied with their job would choose the same job. The more satisfied respondents were with their job, the more likely they were to choose the same job (if they were given the opportunity to start again).

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15 In the variable ‘job satisfaction’ the categories ‘somewhat satisfied’ and ‘moderately satisfied’ as well as the categories ‘very satisfied’ and ‘extremely satisfied’ were combined into one.
Table 27. ‘Respondents’ overall job satisfaction’ and ‘respondents’ intention to leave/change their job’.

Given the opportunity to start again I would:

<table>
<thead>
<tr>
<th>Job satisfaction</th>
<th>Would choose the same job</th>
<th>Not work/choose a different work</th>
<th>Would work in other organ.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat/Moderately satisfied</td>
<td>8</td>
<td>13</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Very/Extremely satisfied</td>
<td>24</td>
<td>2</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>15</td>
<td>14</td>
<td>61</td>
</tr>
</tbody>
</table>

\(x^2=25.890, \text{df}(2), p=0.00<0.05\).

To sum up, the tests of statistical significance revealed that:

- The more years of unemployment the respondents had before they first worked as social workers, the less satisfied they were with their job.
- The larger the number of social workers in the organisation where the respondents worked, the more likely they were to be satisfied with their job.
- The more satisfied respondents were with their job, the more likely they were to choose the same job.

Statistically significant differences were not found between ‘respondents’ overall job satisfaction’ and the variables: ‘age’; ‘job tenure’; ‘position in the organisation’ and ‘the existence of an interdisciplinary team’.

Discussion of study 1

The main objective of the present study was to assess the job satisfaction of social workers working in public social service organisations in Crete. Social workers’ job satisfaction was examined within the context of their work orientation. It must be noted that most of the references presented in this chap-

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16 In the variable ‘job satisfaction’ the categories ‘somewhat satisfied’ and ‘moderately satisfied’ were combined into one category. Also the categories ‘very satisfied’ and ‘extremely satisfied’ were combined into one category. In the variable ‘respondents’ intention to leave/change their job if they were given the opportunity to start again’, the categories ‘I would rather not work’ and ‘I would choose a different job’ were combined into one category.
ter are mainly either American or Western European and that differences may occur between countries and cultures.

Findings showed that the picture of the ‘typical’ social worker who works in public social service organisations in Crete is a middle-aged married woman, with a basic degree in social work, who has been working as a social worker for more than six years. These findings were to be expected. Social work is considered to be a women’s profession concerned primarily with caring (Dominelli, 1997). As far as the social workers’ educational level is concerned most respondents had only a degree in social work; this was to be expected since T.E.I graduates were granted the right to attend postgraduate programmes in 1995. Up to 1995 social work education was provided only through the three Social Work Departments of Technological Educational Institutes. Since TEI graduates are accepted in only a few postgraduate programmes today, social workers who are TEI graduates have few opportunities to acquire postgraduate degrees in Greece. Moreover, post-graduate studies in social work are not available in Greece.

**Social workers’ work orientation**

Social workers’ work orientation was examined in terms of extrinsic and intrinsic work values. According to Watson (1995) the starting point of the work orientation perspective is a fundamental distinction between work meanings in which work offers intrinsic satisfactions to people (when work is an end in itself and provides challenges to the individual) and meanings which recognise only extrinsic satisfactions (when work is a means to an end). Respondents were more intrinsically than extrinsically oriented which was to be expected. Research findings have shown that social work students in Iraklio Greece rated as more important intrinsic work values and rated all extrinsic work values after the intrinsic ones (Papadaki, 2004). In prior research from other countries, social work students were found to score highly on intrinsic values (Butler, 1990; Csikai & Rosensky, 1997; Limb & Organista, 2003).

Despite the fact that respondents were more intrinsically oriented, we have to take into account that they also rated extrinsic work values highly. There was a slight difference between the overall mean of the intrinsic work values and the overall mean of the extrinsic work values. Therefore, findings indicate that the respondents were motivated by both intrinsic and extrinsic work values. Quite similar were the findings of Hanson & McCullagh (1995) who, in a
research among social work students, found that they were motivated by both service to others and job self-interest, but they also consistently labelled extrinsic rewards values (job opportunities, working conditions and salaries). The findings of the present study showed that a single dominant orientation (intrinsic or extrinsic) did not exist, which is consistent with views such as that of Blackburn & Mann (1979) who suggested that rather than a single dominant orientation, the worker may have a whole set of expectations and relative priorities. Watson (1987; 1995) too, argued that the concept ‘work orientation’ has been developed to show that the way in which people approach their work typically includes mixtures of these basic inclinations (extrinsic or intrinsic).

**Social workers’ overall satisfaction with their job**

Social workers indicated a quite high level of overall satisfaction with their job (44.2 percent were very/extremely satisfied). However, other indicators of job satisfaction showed that in fact the level of their job satisfaction was not so high. For example although 18.1 percent of them were dissatisfied and 37.7 percent were moderately satisfied with their job, in the question on their intention to leave their job, 24.6 percent were completely dissatisfied (as they stated that they would choose a different job/would rather not work at all) and 23 percent would prefer to work as social workers in another organisation. Moreover, the overall mean of their satisfaction with work aspects (3.107) indicated a moderate level of job satisfaction. As the respondents were agency social work practitioners, I had expected them to be less satisfied than the results indicated since certain characteristics of the social welfare/social services in Greece cause organisational constraints (see p. 20) which affect how social workers carry out their tasks. Moreover social services do not provide welfare workers with opportunities for professional development.

Social workers indicated a moderate level of overall satisfaction with the organisation where they worked and a rather low level of overall satisfaction with social work practice in Greece. A rather low level of organisational satisfaction and satisfaction with social work practice in Greece were to be expected, since because of the limited role of public social services in care provision, social workers try to help people within a welfare environment which is characterized by an inability to cover clients’ needs. According to Georgoussi et al. (2003) the pattern of social service provision is front-line first-aid services for urgent situations with individual clients. Despite the absence of
evaluation studies, there is a general agreement on the ineffectiveness of social welfare services (Stasinopoulou, 1993; Kavounidi, 1996; Matsaganis & Petroglou, 2001).

**Social workers’ satisfaction with work aspects**

The findings showed that the main sources of social workers’ satisfaction were intrinsic work aspects and the main sources of their dissatisfaction were organisational and extrinsic work aspects. This confirms previous research findings (Bradley & Sutherland, 1995; Penna et al., 1995; Balloch et al., 1998; McLean 1999; De Fatima de Campos Francozo & Smeke Cassorla, 2004).

The intrinsic work aspects ‘working with clients’, ‘the challenge work provides’, ‘the feeling of self-actualisation/success as a professional’, ‘the contribution of work to their personal growth’ and the organisational work aspect ‘the amount of authority given to professionals to do their work’ were key aspects of social workers’ job satisfaction. The findings regarding social workers’ level of autonomy confirmed Lipsky’s ideas (1980) regarding the existence of space for professional discretion in social service bureaucracies. This discretion is due to the discretionary nature of the work; the work tends to be conducted in private and it is difficult to measure, therefore it allows some freedom.

At first glance, the finding that the autonomy respondents had was one of their main sources of satisfaction came as a surprise. This was because in Greece social service organisations are bureaucratic, centralized organisations with hierarchical lines of communication (Kallinikaki, 1998). Due to the centralisation of social services, there is little room for autonomous action and development of new activities (Getimis, 1993; Vagia, 1995; Kavounidi, 1996). There is a lack of effective administration (Mouzakitis, 1995; Stathopoulos, 1996; Kallinikaki, 1998). According to what is mentioned above, one might expect that ‘the authority given to respondents to do their work’ would be one of their sources of dissatisfaction. Roach Anleu (1992) claimed that within different work settings authority distribution and the division of labour varied. “The actual tasks of social workers are shaped by the demands of the state (in the form of legal mandates), the intervention of organisational superiors and the claims of other occupational groups” (Roach Anleu, 1992:41). Therefore, the satisfaction with the level of autonomy that respondents expressed in the present study could possibly be explained by the suggestion that, even though
social service organisations in Greece are bureaucratic with hierarchical lines of communication, in different work settings social workers experienced different degrees of autonomy due to other factors. Such factors could be the existence or not of legal mandates or rules defining their obligations and responsibilities and the interventions by organisational superiors. In some social service organisations (e.g. hospitals) there are only general rules and regulations defining obligations and responsibilities of the staff while in some others there is limited administrative control over social workers’ activities; such factors might have a positive impact on social workers’ autonomy. Another explanation for respondents’ satisfaction with their level of autonomy might be that they were satisfied with the autonomy they had because they did not have high expectations for autonomous action. As Gaziel argued (1989), a lack of job autonomy is experienced if and only if there is a discrepancy between the actual level and the desired level of autonomy. More detailed future studies could explore factors influencing social workers’ level of autonomy.

**Social workers’ dissatisfaction with work aspects**

The extrinsic rewards ‘salary level’ and ‘opportunities for promotion’ were expected to be sources of social workers’ dissatisfaction. Social workers in Greece do not have opportunities for promotion. Their only chance for promotion is to become heads of the social work department, a position that does not offer higher financial rewards or particular authority within the organisation. Also the salaries of social workers are not particularly attractive.

The organisational work aspects ‘lack of supervision in social work’, ‘the insufficient funding of the programmes and the inadequate organisational resources’ and ‘the lack of opportunities to affect or improve programmes to meet the clients’ needs’ were the main sources of social workers’ dissatisfaction. These organisational sources of social workers’ dissatisfaction mentioned above were also to be expected. In social service organisations in Greece professional supervision of social workers has not been developed yet; there is lack of guidance of social workers through supervision. There are limited funds available for helping those in need (Stathopoulos, 1996; Kavounidi, 1996). The highly centralised system of decision-making and the lack of social programmes’ evaluation might be the causes of the lack of opportunities that social workers have to affect/improve programmes, in order to meet the clients’ needs. The planning of social programmes is not based on research of the social needs and the evaluation of current services (Kavounidi, 1996;
There is no essential participation of social workers in decision making (Stathopoulos, 1996; Kallinikaki, 1998).

Other sources of social workers’ dissatisfaction

Social workers’ answers to the open-ended question “You would be able to do a better job in the post you hold if…” were organisational work aspects too. They were dissatisfied with ‘the lack of opportunities for continuing education’, ‘insufficient funding of the programmes’, ‘the insufficient number of social workers working in the organisation’, ‘bureaucracy’, ‘the existing level of autonomy’, ‘the lack of interdisciplinary teams/ the lack of regular meetings of the interdisciplinary team’.

As post-graduate studies in social work are not available, the need for further education is evident. No school or other organisation provides educational programmes on a permanent basis. There are limited opportunities for continuing education. Moreover, welfare organisations do not provide their staff with motivation for attending such programmes.

Findings also indicated that insufficient social work staff resulted in heavy workload and time pressure. 64 percent of the respondents answered that needs were partly or not at all covered by the number of social workers working in the organisation. Recent research findings confirmed that social workers in Greece are overworked and work under time pressure (Georgoussi et al., 2003).

‘Bureaucracy’ and ‘the level of autonomy’ were also sources of dissatisfaction for a number of respondents. According to Arches (1991) “as long as social workers lack the autonomy they expect to use in their work with clients, they are likely to be dissatisfied and experience some degree of burnout. Social workers are more satisfied when they have autonomy, are not limited by demands of funding sources, and are not stifled by bureaucracy” (Arches, 1991:206).

Some respondents were dissatisfied with the lack of interdisciplinary teams or the lack of regular meetings of the interdisciplinary team (in organisations where there was an interdisciplinary team). Half of the respondents worked in organisations where there was an interdisciplinary team although in these organisations multidisciplinary teamwork was not the norm (only 57 percent of the respondents answered that regular meetings of the interdisciplinary team were held). Previous research findings showed that only half of the Greek so-
cial workers work in an environment where a multidisciplinary approach is employed (Georgoussi et al., 2003).

Despite the differences among different countries as far as the ideology of social welfare, social welfare organisations, social work practice and social work development are concerned, researchers in other countries have found sources of social workers’ dissatisfaction which are consistent with the findings of the present study, such as pay rate (Penna et al., 1995; Balloch et al., 1998; De Fatima de Campos Francozo & Smeke Cassorla, 2004); career opportunities (Balloch et al., 1998; McLean, 1999; De Fatima de Campos Francozo & Smeke Cassorla, 2004); limited resources (Bradley & Sutherland, 1995; Penna et al., 1995; Marsh & Triseliotis, 1996); heavy workload/time pressure (Bradley & Sutherland, 1995; Penna et al., 1995; Marsh & Triseliotis, 1996; McLean, 1999); lack of supervision (Marsh & Triseliotis, 1996; Balloch et al., 1998); the amount of influence they had if something needed to be changed (McLean, 1999).

**The place of work in social workers’ lives**

Social workers placed less importance on work than on the family. As the overwhelming majority of the respondents were women I had expected them to rate family as very important. Gender roles are culturally and socially constructed (Alvesson & Due Billing, 1997). In 1984, Martin & Roberts found that women are still likely to base their educational and occupational decisions on the assumptions that they will be wives and mothers (Watson, 1995). Moreover, in Greece family and kinship networks are strong (Mousourou, 1998), so the family is viewed by people as being very important. Research findings of the National Centre of Social Research (Voulgaris, 2003) showed that the Greeks consider the family as the most important value in life (mean: 9.7); this is then followed by work (mean: 8.7) and religion (mean: 8.3).

Since the respondents were social workers, I had expected them to rate social action higher than they did. The views that social workers have an obligation to protect clients’ rights and argue for their extension as well as to promote social justice for all people with special regard for vulnerable people do not seem to be particularly widespread among respondents of the present study. Social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work (I.F.S.W., 2004, 4.2).
Statistically significant differences between different levels of social workers’ overall satisfaction and other variables

Social workers’ job satisfaction was found to be significantly correlated with their years of unemployment before they first worked as social workers. The costs of unemployment touch many aspects of individuals’ lives. Financial problems are the most direct consequences. Also, unemployment disrupts social relationships and threatens the basis of one’s identity and role in the society (Brown, 1992). It is possible that the frustration of long-term unemployment made respondents experience more negative emotions about the job than respondents with fewer years of unemployment; these negative emotions could possibly have affected their satisfaction from their present job. Unemployment is one of the major problems that social workers face in Greece. No national data-base is available regarding the number of social workers and the rate of social workers’ unemployment. The Hellenic Association of Social Workers (H.A.S.W., 2005) estimates that in Greece there are 5000 social workers; half of them are members of the H.A.S.W. It is believed that the non-members are those who have chosen not to practise social work and those who have not been able to find employment as social workers.

Social workers’ job satisfaction was found to be related to the number of social workers working in the organisation. This might be so because when there is a larger number of social workers in an organisation, the needs of the organisation are covered more adequately and the individual workload is not increased, therefore social workers are more likely to be satisfied with their job. Workload was found to be related with social workers’ job satisfaction. (Agho et al., 1993; Abu-Bader, 2000). As it was expected, a significant correlation was found between social workers’ job satisfaction and their intention to leave their job. The more satisfied social workers’ were with their job, the more likely they were to choose the same job.

To sum up:

Findings indicated that social workers working in public social services in Crete were more intrinsically than extrinsically oriented, but they also rated extrinsic work aspects highly. Social workers’ (90.2 percent were women) placed less importance on work than they did on the family.

They indicated a quite high level of overall job satisfaction (however, their answers in the question regarding their intention to leave their job as well as
the overall mean of the work aspects satisfaction showed that the level of their job satisfaction was in fact not that high). They also indicated a moderate level of satisfaction with the organisation where they worked and a rather low level of satisfaction with social work practice in Greece. The main sources of social workers’ job satisfaction were intrinsic work aspects. Extrinsic and organisational work aspects were the main sources of social workers’ dissatisfaction. Social workers’ job satisfaction was found to be significantly correlated with the following variables: ‘the years of unemployment before respondents first worked as social workers’, ‘the number of social workers working in the organisation’, ‘their intention to leave or change their present job’.

- In an attempt to explain respondents’ job satisfaction according to the work orientation perspective, it could be said that: Social workers were more intrinsically oriented; therefore they were mostly looking for intrinsic satisfaction. They were intrinsically satisfied; the findings showed that they tended to be very satisfied with intrinsic work aspects and the main sources of their satisfaction were intrinsic work aspects. Therefore they indicated a quite high level of overall job satisfaction.

- If we try to explain respondents’ job satisfaction according to dynamic theories of job satisfaction it could be said that: Social workers rated extrinsic work aspects highly too, therefore they were both intrinsically and extrinsically oriented. They indicated a quite high level of satisfaction with their job; they tended to be very satisfied with intrinsic work aspects, but they also tended to be moderately satisfied with extrinsic work aspects and they complained about various organisational aspects of their present job. In order to interpret these ambivalent attitudes of the respondents, the distinction made in 1969 by Daniel between satisfaction with the job and satisfaction at the job could be used (Hirszowicz, 1981). As Daniel argued, nearly all workers have made the best bargain in terms of their opportunities as they see them and accept it, so it is not surprising that they are satisfied with their job. Satisfaction with the job is associated with sources of attachment to the job, which is a different thing from the relative opportunities that the job provides.

- In an attempt to explain social workers’ quite high level of job satisfaction according to gender aspects of work orientation and job satisfaction it could be said that: The overwhelming majority of the respondents were women. Respondents considered family to be more important than work. They seemed to hold rather traditional ideas of femininity associated with
family orientation. According to Alvesson & Due Billing (1997) women and men are being socialized differently and are ‘accepting’ different gender roles and positions in life, their jobs and work behaviour reflecting their orientations. Whereas men tend to recognize themselves and to be recognized by others exclusively in relation to their on-the-job achievements, women may choose either job or family roles as the basis of their achievements (McNeely, 1992). It is possible that respondents expected less from the job due to the primacy of the family role in their lives; therefore they were satisfied with less. According to Spector (1997) women expect less from work and so they are satisfied with less. This may have developed over generations in which women had to accept non-equivalent job conditions and pay with men. According to Miller (1980) “expectations are influenced by awareness of job deprivations experienced typically by one’s race and gender counter-parts” (Miller, 1980:228).

Through this quantititative study, important information about the way social workers experience their work was acquired. The use of qualitative research methods could be used in order to acquire a further, more detailed picture about the nature of the problems and the organisational constraints that social workers have to deal with through practising social work in public social service organisations in Crete.

Implications for practice

The findings of this study suggest that extrinsic and organisational work aspects caused social workers dissatisfaction. The findings highlight the need for the improvement of the conditions of the public social welfare organisations in Crete, as well as of the quality of social workers’ working life in order to improve the provision of social services. In the case of social service organisations in Crete, there is a need to increase the state funding of welfare organisations in order to increase organisational resources, hire sufficient social work staff and thus reduce social workers’ workload. Evaluating current social services and providing social workers with opportunities to influence decisions and thus affect welfare programmes would contribute to the upgrading of the social services provided. It is necessary to recognise social workers’ need for support and guidance through professional supervision and properly-functioning interdisciplinary teams. Moreover, it is important to provide social workers with opportunities for professional development (further education opportunities, prospects for promotion) and higher salaries.
10. Dealing with unsatisfactory conditions of the public social services organisations in Crete: social workers’ views (study 2)

Theoretical framework of the study

The quantitative study (study 1) was conducted in order to get a broad picture of social workers’ job satisfaction/dissatisfaction. One issue raised from that study was that respondents were dissatisfied with organisational and extrinsic work aspects; however, since the findings did not offer a clear picture of the unsatisfactory organisational conditions I decided to explore this issue further. Moreover, as the aim of the second study was also to describe and interpret respondents’ patterns of coping with these unsatisfactory organisational conditions, the grounded theory approach was well suited as a research method.

Regarding the use of literature in the present grounded theory study, I came to the research situation with a certain background acquired through the literature which enhanced theoretical sensitivity but I did not want to start with ‘received’ theories because these were likely to inhibit the development of knowledge based on actual data (of new findings). As Strauss & Corbin (1990) said:

“In grounded theory studies, you want to explain phenomena in light of the theoretical framework that evolves during the research itself; thus, you do not want to be constrained by having to adhere to a previously developed theory that may or may not apply to the area under investigation” (Strauss & Corbin, 1990: 49).

The following theoretical perspectives proved to be relevant for the interpretation of the findings: Lipsky’s theory (1980) regarding the working conditions that street-level bureaucrats experience and some of their patterns of practice; Evans & Harris’s (2004) perspective and Roach Anleu’s (1992)
research findings regarding social workers’ autonomy within social services; Hasenfeld’s (1981) and Hugman’s (1991) perspectives regarding the organisational power of caring professions. The concept ‘job control’ (Karasek & Theorell, 1991) was relevant for the understanding of the authority that respondents had in the human service organisations. Gender aspects of welfare work and the concept of feminist discourse ‘femininity’ (Alvesson & Due Billing, 1997) seemed to be useful for understanding the working conditions respondents experienced as well as their patterns of coping with these conditions.

Aims and questions of the study

The work environment exerts an important influence on workers’ job satisfaction (Spector, 1997). Previous research findings from other countries have shown that the main sources of social workers’ dissatisfaction were organisational work aspects (Bradley & Sutherland, 1995; Penna et al., 1995; Balloch et al., 1998; De Fatima de Campos Francozos & Smeke Cassorla, 2004). Findings from study 1 indicated that respondents were dissatisfied with organisational work aspects and extrinsic work aspects (salary level, promotion opportunities). Also respondents indicated a moderate level of overall satisfaction with the functioning of the organisation where they worked. The present qualitative study is a further examination of the organisational conditions that cause dissatisfaction among social workers working in public social service organisations in Crete. Moreover, social workers’ coping behaviour with the unsatisfactory organisational conditions is of particular interest.

According to Spector (1997) many organisational conditions can lead to poor job attitudes. Job satisfaction or dissatisfaction affects both the well-being of the employees as well as the functioning of the organisation where they work. Discovering the organisational areas of social workers’ dissatisfaction is of particular interest to all those who are concerned with the well-being of welfare workers as well as with the provision of welfare services. The quality of the welfare services is an important issue since social services are provided to the most vulnerable members of the society. Understanding the objective organisational conditions and social workers’ subjective reactions to them could help social work education find ways to enhance social work students’ ability to cope with the unsatisfactory conditions of social service organisations.
More specifically the aims of this study were:

- To identify both the organisational conditions that contribute to social workers’ dissatisfaction as well as the impact of these conditions on social workers.
- To describe and interpret social workers’ patterns of coping with the unsatisfactory conditions of social welfare organisations. In order to understand social workers’ patterns of coping, the specific circumstances under which their coping strategies took place were also examined.

This study attempted to tackle the following questions:

- What organisational conditions contributed to social workers’ dissatisfaction?
- What were the effects of unsatisfactory organisational conditions on social workers?
- How did social workers deal with the unsatisfactory organisational conditions? What were their patterns of coping with these conditions?
- What conditions influenced respondents’ coping strategies with unsatisfactory organisational conditions? In what context did these coping strategies occur?
- What were the consequences of social workers’ coping behaviour with unsatisfactory organisational conditions?

**Research methodology**

In the present study a qualitative method of analysis was employed. Research findings of study 1 provided a broad picture of social workers’ satisfaction/dissatisfaction with organisational conditions. Therefore a qualitative method of analysis would provide a more detailed, close-up view of social workers’ dissatisfaction with organisational conditions and of their coping strategies. Undertaking a qualitative study is appropriate when – among other reasons – the topic needs to be explored and also when there is a need to present a detailed view of the topic (Creswell, 1998). In Greece no research data are available on the above-mentioned issues; therefore this topic needs to be explored.

A qualitative approach offers the researcher a way “to tell the story from the participants’ view rather than as an ‘expert’ who passes judgment on participants” (Creswell, 1998:18). The combination of quantitative and qualitative
approaches can provide a more complete picture of social workers’ dissatisfaction with the conditions of social service organisations. The quantitative and qualitative research approaches complement each other and are equally important in the generation and testing of social work knowledge (Krysik & Grinnell, 1997).

The grounded theory approach as developed by Strauss & Corbin (1990) was used in the present study. According to Strauss & Corbin (1990) the grounded theory approach uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon. Grounded theory is regarded as a suitable way of obtaining new knowledge about a certain field of interest. The aim of the present study was to work towards a provisional theoretical understanding of social workers’ patterns of coping with the unsatisfactory organisational conditions; an understanding of the specific circumstances in which coping strategies are utilised and the consequences resulting from social workers’ coping strategies.

**Sampling**

Qualitative sampling is often decidedly theory-driven, either up-front or progressively as in grounded theory (Miles & Huberman, 1994). Literature as well as my professional experience helped me to stimulate initial questions and gave me ideas regarding the construction of the theoretical sampling. Throughout years of work experience as a field instructor in the Social Work Department of TEI of Crete, I have cooperated with many social workers working in public social service organisations where students are placed during their field practice and practice placement; thus I became familiar with the organisational constraints they encountered.

A maximum variation sampling was used in this study. This sampling strategy aims at “documenting diverse variations and identifying important common patterns” (Miles & Huberman, 1994:28). By using maximum variation sampling, the aim was not to generalize findings to all respondents or to all groups of respondents, but rather to look for significant common patterns within the variation of the sample. “When selecting a small sample of great diversity, the data collection and analysis will yield two kinds of findings: (1) high quality, detailed descriptions of each case which are useful for documenting uniqueness, and (2) important shared patterns which cut across cases and which derive their significance from having emerged out of heterogeneity” (Patton, 1987:53).
The respondents were selected among social workers who work in public social service organisations in Crete. 16 social workers (13 women and 3 men), with ages ranging from 28 to 55 years old participated in the survey. The sample was large enough to allow descriptions of the social workers’ typical patterns of coping with unsatisfactory organisational conditions. The following criteria were taken into consideration for the selection of the sample:

- **Permanent position**: All respondents had permanent positions in the social service organisations where they worked.
- **Type of public social service organisation**: Respondents worked in all types of public social service organisations that existed in Crete at the time the research was conducted (Social Welfare Centres; Health Services; Mental Health Services; Community Centres for the Aged; Delinquency programmes etc).
- **Gender**: Both female and male social workers participated in the research.
- **Work experience as social workers (career tenure)**: There were respondents that had a few years of work experience (2-5 years) or many years of work experience (6 or more years) as social workers.
- **Work experience in the present job (job tenure)**: All respondents had no less than 2 years of work experience in their present job.
- **Position that respondents had in the organisation where they worked**: Both social work practitioners as well as social workers who were heads of the social work departments participated in the research.
- **Educational level**: In social service organisations in Crete there were no social workers with postgraduate degrees (in social work or other fields). The respondents’ educational level ranged from the basic degree in social work (TEI graduates) to the basic degree in social work plus a university degree in another field.

The following table provides information on the sample.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Type of organisation</th>
<th>Career tenure</th>
<th>Educational level</th>
<th>Post in the organisation</th>
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<td>3</td>
<td>TEI graduate</td>
<td>Social work practitioner</td>
</tr>
<tr>
<td>2</td>
<td>F Social Welfare Centre</td>
<td>25</td>
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<td>F Social Welfare Centre</td>
<td>10</td>
<td>TEI &amp; university graduate</td>
<td>Head of the social work department</td>
</tr>
<tr>
<td>4</td>
<td>M Community Centre for the Aged</td>
<td>14</td>
<td>TEI graduate</td>
<td>Social work practitioner</td>
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</tr>
<tr>
<td>6</td>
<td>F Community Centre for the Aged</td>
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<td>TEI &amp; university graduate</td>
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</tr>
<tr>
<td>7</td>
<td>M Health Services</td>
<td>3</td>
<td>TEI graduate</td>
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<td>F Health Services</td>
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<td></td>
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</tr>
<tr>
<td>9</td>
<td>F Health Services</td>
<td>15</td>
<td>TEI &amp; university graduate</td>
<td>Head of the social work department</td>
</tr>
<tr>
<td>10</td>
<td>F Mental Health Services</td>
<td>14</td>
<td>TEI &amp; university graduate</td>
<td>Social work practitioner</td>
</tr>
<tr>
<td>11</td>
<td>F Mental Health Services</td>
<td>10</td>
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<tr>
<td>12</td>
<td>F Delinquency programmes</td>
<td>12</td>
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<td>13</td>
<td>F Delinquency programmes</td>
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<tr>
<td>14</td>
<td>M Delinquency programmes</td>
<td>15</td>
<td></td>
<td>Head of the social work department</td>
</tr>
<tr>
<td>15</td>
<td>F Municipality Social Service</td>
<td>3</td>
<td></td>
<td>Social work practitioner</td>
</tr>
<tr>
<td>16</td>
<td>F Programmes for the Handicapped</td>
<td>7</td>
<td></td>
<td>Head of the social work department</td>
</tr>
</tbody>
</table>
Interview schedule

Semi-structured interviews with social workers were conducted for gathering information by using thematic questions. The interview included two main sections:

- Brief questions in a standardized format regarding information on socio-demographic characteristics (sex, age, educational level), and information on personal work characteristics (type of organisation where they worked, years of work experience, position in the organisation).
- Information about the research topic was gathered by asking the following questions:

1. What organisational conditions would you say contribute to your satisfaction/dissatisfaction?
2. What are the effects of the unsatisfactory organisational conditions on you?
3. Could you tell me how you usually deal with these unsatisfactory organisational conditions?
4. What factors affect your coping strategies with these unsatisfactory organisational conditions? Are you satisfied with your coping strategies?
5. What are the effects of your effort to deal with unsatisfactory organisational conditions?
6. How do you feel about working in this organisation?

Although one of the main research questions was to specify the organisational conditions that caused respondents’ dissatisfaction I also asked respondents about organisational factors contributing to their satisfaction; I did so in order to identify the opposite to unsatisfactory conditions. As it turned out, and as we shall see more clearly later on in the research findings, the answers to the particular question provided me with important information regarding contextual factors affecting respondents’ coping strategies.

General remarks regarding the interview

The interviews took place during June, July, September and October 2001. Having taken into account the possibility that respondents might be more willing to discuss professional issues in their offices, the interviews were conducted in respondents’ offices. We used my office in the Social Work Department of TEI when we expected to encounter various interruptions if
interviews were to be conducted in the respondents’ workplace. The length of the interviews varied from 40-60 minutes.

Since I am a social worker too, most of the respondents already knew me; some of them knew me by sight. After I had informed them about the purpose of the study all respondents were willing to participate. My professional status as a social work educator had a positive influence on social workers’ willingness to participate. As one of them said characteristically “you are a social worker too, so you can understand the problems we have to face”. A number of respondents stated that they were glad this study provided them with the opportunity to express the problems related with organisational conditions of social welfare organisations in Crete.

Before the interview, respondents were assured that their confidentiality would be guaranteed and that the results would be available to them if they were interested. None of them objected to recording the interviews. After the interviews were over, some respondents came up with comments such as: “this interview gave me an opportunity to evaluate the organisational conditions; it also set me thinking about my own role with regard to these conditions”, “I was glad I was given the opportunity to express my views and feelings about the organisational conditions I deal with every day”. During the translation of the interviews I did my best to make sure that the meaning of the original text remained unaltered.

Data analysis

“Theoretical sensitivity refers to a personal quality of the researcher. It refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn’t” (Strauss & Corbin, 1990:42). Theoretical sensitivity comes from a number of sources (literature, professional experience, personal experience). The analytic process itself is another source of theoretical sensitivity. This comes from asking questions about the data, making comparisons, making hypotheses, developing small theoretical frameworks about concepts and their relationship (Strauss & Corbin, 1990). When I entered the research process I already possessed a degree of sensitivity based upon literature and my professional experience; this degree of sensitivity developed further during the research process. At the same time, I entered the field as open-minded as possible to what research participants had to say, being aware of the way in which my knowledge might influence the research process and
the data interpretation. I tried to put my pre-understandings, my experiences and beliefs aside as much as possible during data collection and analysis.

The analysis was carried out in three steps using the grounded theory analysis as developed by Strauss & Corbin (1990). In grounded theory analysis the procedure consists of open coding, axial and selective coding. Open coding is the first step in data analysis. It involves taking data and segmenting them into categories of information. These categories are composed of sub-categories called ‘properties’, representing multiple perspectives about the categories. Strauss & Corbin (1990:61) refer to them as “attributes or characteristics pertaining to a category”. Properties, in turn, are dimensionalised and presented in a continuum. In axial coding the purpose is to put data “back together in new ways by making connections between a category and its sub-categories and eventually to develop several main categories” (Strauss & Corbin, 1990:97). The main categories are associated with their subcategories by means of ‘the paradigm model’. Each category is developed in terms of: (a) the conditions which caused the phenomenon to occur, (b) the strategies or actions used to manage, respond to this phenomenon, (c) the specific context and the intervening conditions (broad context) which influenced the strategies and (d) the consequences resulting from these strategies. The researcher identifies one of the categories of the open coding as ‘the central phenomenon’ by selecting the category that holds the most conceptual interest and is most ‘saturated’ with information. A category is ‘saturated’, when analysis produces no new information that adds to its understanding. The final phase of coding is the selective coding. The core category forms the central phenomenon around which all other categories are integrated. Selective coding is the integrative process of selecting the core category and systematically relating it to other categories, validating those relationships and filling in categories that need further refinement and development (Strauss & Corbin, 1990).

During the data analysis the main difficulties encountered were that the respondents referred to a large number of diverse organisational conditions that led to their dissatisfaction; they also referred to a variety of coping strategies. In axial coding every different source of respondents’ organisational dissatisfaction, the provisional category of ‘respondents’ reactions to the unsatisfactory organisational conditions’, as well as the conditions which influenced respondents’ strategies were analysed by means of the ‘paradigm model’. During the selective coding, respondents’ coping strategies with the organisational conditions, the specific conditions which influenced respondents’ strategies as
well as the consequences of these strategies were arranged in groups so they could be presented more clearly.

Findings

A model of social workers’ coping behaviour with unsatisfactory conditions of the public social service organisations in Crete was constructed, according to the paradigm model (Strauss & Corbin, 1990); the model (on the following page) presents social workers’ patterns of coping with unsatisfactory organisational conditions and provides a framework for understanding their coping behaviour. Although the results from this analysis are unique to the particular respondents and the particular context of this study, we could say that the same thing could be true for other social workers working in public social services in Greece under similar circumstances.

More analytically:

- ‘Social workers’ coping behaviour with the unsatisfactory conditions of the public social service organisations in Crete’ is the phenomenon (the central event about which a set of actions/interactions is directed at managing).
- Causal conditions are the unsatisfactory conditions of the social service organisations, which caused social workers’ reactions to the situation.
- Social workers undertake certain strategies in order to cope with the unsatisfactory organisational conditions.
- Strategies (the social workers’ patterns of coping with unsatisfactory organisational conditions) occur within a certain context (the specific conditions that influenced social workers’ patterns of coping).
- Intervening conditions are the broader, general conditions that influenced social workers’ patterns of coping with unsatisfactory organisational conditions.
- Consequences refer to the effects which resulted from social workers’ coping behaviour with the unsatisfactory organisational conditions.

The following sections of this chapter include a detailed presentation of each part of the model (causal conditions, phenomenon, context, intervening conditions, consequences). In order to understand the phenomenon of ‘social workers’ coping behaviour with the unsatisfactory conditions of the public social service organisations in Crete’ I have selected typical statements (quotes) that represent the variety of possible aspects.
FIGURE 4: SOCIAL WORKERS' COPING BEHAVIOUR WITH UNSATISFACTORY CONDITIONS: OF THE PUBLIC SOCIAL SERVICE ORGANISATIONS IN CRETE

Causal conditions
- Limited organisational resources.
- Heavy and increased workload.
- Limited professional recognition.
- Lack of support & supervision in social work.
- Lack of opportunities and motives for continuing education.
- Limited level of autonomy.
- Lack of intrinsic work rewards (low level/ prospects for promotion).
- Lack of necessary facilities to practice social work.
- Job routinization.

S. workers' reactions
- Dissatisfaction with organisational conditions.
- Pressure/stress.
- Helplessness/Powerlessness.

Intervening conditions
- Social welfare programmes' inability to cover social needs due to the characteristics of the social welfare system.

Context affecting active/passive strategies
- Social workers' limited authority within the organisation.
- Organisational expectations regarding the role of social workers.

Context affecting active strategies
- Social workers' dissatisfaction with intrinsic work rewards.
- Communication with clients/feedback from clients.
- Support from other social workers.

Context affecting defensive strategies
- Social workers' rise of altruism.
- "The gravity & urgency of clients' problems & clients' expectations that social workers can help them.".

Strategies
- Active coping strategies
  - Aiming mainly at the temporary relief of clients' needs.
- Passive coping strategies
  - Aiming at the improvement of the unsatisfactory conditions.

Consequences
- Effects of active strategies
  - Emotions exhaust on: "social workers as burnout".
- Limited effectiveness/frustration.
- Intention to quit working in the organisation.

- Effects of passive strategies
  - The "culture of silence".
- Partial covering of clients' needs.

Effects of active defensive strategies
- The beginning of an effort to improve the organisational conditions.
- Professional recognition.
- Effects of passive strategies
- Isocratic way of dealing with clients' needs.
Causal conditions: organisational sources of social workers' dissatisfaction and stress

This section presents the causal conditions (the unsatisfactory conditions of the social service organisations, which caused respondents’ reactions to the situation). The sampling criteria such as ‘respondents’ work experience as social workers’, ‘position they had in the organisation’ and ‘respondents’ educational level’ did not influence the kind of unsatisfactory conditions that respondents experienced.

As far as the sampling criterion ‘type of public social service organisation where respondents worked’ is concerned, that did not influence the kind of unsatisfactory conditions that respondents experienced either. Most of the unsatisfactory organisational conditions were common among different types of social service organisations where respondents worked: the workload (apart from Juvenile Courts); the lack of organisational resources to meet clients’ needs; the limited professional recognition; the lack of opportunities for continuing education; the lack of guidance through supervision; the lack of support and guidance through interdisciplinary teams (either because they did not exist or because they did not function properly); the limited level of autonomy (either due to interventions of the administration or due to interventions of other professional groups).

Although there were common unsatisfactory organisational conditions among different organisations, respondents working in different organisations chose to focus more on different unsatisfactory organisational conditions. For example, fundamental problems for respondents working in Social Welfare Centres were the workload, the lack of resources and the lack of interdisciplinary teams. Those working in the mental health field emphasized the need for supervision, continuing education and the proper functioning of interdisciplinary teams. Those working in the health/mental health fields referred more to the lack of professional recognition by the medical staff. Those working in Community Centres for the Elderly emphasized the organisational superiors’ interventions in their work that restricted their professional autonomy.

As far as gender differences are concerned (even though the number of male respondents was small) male and female respondents mentioned the same unsatisfactory organisational conditions but male respondents focused more than the female ones on issues related with professional recognition. All male respondents were dissatisfied with the limited professional recognition and the lack of career prospects while the limited professional recognition was
a common source of dissatisfaction among female respondents and only some female respondents were dissatisfied with the lack of prospects for promotion.

**Limited organisational resources: “Not being able to give people the help they need”**

Respondents referred to the limited resources (means, staff, programmes, services) for meeting clients’ needs as one of the basic problems that caused them dissatisfaction and pressure. Also, several of the female respondents experienced feelings of helplessness and powerlessness because of the lack of resources for covering clients’ needs.

The degree to which there were insufficient resources for covering clients’ needs varied according to the type of organisation. Respondents referred to organisational resources as being totally insufficient (in Social Welfare Centres, Health Organisations, Juvenile Courts and Prison Social Services), insufficient (in Mental Health Organisations) or partly insufficient (in Community Centres for the Elderly, Programmes for the handicapped).

A respondent working in a Social Welfare Centre, while evaluating the benefit-giving policy of the organisation, said:

“The benefits provided by the organisation are totally insufficient. Ridiculous, I would say. For example, the benefit for a child up to sixteen years old who is not supported by the father is 44 €, but only on condition that a mother of two children has a monthly income that does not exceed 235 €. People are right to feel cheated.”

A respondent working in a Mental Health Centre wondered:

“How do you expect to have a functional counselling service for adults without having a clinical psychologist?”

A social worker working in a hospital said:

“Patients are discharged from hospital. It’s the social worker that has to deal with the issue of the lonely people who cannot take care of themselves after being discharged and who have no financial resources to fall back on. Unfortunately, after having been discharged, there are no other support programmes to provide these people with effective services for as long they are in need.”

Respondents considered the limited funding of the social welfare programmes and the increasing number of clients (due to the increasing of social problems) as the causes of limited resources (means, staff, programmes,
services) for covering clients’ needs. The insufficient staffing of organisations with various necessary professionals rendered many organisations unable to develop their programmes.

A respondent who worked in a Community Care Centre mentioned:

“Social problems are increasing and perpetuating constantly, whereas the funding of the social welfare programmes remains limited. We are in no position to give clients the help they need. We have no doctor, no nurse, and no home-helper. How can we develop programmes to meet clients’ needs when we do not have the necessary staff?”

A respondent working in a Social Welfare Centre said:

“The increase in the number of socio-economic inequalities in Greece during the last decade resulted in an increasing number of clients in the Social Welfare Centre. Unfortunately we are facing an impasse; we haven’t got enough resources or sufficient staff in order to support the increasing number of clients.”

The unequal distribution of social programmes between the centre and the regions resulted in a lack of adequate social programmes in the regions. Social workers could not refer clients to other public social service organisations in order to cover their needs.

“Due to the unequal distribution of social programmes between the centre and the regions there aren’t sufficient welfare programmes in the regions. You see the problem: there are no social programmes we can refer the clients to, since the organisation cannot help them.”

Heavy and increased workload

Respondents considered the workload to be one of the main factors causing dissatisfaction and a feeling of being constantly under pressure. Also, some respondents mentioned feeling unable to deal with the amount of work demanded of them.

The amount of workload was related to the type of organisation. Respondents working in Juvenile Courts were the only ones who were satisfied with the workload. Workload was characterized as ‘heavy’ by those working in Community Centres for the Elderly and ‘very heavy’ or ‘extremely heavy’ by all others. The workload and the pressure on social workers to deal with the amount of work increased when the caseload included a substantial proportion of multi-problem clients since, as the problems were complex (e.g. multi-problem families), continuous and multiple interventions were called for.
Also, emergencies that demanded instant intervention increased the workload (in Social Welfare Centres and in Health Service Organisations) A social worker working in a Social Welfare Centre mentioned:

“I hardly have the time to feel satisfied when something works out well with a case because I have to run to another case immediately. I’m under constant stress because I have to see too many cases which are all complicated and urgent, so you can’t tell which one should be put first. Many of them require continuous intervention since they concern multi-problem families. Each case requires taking multiple actions. But I have to see to 200 families.”

Respondents identified the insufficient staffing of social service organisations in Crete combined with the increased number of people seeking help as the main causes of heavy and increased workload. The increasing number of clients and the insufficient staffing of social services have been getting more and more intense due to the government’s austerity policy.

A social worker working in a Community Centre for the Aged mentioned:

“In the last decade although the number of people seeking help increased, very few social workers have been appointed in social service organisations of the public sector due to the government’s austerity policy. As a result the workload increased and became very heavy. It was only recently that a significant number of social workers were employed in home-help programmes.”

Another social worker working in a Social Welfare Centre said:

“In the Social Welfare Centre where I work, they didn’t even employ social workers to substitute for the ones who have retired. There are seven of us here, whereas there should be 16. The staff is not enough to support the increasing number of clients. Due to the government’s austerity policy during the last years the number of people seeking help has been increasing. The workload is overwhelming since we have to see to the whole prefecture of Iraklio, just think that the city alone has a population of 160,000. It is simply impossible to respond to the pressure of such a number of cases.”

**Limited professional recognition in the organisation: “The loneliness of the social worker”**

The limited professional recognition from administrative superiors or organisational superiors as well as from members of the medical staff was a common source of dissatisfaction and stress among female respondents; it was also a source of dissatisfaction for all male respondents. Respondents re-
ferred to “the everyday struggle for professional recognition” and “the loneliness of the social worker” in relation to their superiors. They were dissatisfied even when their struggle to gain recognition from their superiors had positive results, since this demanded of them a lot of energy and their professional role was always in dispute.

A social worker working in a Municipality Social Service said:

“Everyday there is a struggle for professional recognition. I’m always obliged to prove to the organisational superior that I am of use to the organisation. He asks me what I have done regarding the clients’ demands and expects me to prove my work is effective without being able to understand the particular difficulties of my work. I’m tired of trying to prove the value of my work; it has become a means to an end.”

A social worker working in a Mental Health Centre said:

“I’d been trying to gain recognition for years. It took me years to gain the recognition of the head of the department and of the psychiatrist. And now, even though I feel satisfied I’ve gained it, I also feel very tired.”

Some respondents mentioned that despite their struggle for recognition, they did not manage to prevent the administrative superior or organisational superior from interfering with their work.

“I informed the organisational superior about my professional role, I tried to establish a trusting relationship with him but despite my efforts he intervenes in my professional sphere.”

A main cause of the limited recognition of the social work profession was the fact that those who possess managerial roles in social welfare organisations usually have limited knowledge regarding social work and the provision of social services.

“I’ve been thinking that the main problem of social work is the loneliness we have to deal with as professionals. It’s very hard for the administrative superior or for the organisational superior to understand our work because they know nothing about social work and the provision of social services; that’s why they constantly doubt us. You have to spend a lot of time and effort in order to convince them that you are not a kind of luxury, you are not an ornament. There are times – even when they have been convinced – that they keep on interfering in our work.”

Respondents who worked in the health/mental health sector were “lonely” in relation to other professionals such as physicians. They believed that the
medical model of illness that still prevails in the health service contributes to
the recognition of professions that deal directly with sickness and especially
physicians who enjoy a high degree of professional power.

“The profession of social work has limited recognition in the health sector
due to the medical model of illness that still prevails. There’s a lot of doubting
from members of the medical staff who enjoy a high degree of professional power. Social work is considered to have a secondary role in the health sector since it doesn’t deal directly with illness.”

Another cause of the limited recognition of social work was that social
workers did not claim the role that was rightfully theirs. Respondents stated
that they did not claim their rights either because they contented themselves
with the satisfaction derived from their work, or because they were tired of
the oppressive working conditions.

A social worker working in a hospital said:

“We keep saying that we get no recognition but the truth is we don’t de-
mmand the role that’s rightfully ours. Social workers usually think it’s
enough to be effective in their work, to help people, to feel at ease with their
conscience. This is not enough for me. I want to be effective in my work, but
I also want it to be recognized.”

A social worker working in a Social Welfare Centre mentioned:

“I used to be aggressive with colleagues because I thought they didn’t try
enough, they didn’t fight for the recognition of our profession. Now that
years have passed, I can understand the weariness caused by adverse work-
ing conditions.”

The prejudice against Technological Educational Institutes graduates con-
tributes to the questioning of the social work profession

“There’s a prejudice against TEI graduates. It makes no difference if you
are a good professional or not. If you are a TEI graduate you constantly
have to prove that you have knowledge and you constantly have to defend
yourself and prove your worth.”

**Lack of support and supervision in social work**

**Lack of support through the interdisciplinary team**

The lack of an interdisciplinary team or its problematic functioning were
common sources of respondents’ dissatisfaction. The lack of guidance and
support of an interdisciplinary team contributed to the sense of pressure felt
by respondents, since many of the cases they had to deal with were complicated. Those working in Social Welfare Centres, Community Centres for the Elderly in small municipalities, Delinquency Programmes and Municipal Social Services referred to the need for staffing such organisations with all the necessary professionals so that an interdisciplinary team would be feasible.

“In the Social Welfare Centres no other professionals (except social workers) are employed, so interdisciplinary teams don’t exist. Without their support and guidance, how can one be effective at work? Social Welfare Centres need to be staffed with social workers as well as with other professionals.”

Respondents working in the health sector referred to the need for a functioning interdisciplinary team.

“Unfortunately in the hospital we have no such a team which would provide the staff with support and guidance. It would contribute to co-operation among members of the staff. And we’d be able to deal with cases more efficiently.”

“In the hospital where I work there’s no interdisciplinary team, but I have had experience of such a thing from the mental health sector where I used to work in the past. Despite the problems in its functioning, guidance and support were provided – to a certain degree.”

According to respondents working in the health sector the main reasons for the lack of functioning of the interdisciplinary team were the prevalence of the medical model of illness and the lack of official enactment of a decision to establish interdisciplinary teams. Also other reasons were the insufficient staffing with the necessary specialized professionals and the time pressure.

“An interdisciplinary team would have been very helpful. Of course the hospital was understaffed and there was time pressure; everybody was running up and down all the time. However, the main reasons for the malfunction of the interdisciplinary team were the medical model of illness and the lack of official enactment of interdisciplinary teams.”

Respondents working in Mental Health Services and Community Centres for the Elderly in large municipalities talked about the difficulties regarding the function of an interdisciplinary team. The different philosophy among different professions, the different educational experiences regarding interpro-
professional cooperation and the prevailing medical model of illness in the health sector caused difficulties in the function of interdisciplinary teams.

A social worker working in a Community Centre for the Aged mentioned:

“Regarding the interdisciplinary team in the Community Centre for the Aged, the willingness of all professionals to co-operate should not be taken for granted. There’s antagonism, which gets very tiring, and we end up not holding frequent meetings. Each individual does what he/she has to do according to their specific role in the organisation and then criticizes all the others. There is a different philosophy among different professions. Unfortunately, the need for essential co-operation with other professionals is not something other professionals have learned through their education.”

A social worker working in a Mental Health Centre mentioned:

“The medical model of illness prevents the cooperation among professionals. In the Mental Health Centre the interdisciplinary team consists of two social workers and two psychologists. The psychiatrist just won’t participate in our meetings.”

Lack of support/guidance through supervision in social work

Several respondents referred to dissatisfaction caused by the lack of supervision in social work. They were under pressure because their needs for guidance and support were not met. They made it clear that the supervisor should be properly qualified in social work issues in order to be effective in his/her role.

“Unfortunately supervision is not implemented by any organisation in Greece. Not even in Social Welfare Centres, which are the only social programmes available in every prefecture. Supervision by a properly qualified social worker would support us and help us increase our knowledge in order to be effective in our professional role.”

“Not all colleagues agree on the need for supervision because they think that it would mean a kind of control over their work activities. I think it would be both a kind of control and a way to acquire feedback as well. And control would be good for us, as long as it is done by someone properly qualified in the field of social work.”

Lack of opportunities and motives for continuing education

The lack of long-term programmes of continuing education in social workers’ field of interests especially in the regions, the lack of organisations’ initiatives to organize such programmes and the fact that organisations did not
provide their staff with motivation for attending such programmes resulted in limited opportunities for respondents to acquire further education. Several respondents were dissatisfied with the limited opportunities and the non-existent motivation for continuing education provided by welfare organisations. They recognized the need for continuing education and they were under pressure (especially in organisations where there was need for specialized knowledge, e.g. in the mental health sector) since they could not acquire new knowledge that they needed so they could be effective in their work.

A respondent working in a Delinquency programme said:

“They’ve forgotten us here in the regions. Where are the seminars or specialization programmes that would help us upgrade our knowledge and be more effective? Continuing education is important since without new knowledge I cannot be effective in my work. I am under pressure because many of the juvenile delinquent cases are very complicated.”

A respondent working in a Community Centre for the Aged mentioned:

“Social welfare organisations do not take initiatives to organize long-term programmes of continuing education and they don’t provide us with any motivation for continuing education.”

A respondent working in a Social Welfare Centre said:

“We are allowed to leave for a short term seminar or conference – provided that it doesn’t interfere in the organisation’s functioning – but the expenses for the air fair, hotel accommodation etc. are not covered. If a social worker attends a long-term seminar in their own free time and at their expense there is no reward or recognition from the organisation. How can a social worker be encouraged to seek further education under these circumstances?”

A respondent working in a Municipality Social Service said:

“The organisation doesn’t support any activities for continuing education, nor is it interested in the exchange of experiences with other municipalities that have similar social services. I’d applied in time to attend a seminar and I was granted permission to go two days after the seminar had started.”

**Limited level of autonomy**

Half of the respondents were dissatisfied and experienced stress due to the limited control they had over their work activities. They mentioned that the organisational or administrative superior interfered in their field of work. Also half of the respondents mentioned that they had control over their work
activities (although quite a number of them mentioned also that in the past they had experienced interference in their work by their organisational superiors). Moreover several participants working in the health and mental health sector referred to the constraints imposed by doctors on their autonomy to deal with clients.

According to respondents, factors that influenced their level of autonomy were:

- The hierarchical structure of bureaucratic social service organisation.
- Formal rules and regulations.
- The organisational superiors’ interventions in social workers’ work activities.
- The dominance of the medical profession in health and mental health services due to the prevailing medical model of illness.

**Autonomy and the hierarchical structure of bureaucratic social service organisation**

The bureaucratic organisation with the hierarchical lines of communication was a cause of respondents’ reduced autonomy. Those working in highly centralized organisations (e.g. Social Welfare Centres, Institutions for the Chronically Ill, Municipality Social Services, social services in prisons) referred to the fact that there were hierarchical lines of communication. When an organisation was less centralised, that did not necessarily mean that social workers enjoyed an increased autonomy level, since there were additional factors which influenced their level of autonomy.

A respondent working in a Municipal Social Service said:

“*There’s a fixed hierarchy. The staff has no direct access to the mayor, only through the administrative superior. But we have to have the mayor’s approval on every matter. The administrative superior has to have knowledge of and approve issues I want to forward to the mayor. This procedure is extremely time-consuming and not flexible at all and as a result my proposals are not forwarded in time. There are very few opportunities to have direct access to the mayor.*”

Respondents working in Community Centres for the Elderly considered the organisation as less centralized compared to other social service organisations; still that does not mean that there were no interventions in social workers’ professional sphere.
“Community Centres for the Elderly are directed by a board of directors where the mayor or deputy mayor presides. A representative of the staff participates in this board. However, the access a social worker has to the mayor or to the deputy mayor doesn’t necessarily mean more autonomy. The board of directors does not hold frequent meetings and usually there are interventions by organisational superiors in social workers’ work; these are two common problems.”

**Autonomy and formal rules and regulations**

A respondent working in a hospital mentioned that although there were hierarchical lines of communication there were only general rules and few formal organisational constraints, something that affected positively their level of autonomy.

“There’s less bureaucracy in a hospital compared to other social service organisations. The organisation is centralized but there are no bureaucratic rules, regulations and this has a positive impact on the level of social workers’ autonomy. If a social worker is supported he/she can do a lot in a hospital.”

A respondent working in a Social Welfare Centre said that formal rules and routine administrative duties affected negatively social workers’ level of autonomy.

“There is endless bureaucracy, formal rules, loads of paperwork in order to forward clients’ demands, routine duties and no secretarial support. The structure of the organisation exhausts the staff and leaves very little space for initiative.”

**Autonomy and the organisational superiors’ intervention in social workers’ work activities**

In most social welfare organisations those who held managerial positions had limited knowledge regarding social work and the provision of social services. They usually had partial views on social issues, which led to their lack of understanding of the social worker’s role.

A respondent working in a programme for the handicapped said:

“Unfortunately, in most welfare organisations social workers are supervised by people who have had limited knowledge regarding social work and the provision of social services and as a result they don’t understand what the social worker’s role is.”

A respondent working in a hospital mentioned:
At best, organisational superiors won’t cause any problems in forwarding your proposals; but that does not mean they understand social work and its interventions.”

A respondent working in a Community Centre for the Aged said:

“The willingness of organisational superiors to understand and respect social workers’ work is really accidental; it depends on the personality and sensitivity regarding social issues of the person who happens to supervise the organisation.”

Organisational superiors’ limited knowledge on social work issues resulted in interventions in social workers’ professional sphere; such interventions limited respondents’ level of autonomy and restricted social workers’ opportunities for taking initiatives.

A respondent working in a Municipality Social Service said:

“I organized parents’ meetings in the municipality where I work, after having informed my administrative supervisor. After meetings had already started to take place, the mayor told me off and we had to stop. He said I’d started something without having obtained his written approval first. He expects me to inform him about every single issue regarding my work activities.”

A respondent working in a Social Welfare Centre said:

“The organisational superior rejects any proposal that’s contrary to established custom. He leaves us no space for initiative, for doing something new.”

A respondent working in a Community Centre for the Aged said:

“We should feel lucky when we are supervised by mayors and a board of directors who are sensitised to social issues. The previous mayor intervened in my work, the one we have now doesn’t. But I know that this situation can very easily change.”

Role ambiguity was also a source of dissatisfaction and stress for respondents. The organisational superior tried to assign tasks to social workers that were not within their responsibilities. Some of the respondents mentioned that their organisational superior prevented them from doing things that were part of their work.

“I’m dissatisfied with the mayor who is the organisational superior of the Community Centre for the Aged; he assigns tasks to me that are outside my domain. It doesn’t make sense for me to be responsible for book-lending
just because the community library happens to be in the Community Centre for the Elderly.”

A respondent working in a hospital mentioned:

“Visiting my clients’ families is a basic part of my work. Still, the organisational superior distrusts me and hinders my work. He thinks a social worker should work only within the specific building of the organisation.”

**Autonomy and the medical model of illness in health /mental health services**

According to respondents working in the health and mental health sectors, the inter-professional relations with doctors who possess more authority and prestige due to the prevailing medical model of illness were a factor which influenced their level of autonomy, especially in the management of cases.

“The medical model of illness is an important problem. They tell you they don’t support this model but they all do in the end. They tell you you’re indispensable to the hospital but their actions prove the opposite. When I first started working I remember the doctors did not refer any cases to me. I decided to stick around in the clinic all the time until they got used to me and I was able to find cases on my own. I stopped only when I was convinced that they’d call for me if there was need for me.”

“I spent eight years taking down case-histories and dealing with practical issues of clients. Today the situation is somewhat better because the psychiatrist sees to the psychiatric patients and lets us work with the rest.”

**Lack of extrinsic work rewards (salary level, prospects for promotion)**

Half of the respondents expressed their dissatisfaction regarding their salary level. All male respondents and some female respondents were dissatisfied with the lack of promotion opportunities.

“The salary level is an important problem. A social worker gets a civil servant’s salary. I get 763 € a month after ten years of work. How can I live on this money?”

“Even if you pursue continuing education and you are very effective in your work there’s no way to get a higher post or salary. You only do it for yourself, so you can be a better professional.”
According to a respondent, social workers work only as social work practitioners and they do not have opportunities for promotion due to the traditionally organized social service organisations in the context of a social welfare system that does not try to provide upgraded services.

"Since there have been no systematic efforts to upgrade the social welfare system, they only needed social work practitioners without specialised knowledge and opportunities for promotion within traditionally organized social service organisations."

**Lack of necessary facilities to practise social work**

Some respondents referred to the lack of necessary means in order to practise social work, which was a cause of pressure and dissatisfaction.

"In the Social Welfare Centre there’s a big office for all social workers. There’s no place where you can conduct an interview. You see that under these conditions we can’t possible talk about respect for clients or confidentiality."

"There’s only one car with a driver for out of town visits. All seven of us (social workers) try to make arrangements so we can all visit our out-of-town clients; but no matter how hard we try one car is not enough, whereas there are a large number of out-of-town clients. And we only have one pc for seven social workers."

**Job routinization: “a space with no horizon”**

Some respondents referred to the dissatisfaction and pressure caused by routinization.

"I feel I’m under enormous pressure, like I’ve been doing the same things for years now and nothing ever changes. People are different but the work stays the same, the organisational problems stay the same. I’m dissatisfied, I feel I’m stuck in a space with no horizon and as a result I feel I’m under pressure, I’m dissatisfied and I feel disinclined to work."

According to respondents, the bureaucratic nature of social welfare organisations and the lack of evaluation of existing programmes resulted in routinization.

A respondent working in a Social Welfare Centre mentioned:

"The bureaucratic nature of social welfare organisations leaves no space for functions that are in accordance with the new approaches of social welfare and social work. In this context a social worker’s work is repetitive, with no opportunities for change."
A respondent working in a Community Centre for the Elderly said:

“There’s been no evaluation of social welfare programmes. In Community Centres for the Elderly there’s been no evaluation for so long now... so there’s been no opportunity for change, improvement of programmes, making services more flexible in order to cover people’s needs.”

**Social workers’ reactions to the unsatisfactory organisational conditions**

In this section the emphasis is on respondents’ reactions (dissatisfaction, pressure/job-stress, powerlessness/helplessness) to the unsatisfactory organisational conditions.

**Dissatisfaction with the organisation**

As seen so far, respondents were dissatisfied with a number of organisational conditions that affected social care provision. The degree of dissatisfaction caused by certain unsatisfactory working conditions varied according to respondents’ field of practice. In different organisations certain unsatisfactory conditions caused more intense dissatisfaction to social workers than others. For example, in Mental Health Services respondents experienced more intense dissatisfaction due to the lack of continuing education than respondents working in other fields of practice; this was because in Mental Health Centres the need for specialised knowledge is intense. More analytically conditions causing dissatisfaction were:

- The lack of organisational resources and the heavy and increased workload

  “The situation is disappointing. Organisational constraints such as the limited resources and the heavy workload control my activities. These constraints prevent me from doing my work and helping people in need.”

- The limited professional recognition

  “The profession of social work is not accepted. It’s usually considered to be a luxury. It bothers me that in the prison where I work the superiors consider social work to be a necessary evil. I am tired of trying to gain recognition.”

- The lack of support and supervision in social work
"In the Institution for Chronic Illnesses the situation is frustrating. Clients face serious problems, patients with different problems co-exist, the number of patients is very large and the working conditions are alienating. There is no interdisciplinary team, no supervision in social work. If you get no support you can’t offer much.”

- The lack of opportunities for continuing education.

“I am often very disappointed since the Mental Health Centre doesn’t provide any motivation for continuing education. We can not acquire the knowledge that we need so we can be effective when cases are complicated. I’ve acquired all my extra knowledge at my own expense. Nothing has been given to me, not a single seminar with the expenses covered in fourteen years of work.”

- The limited level of autonomy

“The administrative superior in the municipal social services tries to assign administrative work to me; that is what he expects of me. But this is not part of my professional role. The whole situation is disappointing and frustrating. To him administrative work is the only kind of real work. He simply doesn’t understand the nature of the social work profession.”

- The lack of extrinsic work rewards (salary level, promotion opportunities)

“I am very dissatisfied since I get the same money whether I am effective in my work or not. There’s no financial reward, no opportunity for promotion, nothing.”

- The job routinization

“In juvenile courts it is imperative that the legislation regarding juvenile criminals should change; the function of the organisation should be updated too. I am very disappointed since things stay the same for years and nothing changes.”

Pressure/job stress

Respondents referred to the continuous and intense pressure caused by unsatisfactory organisational conditions. Most of the conditions caused them pressure and stress. More analytically, these conditions were:

- The inadequacy of organisational resources.

“Due to inadequate organisational resources we face an impasse; we also experience psychological pressure regarding clients’ problems because we end up thinking that it is our personal responsibility to support clients, not the state’s.”
• The heavy and increased workload.

“We experience permanent and intense stress over the workload we have to deal with. Every day new cases come up. It’s simply impossible to deal with this load of work especially when there are so many complicated cases.”

• The limited professional recognition.

“It bothers me that I constantly have to prove that I’m good at what I do and that the organisation needs me. Other professions take recognition for granted, whereas we constantly have to prove our worth. When you first start working you may see it as a challenge, but after some time this whole situation exerts pressure on you and affects your willingness to work.”

• The limited level of autonomy

“The situation is frustrating. The organisational superior intervenes in my work. I am under pressure; I have to be constantly on guard in order to safeguard my professional rights.”

• The lack of guidance and support through interdisciplinary teams and social work supervision.

“What I particularly miss in the Mental Health Centre is supervision. It’s not enough for me to discuss cases with colleagues. There’s no social worker to supervise me and support me with specialized knowledge. I’m under constant pressure while trying to be effective in my work.”

“Many cases in the health sector are soul-destroying. You come face to face with death and illness every day. We’re under pressure; our personal life and feelings are affected by these experiences. You get to feel vulnerable, you are afraid such things might happen to you and your family. At times you’re under so much pressure that you leave the hospital and wish you never had to come back. You need to be part of a supportive team in order to work out your feelings.”

• The lack of continuing education.

“Most cases are complicated and it takes specialized knowledge to deal with them. We’re often under pressure when we try to deal with such cases with the knowledge we have. The need for continuing education is imperative.”

• The job routinization.

“Nothing changes in the organisation’s programmes, in our way of work. I’m in a rut. The lack of programme updates oppresses my need to be creative, to do something new. I’m under constant pressure.”
The lack of necessary facilities to practise social work.

“I’m under psychological pressure when there’s not even a decent office where I can talk with clients and where no one can overhear what is being said.”

**Powerlessness/helplessness**

Several female respondents experienced powerlessness/helplessness due to the lack of organisational resources in order to meet clients’ needs, the heavy workload and their limited level of autonomy. They were helpless and discouraged as they often faced this impasse.

A respondent working in a Social Welfare Centre mentioned:

“You face an impasse, there’s no way out. The lack of organisational resources and the insufficient support programmes in Crete prevent me from providing clients with services. This makes me feel helpless as I cannot be effective in my work.”

A respondent working in a Mental Health Centre said:

“The organisation isn’t adequately staffed. I feel helpless regarding doing my work as it should be done, due to the heavy workload. The workload disheartens me.”

A respondent working in an Institution for Chronic Illnesses mentioned:

“Despite my efforts the organisational superior continues to intervene in my professional activities. This situation has discouraged me. Sometimes I feel there’s no way I can cope with it.”

**Context influencing the development of social workers’ coping strategies**

This section presents the specific conditions that influenced respondents’ patterns of coping with unsatisfactory organisational conditions. In the present study the term ‘active defensive’ was used to describe a strategy that did not aim at any lasting solution. It served mainly as a temporary relief of clients’ needs. Moreover, by employing this strategy, respondents aimed at defending their professional role. The term ‘active offensive’ is used to describe an active strategy that aimed at the improvement of conditions that caused dissatisfaction to respondents and it promoted the professional recognition of social workers in organisational contexts. ‘Passive coping strate-
gies’ referred to the respondents’ passive adjustment by accepting the unsatisfactory organisational conditions. The respondents’ patterns of coping with unsatisfactory organisational conditions were influenced by the following specific conditions:

**Context influencing active and passive coping strategies**

The active and passive coping strategies which respondents used to deal with unsatisfactory organisational conditions were influenced by the following specific conditions:

- Social workers’ limited authority within public social service organisations

The limited authority of social workers within the public social service organisations had a negative impact on the development of strategies aiming at improving unsatisfactory organisational conditions whereas it had a positive impact on the development of passive adjustment strategies.

“We have limited authority within the organisation; we cannot affect working conditions. We have no control over working conditions and we don’t take part in the decision-making. This unsatisfactory situation disheartens me, it exhausts me. There is no opportunity to take initiatives aiming at improving unsatisfactory organisational conditions and to influence decision-making centres. The only thing we can do is to try to offer clients some help.”

“Social workers should be well aware of the legislation and their authority within organisational contexts. It is disappointing when a number of clients cannot be helped by the organisation but we have neither the power nor the authority to improve programmes so they can meet clients’ needs. Within the limited organisational authority social workers have in the organisation we can only offer clients the support that programmes provide.”

The limited authority that respondents had within the organisation influenced negatively their ability to contribute to the improvement of unsatisfactory organisational conditions even when their views on social work practice ideology was that social workers have to promote clients’ rights. Several respondents who had this social work practice ideology used only strategies aiming at offering temporary/immediate relief to clients’ needs. They thought it was the best they could do due to the limited authority/low professional status they had within the organisation, while at the same time they experienced ethical dilemmas because they did not provide quality services.
“A social worker has to try and improve organisational conditions in order to promote clients’ rights. But we have limited authority within the organisation. When somebody has low professional power it is not easy to influence the situation. So I ended up only doing my best for the clients. Although it is the only thing I can do in these unsatisfactory circumstances, I sometimes experience ethical conflicts because I don’t provide clients with quality services.”

Respondents attributed social workers’ limited authority to their low positions within the organisational hierarchy in the context of the traditional centralized way of management in social service organisations.

“Welfare organisations do not recognize the importance of social workers’ role; no opportunities are provided for the upgrading of this role. On the contrary, social workers work only in the application of programmes and hold low positions in the hierarchy of the organisation. The management of social service organisations is not modernized. There are hierarchical lines of communication and interventions in social workers’ professional sphere. Important decisions concerning social work activities are made by organisational superiors.”

• The organisation’s expectations regarding the role of social workers.
The organisation’s expectations regarding the role of social workers within the organisational rules had a negative impact on the development of strategies aiming at improving unsatisfactory organisational conditions and a positive impact on the development of passive adjustment strategies and strategies focused on clients’ temporary relief.

“The organisational superior doesn’t support our initiatives regarding the problems we have to face. When we try to make demands he is dissatisfied. On the contrary, abiding by the organisation’s rules makes things easy for the administration and for a number of social workers.”

“The organisation wants to follow the rules, to provide clients on an individual basis with temporary help, without pointing out the existing problems or making proposals for taking action beyond the ordinary. This influences our ability to contribute to the changing of unsatisfactory conditions.”

“The organisation expects us to apply the programmes according to organisational rules, regulations and procedures. This is the social workers’ professional role.”
Context affecting active defensive/offensive strategies

The active defensive and active offensive strategies which respondents used to deal with unsatisfactory organisational conditions were influenced by the following specific conditions:

- Respondents’ satisfaction with intrinsic work rewards (communication with clients, feedback/recognition from clients).

Respondents’ satisfaction with intrinsic work rewards (communication with clients, feedback/recognition from clients) contributed to the development of active coping strategies. Their satisfaction with intrinsic work rewards sustained respondents in their effort to offer clients temporary relief and to improve unsatisfactory organisational conditions.

“If my attitude towards my work wasn’t positive, unsatisfactory conditions would exhaust me. Communication with clients gives me strength and helps me keep up my interest in supporting them. Of course that doesn’t mean that unsatisfactory conditions don’t affect me, there are moments of despair.”

“The more you identify with the profession, the more able you are to deal with difficult working conditions and to try and improve the unsatisfactory work situations.”

Respondents referred especially to the feedback they got from clients as a source of satisfaction and strength that helped them keep up their efforts to support clients.

“I’m very satisfied with the trust and recognition I get from clients. It gives me strength to keep up my efforts to support them.”

“Feedback from clients helps me work in this organisation; it helps me stay creative and, despite the difficulties, to try and point out clients’ uncovered needs.”

Satisfaction with intrinsic work rewards worked as a mediator of respondents’ stress and dissatisfaction caused by the organisational conditions.

“I get satisfaction from my work. The satisfaction I gain from my communication with clients makes up for the dissatisfaction caused by the organisational conditions I have to deal with every day. Despite the difficult working conditions I don’t think I could be working in any other field.”

- Support from other social workers.
Most respondents working in organisations that employed other social workers too referred to the support from these colleagues as a source of satisfaction and strength that helped them continue to support clients.

“Right now, we keep on trying to help clients thanks to the good cooperation and support among us (social workers), a difficult thing considering the work pressure we are under.”

The support or the lack of support that respondents got from other social workers working in the organisation or in the same field of practice influenced (positively or negatively) the use of collective strategies aiming at improving the organisational conditions.

“I often quarrelled with the organisational superior when he interfered in my work. I looked for support to other social workers but there was none; in the end I gave up. Conflicts have worn me out, now I just want to protect myself.”

“Getting along with the others (social workers) is a source of strength and mutual support. Recently we agreed on writing down our requests in order to forward them to the mayor.”

**Context affecting active defensive strategies**

The active defensive strategies which respondents used to deal with unsatisfactory organisational conditions were influenced by the following specific conditions:

- Social workers’ ethic of altruism
  
  According to the ethic of altruism, social workers should be helpful to others. Most respondents focused on developing strategies that would offer immediate relief to clients’ problems, rather than take action against the organisational sources of their dissatisfaction.

  “Due to professional norms and values our duty is to offer clients help in any way we can. As organisational resources are inadequate we spend most of our energy on trying to offer clients some help, since clients’ problems can’t wait. It is the best we can do under these circumstances.”

- The gravity and urgency of clients’ problems and clients’ expectations that social workers can help them
  
  The increasing levels of social inequality and the lack of prevention programmes resulted in social workers dealing with acute problems. The gravity
of clients’ problems influenced respondents’ efforts, which focused on finding immediate – albeit temporary – solutions to these problems.

“Due to the increasing levels of social inequality a large number of our clients fall in poverty. Unfortunately no emphasis is placed on the development of prevention programmes. As a result we usually intervene after problems have already become acute. The gravity of these problems is such that it is imperative that we find at least a temporary solution, we try to make use of every possible resource, whether that means personal resources or charity. This is the most important thing we can do.”

Clients’ expectations that social workers can help them affected respondents; this made them focus on making use of any resource available – even outside the organisation – in order to help clients.

“Clients expect us to support them in their problems and we’re absorbed in an effort to deal with their urgent problems, to offer them some help. We try to find any resource available, there’s no time for anything else.”

**Contextual factors affecting active offensive strategies**

The active offensive strategies which respondents used to deal with unsatisfactory organisational conditions were influenced by the following specific conditions:

- Respondents’ social work practice ideology regarding the promotion of clients’ rights.

Respondents’ views on the orientation of social work practice affected the way they dealt with unsatisfactory working conditions. Some respondents, who believed that social workers have an obligation to promote clients’ rights, used strategies aiming at improving unsatisfactory conditions along with strategies aiming at offering temporary/immediate relief to clients’ needs.

“I believe that a social worker has to promote clients’ rights. If we go on merely providing help on an individual basis it is as if we ignore the source of the problems. We have to contribute to the improvement of organisational conditions. So I tried to persuade my colleagues to start pointing out the clients’ problems.”

- Respondents’ high self-esteem as professionals.

Respondents’ level of self-esteem affected their attempts to deal with organisational superiors’ interventions in their work or their attempts to claim professional recognition in the organisation.
“It is important to feel secure in your professional role. When you have high self-esteem you don’t allow superiors to ask you to do things beyond your responsibilities and you claim what’s rightfully yours.”

“I work hard and I try to be good at what I do. It’s a matter of self-respect to demand professional recognition and to refuse interventions in my professional role.”

“I believe I’m good at my work. But that is not enough for me. I want to be good at my work but I also want others to recognise it. That’s what I demand.”

Acquiring specialised knowledge had a positive impact on respondents’ self-esteem; as a result they demanded to be treated as an equal in the organisation.

“I tried hard for years in order to acquire specialized knowledge on mental health issues at my own expense and I was finally able to feel secure and demand to be treated as an equal in the organisation.”

• Traditional ideas regarding feminine behaviour when it comes to work issues.

Factors related to gender had a negative impact on the development of coping strategies regarding the improvement of working conditions. The choice of coping strategies for several female respondents was influenced by traditional ideas of feminine behaviour such as the primacy of family role in their lives, their obligation for family responsibilities (housework, taking care of children) and the traditional role of ‘the active man’ and ‘the passive woman’ regarding work issues.

“Due to the woman’s role we take on more family responsibilities (housework, taking care of children) than men do and as a result we have hardly any free time to devote to any other activities. All these factors have a negative impact on any effort to improve working conditions.”

“In Greece most of us as women consider our role in the family to be more important than our professional role. We usually don’t have particularly high work expectations and we are not concerned to improve our working conditions. The satisfaction we gain from our role in the family as well as the satisfaction we get through feedback from clients is enough for us.”

According to a male respondent:

“Social workers don’t focus on coping collectively with unsatisfactory working conditions. Social work is considered a woman’s profession and
women are not usually as active as men in issues regarding the improvement of their working conditions.”

- The amount of knowledge/skills that respondents had acquired through educational experiences (limited experience of activities aiming at improving conditions during fieldwork/insufficient specialized knowledge in social research)

Respondents’ limited experience of activities aiming at improving conditions during fieldwork had a negative impact on the development of strategies that would change the organisational conditions. Respondents had had limited experience of activities aiming at improving conditions during their social work studies. This was due to the limited development of community programmes and the emphasis placed on casework in social welfare organisations.

“In order to change the conditions you have to know how to do it, especially when this is about an organisation where you are bound to find resistance to any attempt to change things. Our field practice didn’t provide us with sufficient experience of actions aiming at changing conditions. Naturally this lack of knowledge has a negative impact on our effort to improve organisational conditions.”

“When I was a social work student we didn’t have many opportunities to acquire experience in community work during field practice. There have been few efforts towards the development of community programmes and in social welfare organisations the emphasis was placed on casework. As a result I have only theoretical knowledge of community work and I haven’t got sufficient experience in formulating possible strategies for improving conditions.”

Respondents’ insufficient specialized knowledge in social research within the context of a lack of opportunities for continuing education affected negatively the development of strategies aiming at pointing out clients’ uncovered needs.

“We only offer help on an individual basis. We live our clients’ problems but we don’t write them down, we don’t point them out. We have had generic social work training. We don’t have the required social research knowledge in order to point out uncovered needs; moreover, our opportunities for continuing education are very few.”

“Research is the means to point out uncovered needs and exert pressure for improving the existing programmes. But unfortunately social workers have no adequate knowledge of social research.”
Contextual factors affecting passive strategies

The passive strategies which respondents used to cope with unsatisfactory organisational conditions were influenced by the following specific conditions:

• Respondents’ social work practice ideology of adjusting clients to the existing conditions.

Some respondents who believed that the role of the social worker is to adjust clients to the existing conditions adopted a passive adjustment attitude and they accepted unsatisfactory organisational conditions.

“Social workers help clients to adjust to the conditions. They can’t save the world, they can only give as much support as the programmes, the legislation and their professional authority will allow. It’s disappointing that programmes do not cover clients’ needs, but there’s nothing we can do about it.”

• Respondents’ low self-esteem as professionals.

Respondents’ low self-esteem affected the way they dealt with limited professional recognition. They did not claim professional recognition; they retreated in cases of interference in their professional sphere.

“I’m disappointed with the climate in the organisation where I work. There are interventions in my professional role. This situation has affected my image as a professional. Unfortunately I usually don’t claim the role that’s rightfully mine. It’s enough for me to see the client satisfied, to help people.”

Respondents’ lack of sufficient specialized knowledge made them feel insecure; as a result their willingness to demand to be treated equally to others in the organisation was affected negatively.

“For many years in the Mental Health Centre they didn’t treat me as an equal, but I didn’t feel I was equal to them either, because I was insecure, I didn’t possess sufficient specialized knowledge to work in a place like that. As a result I did not claim professional recognition.”
Intervening conditions influencing social workers’ coping strategies with unsatisfactory organisational conditions

In this section the intervening condition ‘social welfare programmes’ inability to cover social needs’ is presented as a broader factor that influenced respondents’ patterns of coping with unsatisfactory organisational conditions. This intervening condition was the general factor which several respondents mentioned when answering the question regarding the factors which influenced their coping strategies with unsatisfactory organisational conditions.

It must be noted that, as mentioned earlier in section a, respondents referred to ‘limited organisational resources’ and ‘heavy and increased workload’ as conditions that caused them dissatisfaction and stress. At first glance one could say that these causal conditions are identical with the intervening condition ‘social welfare programmes’ inability to cover social needs due to the characteristics of the social welfare system’ since ‘limited resources’ and ‘insufficient staffing/heavy workload’ are two of the main characteristics of the Greek social welfare system. Respondents referred in a broader sense to many of the characteristics of the social welfare system which caused ‘the social welfare programmes’ inability to cover social needs’; this inability then influenced – as an intervening condition – respondents’ coping behaviour with unsatisfactory organisational conditions. More analytically:

- Social welfare programmes’ inability to cover social needs due to the characteristics of the social welfare system

According to respondents, the characteristics of the social welfare system (such as the limited development of the social welfare, the limited resources, the limited development of prevention programmes, the unequal distribution of social services, the lack of evaluation of social welfare programmes) resulted in social welfare programmes’ inability to cover social needs. Respondents faced impasses while trying to help clients. Due to the programmes’ inability to cover clients’ needs they often ended up thinking that it was their personal responsibility to support clients, they focused more on their effort to offer immediate, temporary relief to clients’ needs. Respondents’ potential for intervention in order to improve the unsatisfactory situation was affected negatively since they get tired due to their effort to offer clients some help.
“Social workers implement the state’s social policy that should contribute to problem solving; but the limited development of the social welfare system results in welfare programmes’ inability to cover social needs. Clients ask us to help them in their problems but we haven’t got the means to support them. We face this impasse and end up seeing the whole thing as our own personal responsibility, not the state’s. We focus mainly on trying to offer clients some help. We drown in everyday problems. We have neither the time nor the energy to improve our working conditions.”

“Social welfare programmes are unable to cover social needs due to the characteristics of the social welfare system. Contemporary social needs are not recognized; the limited development of social welfare is in no position to meet them. There aren’t sufficient resources to help people; there aren’t enough programmes in the regions. Prevention programmes are not properly developed. The lack of programme evaluation means that programmes are not improved. Since most welfare programmes are unable to offer clients help, when it comes to covering clients’ needs we try to offer at least some kind of temporary help. I often get tired; there is no space for the improvement of the working conditions.”

Social workers’ coping strategies with unsatisfactory organisational conditions

This section presents the patterns of respondents’ coping behaviour with the unsatisfactory organisational conditions. Respondents used diverse coping strategies in order to deal with many different organisational conditions causing them dissatisfaction. First there is an analytical presentation of respondents’ coping strategies with each unsatisfactory organisational condition. Then respondents’ coping strategies are grouped together in a concise presentation. Figure 4 (p. 115) presents coping strategies after they have been grouped together.

The coping strategies that respondents used to deal with unsatisfactory organisational conditions did not differ according to criteria such as ‘type of public social service organisation where respondents worked’, ‘respondents’ work experience as social workers’, ‘respondents’ educational level’ and ‘position they had in the organisation’.

As far as gender differences are concerned, although male and female respondents used the same coping strategies female respondents were more caring-oriented than male respondents and they focused more on intrinsic work aspects in order to manage their dissatisfaction with organisational conditions. Male respondents focused more on the development of strategies related with
professional recognition than female respondents; they emphasized social workers’ responsibility to highlight the importance of their work and to improve their status in the organisation. However, it must be noted that the number of male respondents was small. Respondents used the following coping strategies in order to cope with unsatisfactory organisational conditions:

**Strategies for coping with limited organisational resources (means/services/staff)**

- The search for charity or personal resources.
  
  Mainly female respondents mentioned that in order to deal with limited resources they searched for charity funds or personal resources so they could meet clients’ urgent needs. If their search came to nothing, they were unable to help clients.

  “We have to resort to charities or personal resources, we try to make use of any possible resource because clients have needs that the organisation cannot meet; thus, this confuses clients regarding our professional role. They think we have a philanthropic role, which isn’t true. But if we do not search for resources outside the organisation we are unable to help clients.”

  “Every day you have to deal with dilemmas. There are needs but no social programmes. You have to fight personally in order to make use of charities and personal resources; you have to beg the doctors to let a client stay in hospital for a few more days, as if this client was a member of your family. And then doctors tell you: ok, ‘we’ll do you a favour’... but this is not a personal favour.”

- Making use of voluntary organisations.

  In order to deal with the limited organisational programmes some respondents made use of members of voluntary organisations.

  “We have no nurse at the Community Centre for the Elderly. So I turned to the Red Cross and there’s a volunteer nurse coming here in order to cover some of our needs.”

- Pointing out clients’ uncovered needs through research results/proposals submitted to organisational superiors or to the board of directors.

  Some respondents pointed out that their superiors should have knowledge of the insufficient covering of clients’ needs.

  “We pointed out clients’ uncovered needs through proposals submitted to the organisational superior and to the board of directors. It is our responsi-
bility to let them know to what degree the programmes of the organisation are able to meet clients’ needs. They have to take on their responsibilities.”

“I’ve recently asked the board of directors for a parking place and toilets for the handicapped to be constructed in the hospital area. Unfortunately the area for toilets is still being used as storerooms. Whenever I make a proposal to the hospital’s board of directors they aren’t pleased.”

“We made proposals to the board of directors based on research findings for clients’ uncovered needs. Research is the means to point out uncovered needs and exert pressure for improving the existing programmes.”

- Accepting the limited organisational resources for meeting clients’ needs/adjusting to organisational conditions following official rules. Some respondents stated they could only offer clients whatever organisational programmes allowed.

“The organisation doesn’t have sufficient means for the covering of clients’ needs. And even though clients’ needs are not met, our responsibility is to strictly apply the organisation’s programmes.”

**Strategies for coping with the heavy workload**

- Superficial, partial interventions. Respondents who had an extremely heavy or very heavy workload stated that they used a superficial, partial way of intervention since there was little time available for their cases and there was no way to establish frequent and regular contact with clients.

“In order to be able to deal with the workload I end up dealing superficially with my cases. I have no time to really deal with problems and as a result my intervention is not scientific.”

- Rating cases in order of importance. Another way of dealing with the workload was the evaluation of cases, so that urgent cases were dealt with immediately.

“I try to organize my work. I evaluate cases, and I see to those that are more urgent. But that doesn’t solve the problem of course; all clients have the right to receive help within a reasonable amount of time.”

**Strategies for coping with limited professional recognition**

- The struggle for professional recognition.
Respondents strived in order to gain professional recognition within their organisation. In that context: they tried to inform others about their professional role, they tried to prove through their work that they were useful to the organisation and they tried to establish and maintain a trusting relationship with their organisational superior, so that he/she would not intervene in their work.

“Organisational superiors don’t know anything about social work; we have to inform them, we have to try and win their trust and we have to prove we are of use to the organisation. Unfortunately our work cannot be judged by quantitative criteria.”

“There’s a constant insecurity; you always have to inform others about everything, to convince them of your worth as a professional in order to gain the trust of superiors.”

“From the start, and even today, I’ve been trying to make my role clear to others. I’m trying to be consistent and I’ve established a trusting relationship with the head of the board of directors of the Community Centre for the Elderly. Of course I’m under pressure because he assigns too many responsibilities to me, but at least he doesn’t interfere in my work.”

Male respondents focused more than female respondents on social workers’ responsibility to show the importance of their work and thus contribute to the improvement of social workers’ organisational status.

“It is social workers’ responsibility to realize the importance of their role, what they do and why they do it, as well as to show the importance of their work and inform those in power about their abilities. They have to show that they have something to say on social issues in order to improve their status in the organisation.”

“We have a great responsibility. We must convince others that our work is really important and thus improve our status in the organisation.”

**Strategies for coping with the lack of support and supervision in social work**

- Discussions with fellow social workers.

In order to deal with the lack of guidance and support in the organisation, respondents discussed their cases with fellow social workers (providing there were other social workers working in the same organisation).
“Every morning we discuss our cases. It’s a way to work out our feelings and gain support. Exchanging views with colleagues (social workers) and co-operating with them is very helpful.”

- Turning to personal acquaintances for guidance.

Personal acquaintances (other professionals with specialized knowledge that they happened to be acquainted with) was also a source of guidance when they had to deal with complicated cases.

“This organisation doesn’t employ different professionals so we can have an interdisciplinary team. Therefore whenever I have a complicated case I ask a psychologist and a psychiatrist that I happen to know personally for advice.”

- Attending further education seminars at their own expense.

In some cases respondents attended further education seminars at their own expense in order to deal with the lack of guidance.

“Many cases are complicated. Since I get no support or guidance from the organisation I attend a long lasting seminar at personal expense.”

- Keeping distance from clients.

Some respondents stated that they resorted to keeping their distance (for a period of time or even permanently) from clients, in order to protect themselves.

“We are under great pressure due to the organisational conditions and soul-destroying cases. If you get no support from the organisation, you end up keeping your distance from clients in order to protect yourself. This attitude may come and go. Sometimes you just lose interest in your work, you don’t want to or you can’t afford to contact a soul-destroying case.”

**Strategies for coping with the lack of opportunities for continuing education**

- Attending short-lasting seminars/ reading books.

Respondents were discouraged with the lack of opportunities for continuing education, and they only attended short-lasting seminars or read books related to their field of practice.

“The only way to acquire new knowledge is through reading books or attending short seminars that deal with issues related to social work.”

- Attending long-lasting seminars at personal expense.
Some respondents – despite the lack of motivation provided by the organisation – had attended long-lasting seminars at personal expense and in their own free time during recent years.

“I want to get better at what I do. Since there are no continuing education opportunities or motivations provided by the organisations, I’ve recently attended a long-lasting seminar on counselling at personal expense.”

**Strategies for coping with the limited level of autonomy**

In order to cope with the limited level of autonomy, respondents adopted various strategies:

- **Defensive strategies**, avoiding **direct conflict, direct conflict, retreat** (when organisational superiors or administrative superiors interfered in their work or when they assigned to them tasks beyond their professional role).

  “I have to watch out constantly in order to protect my professional role. You can never tell what may come up the following day or what may be asked of you.”

  “I deal with the administrative superior’s interventions in my work by avoiding direct conflict with him. I submit my objections in black and white to the mayor, in order to avoid taking on responsibilities that are beyond my professional role.”

  “The organisational superior reprimanded me because he disagreed with the way I handled one of my cases and I quarrelled with him. The structure of the organisation demands that we have no will of our own and no critical thinking. But I will not take interference in my work or insults.”

  “The mayor assigned to me the responsibility of the community library that’s housed in the Community Centre for the Elderly. I’ve expressed my objections but when you don’t resort to direct conflict you can never win.”

- **Seeking information and support from the Hellenic Association of Social Workers** (when organisational superiors or administrative superiors assigned respondents tasks beyond their professional role).

  “I turned to H.A.S.W for information and support when the organisational superior, without understanding what my role really is, tried to assign me administrative work.”

- **Defence, conflict or retreat in case of doubt/ interference by the medical staff**.
Respondents working in the health and mental health sector stated that they claimed the role that’s rightfully theirs in order to deal with interference in their work on the part of the medical staff. On the other hand, they also mentioned that it is common for social workers working in the health sector to accept such situations without fighting for professional recognition.

“There was a time when I got tired trying to defend my professional role and prove through my work that I am useful in the organisation. Fortunately this period didn’t last long.”

“Recently a young doctor asked me to leave the hospital room. When I told him I was the social worker of the ward, he said social workers should show up only when asked for by the doctors. I protested against his attitude to the administrative superior and he then had to apologize to me.”

“I’d been dealing with practical matters concerning the clients and taking down case-histories. The psychiatrist had decided that this was the way things should be.”

**Strategies for coping with the lack of extrinsic work rewards**

(salary level, prospects for promotion)

- Emphasizing satisfaction with intrinsic work aspects

In order to deal with their dissatisfaction with extrinsic rewards, female respondents emphasized their satisfaction with intrinsic work rewards. This helped them ease their dissatisfaction with extrinsic work rewards and they maintained their interest in their clients.

“I decided to keep up the quality of my work since my work gives me satisfaction and not to take into account that there are no opportunities for promotion or financial bonuses. And I decided not to take that into account because when I think of it, it has a negative impact on my work.”

“Unfortunately the organisation doesn’t provide us with motivation for work. There’s no financial bonus, no opportunities for promotion, no feedback from the organisation. This makes me feel dissatisfied and it has a negative impact on my work; however, two things keep me going: my trusting relationship with the clients and my need to be creative.”

**Strategies for coping with the lack of necessary facilities in order to practise social work**

- Conducting interviews in clients’ homes instead of using the organisation’s office.
When there was only one office for all social workers working in the organisation, they preferred to conduct interviews in clients’ homes.

“Since in the Social Welfare Centre there’s only one big office for all social workers I prefer to conduct interviews in clients’ homes instead of using the organisation’s office.”

- Social workers used their own cars to contact out-of-town cases.

Since in Social Welfare Centres only one car was available for out-of-town cases while there were a large number of out-of-town clients, some social workers used their own cars.

“There’s only one car with a driver for out-of-town visits that all of us working in the organisation may use. And since there are a large number of out-of-town clients and there are seven social workers in the organisation I ended up using my own car.”

**Strategies for coping with job routinization**

- Attending seminars.

While trying to resist job routinization, some social workers attended seminars.

“In order to update my knowledge and as a form of resistance to routinization I attend seminars – even if they’re not directly related to social work – at my own expense.”

- Organizing new activities.

In order to avoid routinized practice some social workers organised some new activities.

“Sometimes I’m a sort of Don Quixote when it comes to things that interest me. In order to resist job routinization, I try to organize something new whenever I have the opportunity. For example, just recently I organized (in co-operation with the hospital) an anti-smoking and health control programme.”

**Strategies for coping with social workers’ and clients’ uncovered needs (collective strategies)**

- Developing co-operation and collective strategies of social workers who work either in the same organisation or in the same field of practice.

Collective strategies were aimed at making social workers’ and clients’ uncovered needs known to those in charge; they aimed to exert
pressure so that these needs would be seen to. Only a few respondents referred to collective strategies.

“It’s our responsibility to point out both our own and our clients’ needs. That’s why all of us social workers in the Social Welfare Centre wrote down our requests and addressed them to the organisational superior and the prefect. Let them take on their responsibilities. Our efforts alone are not enough; if the state doesn’t help, things cannot possibly change.”

“I’ve realized that individual efforts cannot change anything. Municipal authorities are not really interested in social issues, so we co-operate with fellow social workers from four other Community Centres for the Elderly in this city and we try to deal with our problems and clients’ uncovered needs collectively. This way our requests stand a better chance of being noticed.”

**Strategies for coping with dissatisfaction and stress caused by organisational conditions**

Having very few opportunities for employment in other public social service organisations respondents used the following strategies in order to deal with their dissatisfaction with organisational conditions:

- Emphasizing the intrinsic work aspects.

Female respondents focused on and emphasized their satisfaction with intrinsic work rewards.

“I’m satisfied because I’ve had a positive impact on quite a few people’s lives. This intrinsic satisfaction makes up for the dissatisfaction caused by unsatisfactory working conditions.”

“Things could have been worse”.

Some respondents used to think of situations that would have caused them more intense dissatisfaction than the situations they actually experienced, for example they thought of what it would be like to be unemployed.

“I experience dissatisfaction with organisational conditions. But unemployment is such a major problem that I often think I shouldn’t feel so dissatisfied; I should feel lucky I have this job even if working conditions are not satisfactory, because so many people are out of work.”

“Even though I’m dissatisfied with organisational conditions, I haven’t looked for another job. You know, you just get into the habit of working in the public social sector, as all Greeks do... and you think, I’ll see what I can do from here. There are few opportunities to find another job in the
public sector. When you do find such a job you feel lucky. Things could have been worse.”

Respondents used the following coping strategies in order to deal with stress:

- Keeping distance from clients.
  Some participants minimized their involvement with clients by keeping distance from them for a period. A small number of them used this coping strategy permanently. They had adjusted completely to organisational conditions following official rules.

  “At the beginning I’d be disappointed when a number of clients could not be helped by the organisation. As years went by, I realised that social workers simply apply welfare programmes. They have neither the power nor the authority to change things.”

- Discussing their cases and feelings caused by organisational conditions with fellow social workers.
  Respondents usually talked to other social workers in order to reduce the pressure caused by unsatisfactory conditions and complicated and soul-destroying cases.

  “Talking with my colleagues (social workers) in the organisation is good for me. It’s an opportunity to express our feelings and to talk about the pressure we are under due to the unsatisfactory conditions and the complicated and soul-destroying cases we have to deal with.”

- Trying to organize their work in order to reduce stress and increase their efficiency
  Ranking cases in order of importance, maintaining a specific work schedule, evaluating results in order to reduce stress and increase efficiency.

  “I try to be well organized in my work. I make a schedule and try to stick to it, I set priorities ranking cases in order of importance, I evaluate outcomes. This procedure reduces my stress and helps me be effective in my work.”

To sum up respondents’ coping strategies with unsatisfactory organisational conditions:

Respondents used active or passive coping strategies. They used different ways to react actively (active defensive coping strategies/active offensive coping strategies). As mentioned earlier, in the present study the term ‘active
"offensive" is used to describe an active strategy that was oriented to the improvement and changing of conditions that caused dissatisfaction to respondents and which promoted the professional recognition of social workers in organisational contexts. The term ‘active defensive’ was used to describe a strategy that was not aimed towards any lasting solution. It served mainly as a temporary relief of clients’ needs. Moreover, by employing this strategy, respondents aimed at defending their professional role. Also respondents used ‘passive adjustment coping strategies’ to unsatisfactory organisational conditions and rules and ‘emotion–focused coping strategies’. ‘Emotion-focused coping strategies’ were directed at managing or reducing their emotional responses to the situation, so that they did not overwhelm them. More analytically:

The ‘active defensive coping strategies’ that respondents used were:

- Focused on the immediate/temporary relief of clients’ needs.
- Strategies for coping with the workload: superficial, partial interventions, rating cases in order of importance and dealing with urgent cases immediately.
- Strategies for coping with the lack of resources: search for charity or personal resources, making use of voluntary organisations in order to cover clients’ needs.
- Focused on their effort to defend their professional role within the organisation.
- Strategies for coping with limited professional recognition: informing others about social workers’ professional role and responsibilities, constant efforts to prove through their work that they are useful to the organisation, trying to establish and maintain a relationship of trust with the organisational superior.
- Strategies for coping with limited autonomy: defensive strategies, avoiding direct conflict in cases of doubt/interference in their role by their superiors or members of the medical staff.
- Focused on dealing with their needs for continuing education/guidance.
- Strategies for coping with the need for continuing education/guidance: attending short-lasting seminars, reading books, attending further education programmes at their own expense and in their own free time.
• Strategies for coping with the lack of support and supervision: discussions with fellow social workers, seeking guidance from personal acquaintances, reading books, attending further education seminars at their own expense.

The ‘active offensive coping strategies’ that respondents used were:

• Focused on improving/changing conditions that caused them stress and dissatisfaction.
• Strategies for coping with the lack of resources: pointing out clients’ uncovered needs through proposals/research results submitted to organisational superiors or board of directors.
• Strategies for coping with social workers’ and clients’ uncovered needs (collective strategies): developing collective strategies including social workers working in the same organisation or in the same field of practice, taking on collective action in order to make social workers’ and clients’ uncovered needs known to those in charge.
• Focused on promoting professional recognition within the organisation
• Strategies for coping with limited autonomy: direct conflict, seeking information and support from H.A.S.W. (in cases where organisational superiors interfered in their work), conflict/claiming professional recognition in cases of doubt/interference by the medical staff.

The passive adjustment coping strategies that respondents used were:

• Oriented to passive adjustment to organisational conditions and rules.
• Coping with the lack of organisational resources: accepting limited organisational resources/following official rules.
• Oriented to acceptance of the unsatisfactory situations/retreat in case of others’ interference in social workers’ work.
• Coping with limited level of autonomy: retreating in cases where organisational superiors interfere in their work or in cases where the medical staff intervenes or doubts their work.
The emotion-focused coping strategies that respondents used to control or reduce their negative emotional reactions to unsatisfactory situations were the following:

- Emphasizing the positive side (the intrinsic work rewards).
- Keeping distance from clients.
- “Things could have been worse”.
- Trying to organize their interventions (rating cases in order of importance, maintaining work schedule, evaluating results) in order to reduce stress and increase efficiency.

The effects of social workers’ coping behaviour

This section presents the effects which resulted from respondents’ coping strategies with unsatisfactory organisational conditions. There were effects regarding respondents’ well being, their working conditions and social work practice.

Consequences of active coping strategies

The consequences of active coping strategies were:

- Emotional exhaustion: the “social worker as breakwater”

The emotional exhaustion experienced by respondents affected their mental health, their willingness to work and their family life.

A respondent working in a Social Welfare Centre said:

“Our mental health as human beings is in danger as we are constantly under pressure due to the working conditions. The situation we live in is opposed to human rights and to our own personal dignity. No matter how hard you try the impact of the conditions and the constant pressure is such that without support it is just a matter of time before your willingness to work is affected.”

A respondent working in a Centre for the Chronically Ill said:

“I try not to bring my work problems home with me, but I often fail. Fatigue and pressure due to work problems follow me home. I often suffer from insomnia. Our personal life is affected.”

A respondent working in a hospital said:
"I've become aggressive because I'm so often defensive in my work. Working conditions force me to be prepared to defend myself all the time."

What conditions caused respondents emotional exhaustion? Various unsatisfactory organisational conditions, such as the inadequate organisational resources, the heavy workload, the limited professional recognition and their level of autonomy as well as the ethical conflicts they experienced were linked to their emotional exhaustion. More analytically:

A first condition behind respondents’ emotional exhaustion was their attempts to deal with the limited organisational resources and the heavy workload. Respondents were under a lot of pressure and started thinking that it was only their own personal responsibility to help people in need.

"Due to the limited organisational resources and the heavy workload we experience psychological pressure regarding clients’ problems. We feel responsible when we are unable to find solutions to clients’ problems. We end up thinking that it is only own personal responsibility to help people in need. We try to offer any help we can under these circumstances. You end up being some kind of breakwater being pressured by an increasing number of clients that ask you for support, but the state does not provide social workers with the necessary means in order to help people in need."

If their efforts to meet clients’ needs were successful, respondents were satisfied and at the same time worn out by the effort. If their efforts were unsuccessful and clients’ expectations of having their problems solved vanished, social workers had to deal with clients’ complaints and sometimes with their aggressive behaviour.

"Even if I manage to help a client, I'm usually so worn out that I often can’t even feel satisfied."

"When we cannot offer clients some help they feel defeated, they get aggressive and we have to deal with that."

A second condition behind emotional exhaustion was respondents’ constant efforts to gain professional recognition as well as their attempts to deal with limited autonomy. In cases where the role of social workers in the organisation finally got recognized, respondents were satisfied but at the same time they felt tired after all their efforts to gain professional recognition. In cases where the problems persisted, they were disappointed and exhausted. In both cases, a large amount of respondents’ energy was spent on informing others about their professional role, on struggling for professional recognition and
trying to safeguard their role and authority; as a result they grew more and more tired and their willingness to work was affected negatively.

A respondent working in a Community Centre for the Aged said:

“Mayors, boards of directors keep on changing every four years. This leads to a constant agony and insecurity. You always have to inform new people about your professional role; you always have to try and convince new people of your worth and this is exhausting even if I finally gain recognition.”

“Trying to prove your worth all the time and struggling to safeguard my professional role takes up such a large part of my energy and appetite for work. For me this is the most tiring thing I have to cope with.”

A third condition behind emotional exhaustion were the ethical dilemmas/conflicts that respondents experienced. Respondents experienced ethical conflicts since their organisational role conflicted with basic social work ethics. The unsatisfactory organisational conditions obstructed them from providing clients with quality services.

“I experience conflicts because organisational conditions don’t allow me to provide clients with quality services, which is what they are entitled to, after all. It hurts me to know that I can’t offer quality services to clients according to social work ethics.”

Respondents also experienced ethical conflicts when, even though their ideology on social work practice was that social workers have to promote clients’ rights, they focused on trying to offer clients some help instead of trying to improve the services provided.

“Since social workers have limited authority within the organisation the best I can do under the circumstances is to try to offer clients some help. This whole thing leads to a role conflict since I know I should stand up for my clients’ rights and for the improvement of social services.”

As the organisational resources were limited, respondents also experienced role conflict when the gravity of clients’ problems made them look for charity or other resources, a thing that is in contrast with social workers’ professional role.

“The intensity of clients’ problems makes us turn to charity or other resources, a thing that is in contrast with social workers’ role, thus creating confusion as far as our professional role is concerned. Charity is not a professional activity.”
Apart from emotional exhaustion, the active coping strategies that respondents used resulted in:

- Limited effectiveness/frustration.

Despite respondents’ efforts to cover clients’ needs, their intervention was not particularly effective. The perpetuation of the same organisational problems in social service organisations and the perpetuation of clients’ problems discouraged respondents.

“We keep on fighting hard, day after day, at great personal and emotional cost. Our struggles – more often than not – come to no effect and we get frustrated. Nothing is more frustrating for a social worker than to watch unsatisfactory working conditions and clients’ problems perpetuate.”

Respondents considered the heavy and increased workload, the limited organisational resources as well as the lack of evaluation of existing social programmes as the causes of their limited effectiveness. They also believed that the lack of opportunities for continuing education, the lack of support and guidance through interdisciplinary teams or social work supervision affected their capacity for effective interventions. Finally, the limited level of autonomy obstructed the planning of their work activities and caused them frustration.

“How can you possibly be effective at work when programmes are never evaluated, the workload is heavy and the organisational resources insufficient? Our effectiveness is limited because there’s no support and guidance through interdisciplinary teams or through social work supervision. This situation disappoints me.”

“On the one hand I have to get approval for everything I do; on the other hand they ask me to make long-term plans regarding my work. How can you be effective with so much time wasted between making a proposal and getting the approval?”

“They ask for action while they do their best to limit it. You make proposals again and again but when you see all this come to nothing you get tired and frustrated.”

- Intention to quit working in the organisation

Respondents’ efforts to deal with unsatisfactory conditions influenced their wish to stay in the organisation. Several respondents would like to resign from their work there, but there were few opportunities for employment in other public social service organisations. Some of the respondents recog-
nized that the organisation where they worked was better compared to others or they felt that they had put so much effort into supporting the specific organisation that they did not want to resign from their job.

“All this effort to deal with difficulties here has worn me out. I don’t want to stay in this organisation until my retirement. Working conditions are disappointing.”

“I am very disappointed with the working conditions. It’s only natural to desire a job in an organisation where conditions are better, but there are few opportunities for employment in another public social service organisation.”

“Despite the problems I’d rather stay in this hospital. Compared with other organisations, the working conditions here are better.”

“I want to stay in this organisation. I have given it my time, my life. I can see the disadvantages, but it’s my home now.”

Consequences of active defensive strategies

Most respondents focused mainly on the immediate/temporary covering of clients’ needs. The consequences of these active defensive strategies were:

- Partial covering of clients’ needs

Offering clients immediate/temporary help resulted in partial covering of clients’ needs.

“Our efforts to offer clients some help results in the partial covering of their needs. Even though we try to help clients, this help is totally superficial and temporary and it doesn’t really solve their problems.”

- The “culture of silence” which resulted in the perpetuation of unsatisfactory organisational conditions

Most of the respondents who used active defensive strategies mentioned that it was the best they could do under the circumstances. Their belief that focusing mainly on offering clients temporary help was the best they could do under the circumstances contributed to the forming of “the culture of silence” which resulted in the perpetuation of unsatisfactory organisational conditions.

“Clients ask us to help them, but we haven’t got the means to support them; we are not able to offer clients the help they need. My workload is very heavy, I can not respond to the increasing number of clients. The best I can
do under these circumstances is to try to offer clients some help. There is no time, no energy for anything else.”

Some of the respondents criticized their coping behaviour with unsatisfactory organisational conditions.

“We try to offer clients some help and to prove that we are of use to the organisation. But, by focusing only on that and remaining silent, it’s as if we ignore the sources of the problems which remain unchanged and continue to oppress us as well as the clients.”

“We focus on providing mainly partial help to individuals or families that face socio-economic problems. We don’t write the problems down, we don’t point them out and we don’t contribute to pressing the state for solutions that would improve our working conditions as well as the clients’ lives. As a result the same problems perpetuate.”

Some respondents emphasised their responsibility because they remained “silent” while other respondents focused on the impact of “the alienating working conditions”. Due to such conditions social workers end up tired of trying to offer clients help; as a result they did not have the energy to take up efforts in order to improve organisational conditions.

“We are responsible to a great degree for the clients’ uncovered needs and the perpetuation of unsatisfactory working conditions. We live with the problems, we are aware of the needs, but instead of bringing them out in the open we only try to offer clients some help and we remain silent.”

“Most social workers have this ideology that reminds me of the culture of silence. We do not show that we have something to say on social issues. The state has its view on social issues but social workers don’t have the power to express their views on social issues as well as on their working conditions. Of course many factors contribute to such an attitude but the main factor is the alienating work conditions, which we experience in public social service organisations. The alienating conditions make social workers come to a dead-end since we usually try to deal with the every day problems and offer clients some temporary help; as a result we get tired. We have no energy to take up efforts in order to improve the unsatisfactory organisational conditions.”

- Recognition of social workers’ professional role in the organisation (for a number of respondents)

“In order to deal with limited professional recognition in the organisation I make efforts to prove – through my work – that I am useful to the organisa-
Consequences of active offensive strategies

Some respondents referred to employing strategies in order to change the conditions that caused dissatisfaction. At the same time they also used active defensive strategies by providing temporary/partial support to clients. Active offensive coping strategies resulted in:

- The beginning of an effort to improve the organisational conditions which affected negatively the quality of provided social services.

Respondents were aware of the fact that merely pointing out needs was not enough to improve the organisational conditions.

“'It’s our responsibility to point out the needs to those in charge, to show them that there are problems in the provision of social services. But this alone cannot improve the conditions; it is only the beginning. It takes a lot of effort and not by one social welfare organisation alone; it takes coordination and putting forward claims in order to contribute to the improvement of the organisational conditions. But if there’s no response to our demands, then it’s their responsibility.’”

- Recognition of social workers’ professional role in the organisation

Claiming professional recognition resulted in respondents’ professional recognition within the organisation.

“'Gaining recognition from clients is not enough. I want my work to be recognised in general and I demand recognition. My efforts were effective; in the end they have come to respect my professional role.’”

Consequences of passive strategies

Some respondents used passive adjustment strategies to unsatisfactory organisational conditions. The consequences of such strategies were the following:

- The bureaucratic way of dealing with clients’ needs.

When respondents accepted the unsatisfactory organisational conditions they viewed clients as cases which “are not entitled to receive help from the organisation”, stressing that their duty was just to apply the programmes.

“'Unfortunately we have to reject some cases who ask for help even though these individuals are in need. We can’t do anything else if these individuals are not entitled to receive help from the organisation.’"
"It is not our responsibility to improve the organisational conditions. Our duty is just to apply the programmes of the organisation in the best possible way."

Summary of the findings of study 2

This study focused on the issues of unsatisfactory organisational conditions that social workers experienced in social service organisations in Crete and their patterns of coping with these conditions.

**Unsatisfactory organisational conditions.** Findings showed that social workers were dissatisfied with many organisational conditions (limited organisational resources, heavy and increased workload, limited professional recognition, lack of support and supervision in social work, limited level of autonomy, lack of necessary facilities to practise social work and job routinization). They were also dissatisfied with the lack of opportunities for professional development (lack of opportunities and motives for continuing education, prospects for promotion) and the salary level. Social workers were satisfied with intrinsic work aspects (communication with clients and feedback/recognition from clients) and with the support they had from other social workers.

**Social workers’ reactions to unsatisfactory organisational situations.** The unsatisfactory organisational conditions mentioned above resulted in social workers’ reactions to the situation. Respondents experienced dissatisfaction as well as constant and intense pressure/stress. Some female respondents also experienced feelings of helplessness/powerlessness due to the limited organisational resources, the heavy and increased workload and their limited level of autonomy.

**Context influencing social workers’ coping strategies with unsatisfactory organisational conditions.** Active or passive strategies adopted by social workers occurred within the general context of organisational conditions such as the social workers’ limited authority within the organisation and the organisation’s expectations regarding the role of social workers. These organisational factors had a negative impact on respondents’ ability to contribute to the improvement of the unsatisfactory organisational conditions whereas they contributed to the development of passive adjustment strategies to the organisational conditions.

Respondents’ satisfaction with intrinsic work rewards (communication with clients/feedback from clients) and the support that they got from other social workers working in the organisation or in the same field of practice con-
tributed to the development of active coping strategies. The above-mentioned factors were sources of strength that sustained respondents in their effort to offer clients temporary relief and to improve the unsatisfactory conditions.

The ethic of social workers’ altruism, the gravity of clients’ problems and the fact that clients expected social workers to help them, affected respondents in developing strategies focused mainly on trying to offer clients immediate/temporary relief (active defensive strategies).

The social work practice ideology regarding the promotion of clients’ rights and respondents’ high self-esteem as professionals had a positive impact on the development of strategies aiming to improve unsatisfactory organisational conditions (active offensive strategies). The following factors affected negatively the social workers’ coping ability to contribute to the improvement of the unsatisfactory organisational conditions: social workers’ limited authority within the organisation; organisational expectations regarding the role of social workers within organisational rules and regulations; traditional ideas regarding feminine behaviour on work issues; the amount of knowledge that respondents had acquired through educational experiences (limited experience of activities aiming at improving conditions during fieldwork/insufficient specialised knowledge of social research).

The development of passive strategies was influenced positively by the social work practice ideology of adjusting clients to the existing conditions and respondents’ low self-esteem as professionals; furthermore, it was influenced positively by organisational factors (limited authority within the organisation and organisational expectations regarding social workers’ role). The dissatisfaction and constant and intense stress which respondents experienced due to the unsatisfactory organisational conditions influenced their use of emotion-focused strategies.

Intervening conditions influencing coping strategies. The strategies which social workers developed in order to deal with the unsatisfactory organisational conditions also occurred within the context of broad, general conditions. Social welfare programmes’ inability to cover social needs due to the characteristics of the social welfare system affected positively the development of strategies aiming to offer clients temporary relief; on the other hand, they exerted a negative influence on respondents’ potential for intervention in order to improve the unsatisfactory organisational conditions.

Social workers’ coping strategies with unsatisfactory organisational conditions. While trying to deal with the organisational conditions that caused them
stress and dissatisfaction social workers used active or passive coping strategies. They used different ways to react actively (‘active defensive’ coping strategies/’active offensive’ coping strategies). Also, social workers used ‘passive adjustment’ coping strategies to organisational conditions and rules and ‘emotion-focused’ coping strategies to manage or reduce their emotional responses to the unsatisfactory situation.

Findings showed that the most common pattern of coping with unsatisfactory organisational conditions was the active defensive kind of adjustment. Most social workers focused on an attempt to offer altruistic – even though temporary and partial – help to clients; they also focused on struggling for professional recognition in the organisation. The emotion-focused strategy ‘emphasizing the intrinsic work aspects’ was very common among female respondents. Despite the intensity of stress and dissatisfaction experienced by respondents, only a small number of them developed active offensive strategies in order to contribute to the improvement of the unsatisfactory situation, along with using active defensive strategies. Also, a few social workers used passive adjustment coping strategies, thus accepting the unsatisfactory organisational conditions.

Consequences of social workers’ coping strategies. The strategies used by social workers had effects on their well-being, on their working conditions and on social work practice. Social workers who used active coping strategies experienced frustration due to their limited effectiveness and the perpetuation of the unsatisfactory organisational conditions. Their effort to deal with the organisational constraints and the ethical dilemmas made them feel emotionally exhausted and influenced negatively their wish to stay in the organisation. A consequence of respondents’ attempt to offer clients some temporarily/immediate relief was the partial covering of clients’ needs. However, the actual organisational sources of social workers’ stress and dissatisfaction remained unchanged and unchallenged through the “culture of silence”. By using active offensive coping strategies social workers contributed to the beginning of an effort to improve the organisational conditions that had a negative impact on the quality of services provided; they also promoted their professional recognition in the organisation. When social workers accepted the unsatisfactory organisational conditions by using passive strategies they developed a bureaucratic way of dealing with clients’ needs (they viewed clients as cases which “are not entitled to receive help”). Finally the most common pattern of coping (active defensive strategies) resulted in the partial covering of
clients’ needs and contributed to the forming of “the culture of silence”, which in turn resulted in the perpetuation of unsatisfactory organisational conditions.

**Discussion of study 2**

This qualitative study tried to identify the organisational conditions that contributed to the dissatisfaction of social workers working in public social services in Crete; moreover, it attempted to discover and illuminate social workers’ patterns of coping with these conditions. A model of social workers’ coping behaviour with unsatisfactory organisational conditions was constructed through qualitative data analysis, thus providing a framework for understanding social workers’ patterns of coping. Although the results from this analysis are unique to the particular respondents and to the particular context of this study, we could say that the same thing could be true for other social workers working in public social service organisations in Greece under similar circumstances.

It must be noted that many of the references presented in this chapter are mainly either American or Western European and that differences may occur between countries and cultures. Important differences exist regarding the ideology of the welfare state, the welfare organisations as well as the development of social work as a profession and the social work practice in different national contexts. It is obvious that we can not generalise from one national context to another.

**Organisational sources of social workers’ dissatisfaction**

Findings indicated that organisational conditions strongly influenced how social workers carried out their tasks. The organisational environment in which social work is practised in Crete had many weak points, which had a significant impact on social workers’ job satisfaction and stress. Social workers were dissatisfied and experienced stress with many organisational conditions, which affected their well-being, their professional development as well as the provision of social services. Sources of their dissatisfaction were: the limited organisational resources, the heavy and increased workload, the limited professional recognition, the lack of support and supervision in social work, the limited level of autonomy, the lack of necessary facilities to practise social work and job routinization. They were also dissatisfied with the lack of opportunities for professional development (lack of op-
opportunities and motives for continuing education, prospects for promotion) and the salary level. They were satisfied with intrinsic work aspects (communication with clients, feedback from clients) and support from other social workers.

Although there were common sources of dissatisfaction among social workers working in different organisations, their degree of dissatisfaction with organisational conditions varied by field of practice. As a result, the organisational conditions causing dissatisfaction that most social workers focused on varied by field of practice. This was because in different organisations social workers’ tasks and the nature of the problems that they had to deal with varied considerably. For example, social workers in mental health services were more dissatisfied with and focused more on ‘the lack of opportunities for continuing education’, ‘the lack of supervision in social work’ and ‘the lack of a properly functioning interdisciplinary team’ than those working in other fields. ‘The limited recognition’ and ‘the limited level of autonomy’ due to interventions by psychiatrists in social workers’ professional sphere was also a source of their dissatisfaction. Their need for specialised knowledge and guidance (through supervision and interdisciplinary teams) was intense since social workers were engaged in counselling and many of their cases were complicated. Social workers wanted to acquire specialised knowledge through continuing education in order to respond to clients’ needs and gain professional recognition. The sufficient specialised knowledge affected positively their willingness to demand professional recognition within the organisation. Jayaratne & Chess (1984) found similarities in the level of job satisfaction among child welfare, community mental health and family service social workers although the determinants varied by field of practice.

More specifically as far as the types of unsatisfactory organisational conditions which social workers experienced are concerned:

External pressures on welfare organisations influenced the conditions social workers experienced while practising social work. The increasing number of clients combined with the insufficient social work staff resulted in heavy and increased workload which limited their ability to provide quality individualized services. The inadequately resourced social services prevented them for providing clients with the required effective services. They ended up thinking that it was their own “personal responsibility to help people in need”. Social workers ended up worn out by the effort to deal with the heavy workload and to search for resources in order to offer clients some temporary help.
As a social worker mentioned, due to the inadequately resourced social services they “end up being some kind of breakwater being pressured by an increasing number of clients that ask for support, but the state does not provide social workers with the necessary resources in order to help people in need”. Social workers in Greece are overworked (Georgoussi et al., 2003). In social services there are limited funds available for helping those in need (Kavounidi, 1996; H.A.S.W, 1997; 2005). Insufficient benefits are given to specific groups of vulnerable people (Stathopoulos, 1996). The welfare model does not respond to the contemporary aims of a social safety net, since the needs of population groups such as the homeless, the unemployed etc remain unmet; these needs would be covered only through the implementation of a guaranteed minimum income scheme (Amitsis, 2001).

Findings of the present study also showed that social workers enjoyed limited professional recognition within the organisation, which resulted in an “every day struggle for professional recognition” and “the loneliness of the social worker”. Social workers’ professional role was in dispute. Their claims for professional respect and recognition were challenged by administrative or organisational superiors as well as by more prestigious professionals. They were subject to administrative authority even in professional matters and experienced limited opportunities for autonomous action. Their superiors tried to assign tasks to social workers that were not within their responsibilities or prevented them from doing things that were part of their work. Social workers believed that this happened due to the limited knowledge regarding welfare work and the provision of social services that those who hold managerial positions in social welfare organisations usually have. As a result, there were problems in the interprofessional relationships since “the willingness of organisational superiors to understand and respect social workers’ work is really accidental, it depends on their personality and their sensitivity regarding social issues”. In the health/mental health sector there were interventions in social workers’ professional sphere by physicians which reduced social workers’ level of autonomy. Respondents believed that the medical model of illness which still prevails contributed to the predominance of physicians who enjoyed a high degree of professional power. They also believed that additional factors such as the lack of social workers’ claims for professional recognition as well as the prejudice against Technological Educational Institutes gradu-
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ates\textsuperscript{17} contributed to the questioning of the social work profession. In order to deal with the limited professional recognition, a large amount of social workers’ energy was spent on efforts to gain respect and professional recognition; as a result they grew more and more tired and their willingness to work was affected negatively. The limited level of autonomy confined their activities; some of them also thought that their limited level of autonomy as well as the lack of programmes evaluation made the working environment “a space with no horizon” and resulted in \textit{job routinization}.

The findings regarding social workers’ limited professional recognition/limited level of autonomy were to be expected. In social services of Greece there is a lack of modern effective administration. Those who hold managerial positions in social welfare organisations are usually university graduates, administrative staff with many years of work experience (Kallinikaki, 1998). They have no knowledge of social administration and social welfare; therefore problems occur in their communication with welfare workers working in the organisation. The Social Administration Department educating social administration experts started operating in the academic year 1996-1997. Within the centralised and hierarchical social service organisations there is little room for autonomous action (Kavounidi, 1996; Kallinikaki, 1998). Social workers in Greece do not enjoy a high professional status (Georgoussi et al., 1993). They have limited control over their work activities; there is no essential participation of social workers in the decision-making (Stathopoulos, 1996). Also it was expected that social workers’ efforts to carry out their professional role would be challenged by more prestigious occupations (such as physicians). In the health/mental health sector the prevailing medical model of illness contributes to the predominance of the medical profession. Physicians’ authority has an impact on social workers’ activities. Although a National Health Service has been in operation since 1983, there has been no expansion of the primary health care, which would have contributed to the professional recognition of other occupational groups working in the health/mental health sector. Apart from the prevailing medical model of illness, physicians’ authority may also have to do with gender aspects. Hugman (1991) argued that two factors combine to locate caring professions in hospitals as subordinate to the masculine instrumentality of medicine, which is in a ‘feminine’ role. “First, because they were created in the spaces which medicine controlled they have

\textsuperscript{17} Even though TEI had been a part of tertiary level education since 1985, it was only in 2000 that TEI degrees were recognised as equals to those of universities.
cultures of obedience to (male) doctors, who have the legally defined right to direct their work. Second, because of the content of the work they have been women’s professions numerically” (Hugman, 1991:183).

Findings concerning respondents’ level of autonomy as a source of dissatisfaction indicated that in different work settings specific circumstances had an impact on respondents’ level of autonomy. Social workers recognised that apart from the hierarchical structure of bureaucratic social service organisations, factors which limited their level of autonomy were the existence of formal rules and regulations, the organisational superiors’ interventions in social workers’ professional sphere, as well as the dominance of the medical profession in health and mental health services. These above-mentioned findings confirmed previous research (Roach Anleu, 1992) which showed that in different work settings authority distribution and the division of labour varied and “the actual tasks of social workers are shaped by the demands of the state (in the form of legal mandates), the intervention of organisational superiors and the claims of other occupational groups” (Roach Anleu, 1992:41). Also the above-mentioned findings confirmed the argument of Evans & Harris (2004) that the degree of freedom professionals have under specific circumstances should be evaluated on a situation-by-situation basis. Therefore, in different fields of practice social workers’ attempts to attain a satisfactory level of autonomy may include different professional claims. Further studies are required in order to examine factors influencing social workers’ autonomy in different work settings, so we can identify how social workers should act in order to gain control over their activities and improve their professional status.

The lack of support through interdisciplinary teams and the lack of supervision in social work caused social workers dissatisfaction and stress since they affected their ability for effective interventions. Social workers were dissatisfied with the lack of interdisciplinary teams (due to the lack of specialised staff) or with the lack of properly functioning interdisciplinary teams, since their needs for support and guidance were not met. They valued interdisciplinary teams (even those social workers who referred to their problematic function) as a source of support; they did not view them as limiting their professional freedom. In Greece interdisciplinary co-operation is not official yet; if it occurs (mainly in primary health and mental health care settings), it is due more to personal contacts of individual staff members, rather than to established procedures and policies. Only half of the social workers in Greece work in an environment where a multi disciplinary approach is employed (Geor-
Moreover social workers in the present study considered supervision in social work by a properly qualified social worker as a source of support and guidance; however, it must be noted that social work supervision has not been developed in social welfare organisations in Greece yet.

Social welfare organisations in Crete provided respondents with low extrinsic work rewards (salary, prospects for promotion) and did not offer opportunities for professional development (opportunities and motives for continuing education, prospects for promotion). The lack of opportunities and motives for continuing education affected social workers’ effectiveness and the low extrinsic rewards had a negative impact in their work. Female respondents emphasized their satisfaction with intrinsic work aspects in order to reduce their dissatisfaction and maintain their interest in their work. In Greece there are limited opportunities for continuing education. Welfare organisations do not provide their staff with opportunities for professional development (Stathopoulos, 1996). Social workers in Greece have little or no prospects for promotion (Georgoussi et al., 2003). They work only in the application of welfare programmes and they do not usually hold management positions (Kallinikaki, 1998).

Social work in Greece has been strongly linked to the state-run services. The development of social work as a profession is connected with the development of social welfare. The kind of social welfare prevailing in a country affects social workers’ professional role and the work situation they experience within the welfare organisations. The above mentioned unsatisfactory organisational conditions that social workers experienced in public social services in Crete were to be expected since they are related to the limited role of public social services in social care provision within a family-based model of social care. Certain characteristics of social welfare and the social services shape a welfare environment which provides ineffective social services and an unsatisfactory work situation for social workers. In the context of a residual social welfare model, personal social services remain relatively underdeveloped as they are restricted to the most severe cases and there is limited recognition of the importance of welfare work. Social services seem to offer frontline fist-aid solutions for urgent situations. As there has been no systematic effort to improve the provision of social welfare services or to provide social workers with opportunities for the upgrading of their role within the organisation, welfare work remains relatively low valued. Social workers experience unsatisfactory organisational conditions which affect the provision of social services.
services, their professional development as well as their authority within the welfare organisations.

Although important differences may occur between countries and cultures researchers in other countries have found some organisational sources of social workers’ dissatisfaction and stress which are consistent with the findings of the present study. Findings from other countries have shown that limited resources (Bradley & Sutherland, 1995; Penna et al., 1995; McLean, 1999) as well as lack of staff/heavy workload (Bradley & Sutherland, 1995; Penna et al., 1995) were sources of social workers’ dissatisfaction and stress. Not being able to offer clients what they needed (Balloch et al., 1998); being expected to do things which were not part of the job and being unable to do things which should be part of the job (Balloch et al., 1998) were sources of social workers’ stress. Also social workers were dissatisfied with the way the department was managed (Bradley & Sutherland, 1995; Balloch et al., 1998; McLean, 1999), the interprofessional relationship (De Fatima de Campos Francoze & Smeke Cassorla, 2004) and the communication within the organisation (Bradley & Sutherland, 1995). The lack of support and supervision (Marsh & Triseliotis, 1996; Balloch et al., 1998) as well as extrinsic work rewards such as the lack of career opportunities (Balloch et al., 1998; McLean, 1999; De Fatima de Campos Francoze & Smeke Cassorla, 2004) and the pay rate (Balloch et al., 1998; De Fatima de Campos Francoze & Smeke Cassorla, 2004) were also sources of dissatisfaction for social workers working in other countries.

Since welfare work is considered as women’s work, gender aspects may influence the working conditions that caring professionals such as social workers experience. Social work is an occupation with a strong gender symbolism; caring is associated with femininity. Social work is considered to be a women’s profession that is primarily concerned with caring (Dominelli, 1997). Women construct their lives around their primary responsibility – that of caring for others (Dominelli & McLeod, 1989). Care is mainly women’s work. “There are two reasons for this: on the structural level it belongs to either unor comparatively low-paid work, on the symbolic level it is seen as a sort of prolonged mothering, which women are more apt to do than men” (Brückner, 2002:272). Ideas regarding the devaluation of women’s work in general and therefore the devaluation of caring professions as feminine professions may be related to unsatisfactory organisational conditions that social workers experience such as low pay, limited opportunities for professional development and
limited professional recognition. Women’s work is viewed as subsidiary, and women’s salary is considered to be complementary to their husbands’ incomes. Professions numerically dominated by women may be seen as inferior because women form the majority of their members (Dex, 1985). The occupation of social work was considered to be semi-professional (Etzioni, 1969). According to Hugman (1991) “the social construction of caring professions as women’s work has had the effect of legitimating their lower status….The very concept of the semi-profession serves as a disguise that the work in question concerns those areas of society which are regarded as the domain of women, as workers and consumers” (Hugman, 1991:185). In women’s professions such as care, “abilities seen as part of the female gender role become incorporated in the professional role as quasi-natural features. That is why there is no need for a high status qualification and no need for a good salary; because women can perform the necessary tasks naturally” (Brückner, 2002:273).

According to Dressel (1992) within social welfare organisations men and women tend to do different kinds of work based on normative expectations regarding both genders: women predominate in direct service positions, while men tend to occupy administrative and authoritative positions (Hasenfeld, 1992). However, this is not the case in Greece. In social welfare organisations in Greece male and female social workers possess the same low-ranking positions (as social work practitioners); they earn the same amount of money and they have no promotion opportunities to move up to supervisory or administrative positions. Because of this – as findings showed – there were common sources of dissatisfaction among male and female respondents.

Moreover the findings confirmed some of the organisational conditions that ‘street-level bureaucrats’ experience according to Lipsky (1980): inadequate resources in circumstances where the demand will always increase to meet the supply of services; heavy caseloads/lack of time to respond adequately to clients’ needs; low organisational status; low organisational rewards.

**A framework for understanding social workers’ coping behaviour**

Findings showed that organisational factors, factors related to gender and the insufficient amount of knowledge/skills that social workers had acquired through educational experiences limited their coping ability to contribute to the improvement of unsatisfactory organisational conditions.
More specifically:
Organisational factors such as the limited authority of social workers within the organisation and the organisation’s expectations regarding social workers’ role within organisational rules affected negatively respondents’ potential for intervention in order to improve the unsatisfactory organisational situation and contributed to the development of passive strategies. According to Hasenfeld (1983) professional power is manifested through the ability of the members of the profession to determine and control the conditions of their work and to attain autonomy from organisational evaluation and administrative authority. Semi-professionals are subject to greater organisational evaluation and administrative authority and have less control over the content and conditions of work. Respondents worked in a low job control18 environment. They possessed low-rank positions within the hierarchically organized social welfare organisations with limited access to decision-making centres. They were subject to administrative authority, they had limited control over their tasks and limited authority to make decisions about their job. Due to their low organisational status they believed that they did not have the organisational power to improve the unsatisfactory conditions. Mc Lean (1999) found that one of the main sources of social workers’ stress was the amount of responsibility they had without having power; they were also dissatisfied with the amount of influence they had if they thought something needed to be changed. Landsbergis (1988) pointed out that a low control environment may act to reduce one’s coping abilities and motivation to improve the job situation.

Factors related to gender and the insufficient amount of knowledge/skills that social workers had acquired through educational experiences also had a negative impact on their coping ability to contribute to the improvement of the unsatisfactory conditions. For a number of female respondents their coping behaviour was influenced by traditional ideas regarding feminine behaviour. They emphasized family-oriented values; they had developed a work culture that put less emphasis on professional issues. This orientation limited their ability to improve the unsatisfactory work environment. Ideas about what is masculine or feminine and what is natural for men and women in relation to these attributes guide, constrain and trap people in all respects from occupational choice to acceptance or rejection of tasks in everyday working life, al-

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18 According to Karasek & Theorell (1990) ‘job control’ refers to the extent that employees can exert influence over tasks and performance during the working day.
though people may be more or less independent in relation to these guidelines and constraints (Alvesson & Due Billing, 1997).

Social workers had acquired limited experience of activities aiming at improving conditions during their fieldwork training and they also had insufficient specialised knowledge of social research; these factors limited their potential for intervention in order to improve the organisational environment. In Greece there is lack of community development programmes. Social welfare organisations where social work students carry out their field practice do not usually offer opportunities for generalist social work practice; emphasis is placed on casework. There are not enough pilot programmes that would help students to acquire experience in the generalist social work practice and to develop students’ critical thinking.

Findings indicated that the professional ethic of social workers’ altruism, the gravity of clients’ problems as well as clients’ expectations that social workers can help them affected respondents in developing active defensive strategies which focused mainly on trying to offer immediate/temporary relief to clients. According to professional norms and values, social workers should help others. There is the expectation that a social worker will be understanding and helpful to others. Professional ethics give priority to the clients’ interests. The primary mission of the social work profession is to enhance clients’ well being. One of the general guidelines of the proposals for a new ethical document of the International Federation of Social Workers concerns social workers’ responsibility “to act in relation to the people using their services with compassion, empathy and care” (I.F.S.W., 2004, 5.4). The Greek code of ethics (2001, 6.2) refers to “social workers’ dedication to providing clients with services”. As respondents were committed to the caregiver role and clients expected social workers to help them with the serious problems they faced, respondents ended up trying to offer clients at least temporary relief rather than taking action against the organisational sources of their dissatisfaction.

Respondents’ satisfaction with intrinsic work rewards (communication with clients/ feedback from clients) and the support that respondents got from other social workers were sources of strength that affected them positively in the development of active strategies. According to Scheck & Kinicki (2000) social support provides individuals with the opportunity to actively make use of people within their environment so they can be helped to solve and/or confront perceived stressful circumstances.
Different social work practice ideologies also influenced respondents’ coping behaviour. Social workers may adopt different styles of practice based upon differing views on the social work task. According to Dominelli (1997) there is no fixed answer to the question regarding social workers’ interventions. Employers, practitioners, academics, politicians and users dispute the role and the nature of social work. There are two main answers to the question of how to intervene: one focuses on the view that the role of the social worker is one of ‘maintenance’, not facilitating social change; the other focuses on emancipation and social workers’ obligation to ‘protect’ clients’ rights and to argue for their extension. A few respondents who believed that the role of the social worker is to adjust clients to the existing conditions adopted a passive adjustment attitude, thus accepting unsatisfactory organisational conditions. Some of the respondents who believed that social workers have an obligation to ‘protect’ clients’ rights tried to offer clients temporary help along with developing strategies aiming at improving the unsatisfactory conditions. The greater number of the respondents who believed that social workers have an obligation to ‘protect’ clients’ rights focused mainly on clients’ temporary relief; they thought it was the best they could do within the context of unsatisfactory organisational conditions and their limited authority, while at the same time they experienced ethical dilemmas because they did not provide quality services. Therefore, the organisational conditions had a stronger effect on their coping behaviour than social work practice ideologies.

Respondents’ high self-esteem affected positively their attempts to claim professional recognition and respect within the organisation. Respondents’ low self esteem affected negatively their demands for professional recognition and for being treated as equals to others in the organisation. The lack of sufficient specialized knowledge had a negative impact on respondents’ level of professional self-esteem. It has been shown that individuals with low self-esteem tend to use more passive forms of coping than their high self-esteem counterparts. There is also evidence that individuals with high self-esteem rely more on problem-focused coping than those with low self-esteem (Kinicki & Latack, 1990).

Social workers’ coping strategies with the unsatisfactory conditions occurred within the context of broad, general conditions. Welfare programmes’ inability to cover social needs due to the social welfare system characteristics contributed to the development of strategies focused on offering clients tempo-

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19 Self-esteem is defined as the degree to which one values oneself (Brockner, 1988).
rary help. Moreover, it influenced negatively social workers’ efforts to improve the unsatisfactory conditions since, as a respondent said “they drown up in everyday problems”, they get tired and they have “neither the time nor the energy to improve working conditions”. The social welfare model in Greece is characterised by a limited development of the public sector in care provision, whereas the role of the family in social care provision is very important (Stasinopoulou, 1993; Katrougalos 1996; Amitsis, 2001). There is a general agreement on the ineffectiveness of social welfare services (Kavounidi, 1996; Matsaganis & Petroglou, 2001). The profession of social work operates within the context of the existing social policy and social service organisations. As the role of social service organisations in care provision is limited and they cannot respond to the increasing demand for social services, social workers focused mainly on their effort to offer clients temporary help. This continuous effort limited their potential to improve unsatisfactory conditions.

As a general conclusion, social workers’ activity patterns were influenced by organisational conditions as well as by political/legal influences, social/economic influences, cultural influences as well as by personal factors. Those factors were: organisational factors (social workers’ limited authority; organisational expectations); political/legal factors (limited development of the social welfare system); social/economic factors (gravity of clients’ problems due to the increasing levels of social inequality); cultural factors (professional norms and values, social work practice ideologies, professional training, clients’ expectations, traditional ideas regarding feminine behaviour) and personal factors (self esteem as professionals).

**Social workers’ patterns of coping with unsatisfactory organisational conditions**

I had expected that the coping strategies that social workers used to deal with unsatisfactory organisational conditions would not differ according to the position that social workers had in the organisation (head of the social work department or social work practitioner). The only chance for promotion that social workers in Greece have is to become heads of the social work department, a position that does not offer higher financial rewards or particular authority within the organisation. The heads of the social work departments remain social work practitioners as well, and they do not participate in the decision-making. As far as gender differences regarding respondents’ coping strategies to unsatisfactory conditions are concerned, male and female re-
spondents used the same coping strategies. Female respondents were mainly caring-oriented and emphasised their satisfaction with intrinsic work aspects in order to manage their dissatisfaction with organisational conditions.

Findings showed that the active defensive kind of adjustment was the most common pattern of coping with unsatisfactory organisational conditions. Social workers mainly tried to offer immediate/temporary relief to clients and to defend their professional role within the organisation. As organisational constraints prevented them from providing clients with effective services and their professional orientation called for altruistic behaviour towards clients, they organised their work so that they could find solutions within the resource constraints they encountered. They rationalised services in order to deal with heavy workload by using a superficial, partial way of intervention. They considered that offering clients temporary/piecemeal help was the best they could do under the organisational constraints they encountered. According to Lipsky (1980) street-level bureaucrats often perfect techniques, but not without adjusting their work habits and attitudes to reflect lower expectations for themselves, their clients, and the potential of public policy. In the end, these adjustments permit acceptance of the view that clients receive the best that can be provided under prevailing circumstances. Typically street-level bureaucrats do not claim that they are doing a perfect job; only that they are functioning effectively and properly under the constraints they encounter. Findings also indicated that the emotion-focused strategy ‘emphasizing the intrinsic work aspects’ was very common among female respondents in order to reduce/manage their dissatisfaction with organisational conditions. The most common patterns of coping (active defensive kind of adjustment/emphasising the intrinsic work aspects) could be related to perceptions of traditional femininity (the caring-oriented woman who is regarded as being quiet, not active enough to influence the working conditions and gains satisfaction mainly from intrinsic work aspects).

Despite the intensity of dissatisfaction and stress that social workers experienced due to the organisational conditions, only a few of them developed strategies oriented to the improvement of the unsatisfactory conditions, along with active defensive strategies. Although they recognized that many problems they encountered derived from social welfare policies and conditions of the welfare environment and a great number of them believed in social workers’ obligation to ‘protect’ clients’ rights, only a few respondents developed collective strategies in order to improve the unsatisfactory situations. According to
Lipsky (1980), by accepting limitations in the work as a fixed reality rather than as a problem with which to grapple, street-level bureaucrats forge a way to obtain job satisfaction and consistency between aspirations and perceived capability.

Although social workers felt unable to respond to the increasing demand for services only a few of them developed a bureaucratic orientation by using passive adjustment coping strategies to unsatisfactory organisational conditions. In 1940 Merton suggested that strict adherence to rules and regulations by line staff and their inability to respond to the multiple needs of their clients were likely to reinforce rigidity as a defence against client demands and lead to the formation of a ‘bureaucratic personality’ (Hasenfeld, 1983). Lipsky (1980) argued that strict adherence to rules is a common way to limit responsibility. Imposing restrictions on the scope of their powers frees street-level bureaucrats from perceived responsibility for outcomes and reduces the strain between resources and objectives. The fact that only a small number of the social workers developed a bureaucratic orientation might be so because more than half of them believed in social workers’ obligation to protect clients’ rights; moreover they gained satisfaction from intrinsic work aspects (communication with clients/feedback from clients) which was a source of strength that helped them keep up their effort to support clients.

Consequences of coping strategies with unsatisfactory organisational conditions

Social workers’ efforts to deal with organisational constraints had an impact on their well-being, their effectiveness and their intention to stay in the organisation. Social workers who used active strategies experienced frustration due to their limited effectiveness and the perpetuation of the unsatisfactory organisational conditions. As organisational constraints hindered the provision of quality care and the adherence to social work professional norms and values, they experienced ethical dilemmas. Their effort to deal with the organisational constraints and ethical dilemmas made them feel emotionally exhausted and influenced negatively their wish to stay in the organisation. The consequences of the active defensive strategies were the partial covering of clients’ needs. Social workers’ belief that offering clients temporary help was the best they could do under the circumstances contributed to the forming of the “culture of silence”; as a result the unsatisfactory organisational conditions remained unchanged and unchallenged. Some social workers em-
phasized that they were responsible for remaining “silent” and for not taking up efforts in order to improve the organisational conditions; other respondents focused on the environmental causality (the alienating working conditions). By using active offensive coping strategies social workers were aware that pointing out their needs as well as clients’ uncovered needs was only the beginning of an effort to improve the quality of provided social services; by claiming respect for their professional role they promoted their professional recognition in the organisation. When social workers used passive adjustment coping strategies to the unsatisfactory conditions, they limited their responsibility to offer clients effective services by developing a bureaucratic way of dealing with clients’ needs (they viewed clients as cases which “are not entitled to receive help”).

**To sum up:**

Social workers in public social services in Crete were dissatisfied with many organisational conditions which affected the way they carried out their tasks, their professional development and their well-being; they were satisfied with intrinsic work aspects and with the support they got from other social workers. In trying to deal with the organisational conditions that caused them stress and dissatisfaction, social workers developed active strategies (active defensive coping strategies/active offensive coping strategies). They also used passive adjustment coping strategies to unsatisfactory conditions and emotion–focused coping strategies. Findings indicated that the most common patterns of coping were the ‘active defensive’ kind of adjustment (aiming mainly at offering clients temporary relief) and the emotion-focused strategy ‘emphasising the intrinsic work aspects’. The active offensive coping strategies aiming at the improvement of unsatisfactory organisational conditions and the passive adjustment coping strategies to unsatisfactory conditions were not widespread among social workers.

In order to understand social workers’ coping behaviour with unsatisfactory organisational conditions, we have to take into account that the professional ethic of social workers’ altruism, the gravity of clients’ problems as well as clients’ expectations that social workers can help them contributed to the development of strategies which focused mainly on trying to offer immediate/temporary relief to clients. Moreover, organisational factors (social workers’ limited authority in the organisation, organisation’s expectations regarding social workers’ role within organisational rules), factors related to
gender (traditional ideas regarding feminine behaviour on work issues) and the insufficient amount of knowledge that respondents had acquired through educational experiences had a negative impact on social workers’ ability to contribute to the improvement of the unsatisfactory conditions. Different social work practice ideologies and respondents’ self-esteem influenced the coping strategies that social workers used. Findings also indicated that social workers’ coping behaviour occurred within the broader condition of the inability of social welfare programmes to cover social needs, due to the characteristics of the social welfare system. This factor limited social workers’ potential for intervention in order to improve unsatisfactory conditions, as social workers focused mainly on a continuous effort to offer clients temporary help.

Finally the most common pattern of coping (active defensive strategies) resulted in the partial covering of clients’ needs. Social workers’ belief that focusing mainly on providing clients with temporary help was the best they could do under the circumstances, contributed to the forming of “the culture of silence”, which in turn resulted in the perpetuation of unsatisfactory organisational conditions. Social workers who used active strategies experienced frustration because they felt they were not effective enough; most of them wanted to quit working in the organisation. As organisational constraints hindered the provision of effective services, social workers experienced ethical dilemmas. Their effort to deal with organisational constraints and ethical dilemmas made them feel emotionally exhausted.

Helping professionals such as social workers are believed to experience emotional exhaustion due to the nature of their work. However, social workers in social services in Crete did not refer to their emotional exhaustion because they felt that it was expected of social workers to refer to such an issue, nor did they use ‘emotional exhaustion’ as a sort of jargon. The impression I got from my interviews with them was that they were indeed exhausted by their efforts to deal with unsatisfactory conditions. Although most of them were interested in their work, they had ended up frustrated by perpetuating organisational constraints. They experienced emotional exhaustion as a result of their efforts to deal with the unsatisfactory organisational conditions and the ethical dilemmas. Bradley & Sutherland (1995) found that social workers experienced stress as a result of the organisational structure and climate; social workers identified emotional and physical exhaustion among the most frequent symptoms.
Emotional exhaustion is a symptom of burnout. It is the most accepted and recognized aspect of burnout and the condition most commonly associated with burnout (Maslach & Jackson, 1986). According to Daley (1979) burnout is a dynamic process with various stages of development. Social workers’ emotional exhaustion is a warning signal, a sign for burnout appearance. If the unsatisfactory organisational conditions in social services in Crete persist and social workers try to meet high job demands with limited organisational resources, low support and low job control opportunities, it is possible that they will experience burnout. Melamed et al. (1991) found that female social workers experienced the highest level of burnout under conditions of high job demands, low job control and low social support. The result of a study (Landsbergis, 1988) among health care workers supported the hypothesis that burnout is significantly higher in jobs that combine high job demands with low job control.

**Implications for practice**

The findings of the present study suggest that the unsatisfactory organisational conditions affected social work practice, social workers’ coping behaviour, their well being as well as their intention to quit working in the organisation (more than half of the social workers would like to quit working in the organisation because of the unsatisfactory organisational conditions). The findings highlight the need for taking measures focusing on the changing of unsatisfactory organisational conditions in social services of Crete as well as the upgrading of social worker’s role, in order to improve the effectiveness of the provided social services. It is necessary to increase the organisational resources, to reduce social workers’ workload and to recognize social workers’ need for support and professional recognition. Moreover, there is a need to provide social workers with a satisfactory level of job control and opportunities for professional development (continuing education, prospects for promotion).

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20 According to de Jonge (1996) ‘job demands’ refers to quantitative and qualitative aspects of the job (e.g. time pressure, working hard, strenuous work, task complexity).
11. Ethical dilemmas in social work practice: a narrative study (study 3)

Theoretical framework of the study

The idea for study 3 stemmed from the findings of study 2. The findings of study 2 showed that social workers working in public social services in Crete experienced ethical dilemmas related with unsatisfactory organisational conditions. Organisational constraints prevented them from providing clients with effective services according to the basic social work professional norms and values. Since there is no clear picture of social workers’ lived experiences of being in ethically difficult situations related with organisational conditions, I decided to investigate this issue further. Ethically difficult situations affect social work practice and make social workers feel stressed while trying to make ethical decisions. Moreover, the present study examines how social workers deal with these ethically difficult situations. A narrative approach was employed, since narratives allow for the construction and expression of meaning (Riessman, 1994).

I entered the field with some background in the literature, concerning mostly the ethical dilemmas which are frequently encountered by social workers as part of their regular practice. Although there were different approaches regarding ethical decision-making in social work practice, to the best of my knowledge very few recent studies have explored how social workers deal with ethical dilemmas. Theoretical perspectives regarding ethical dilemmas in social work practice arising from the organisational environment proved helpful for analysing the findings (Lipsky, 1980; Banks, 1995; Reamer, 1999).

Aims and questions of the study

Social workers encounter a wide range of ethical dilemmas. “These are situations in which social workers are challenged by conflicting ethical duties and obligations” (Reamer, 1999). Social work takes place within an institutional framework of rights and duties defined by the law, the employing
agency and the professional code. In taking on the role of social worker, a person takes on several different layers of duties (duties to users, duties to the profession, duties to the agency, duties to society), which may conflict with each other (Banks, 1995).

The aim of the present study is to illuminate the meaning of social workers’ experiences of being in ethically difficult situations in public social service organisations in Crete. Moreover, it examines how social workers deal with these ethically difficult situations. When social workers are confronted with the necessity to make ethical decisions, difficulties in social work practice arise. Studies on such issues could help those concerned with the improvement of organisational factors that cause practitioners ethical dilemmas and influence the provision of social services. Also understanding social workers’ reactions to ethically difficult situations could help those concerned with social work education find ways to enhance students’ ability to deal with such situations effectively and to achieve a more ethical stance in social work practice.

Research methodology

Narrative analysis was employed in this study since its aim is to illustrate and explain social workers’ experiences of being in ethically difficult situations. Narrative analysis is well suited to the exploration of how people make sense of their experiences (Clandinin & Connelly, 1994). There is a wide recognition of the special importance of narrative as a mode through which individuals express their understanding of events and experiences (Mishler, 1986).

Sampling

Respondents were selected according to maximum variation sampling among social workers who held permanent positions in public social services of Crete, Greece. The maximum variation sampling strategy aims “at documenting diverse variations and identifying important common patterns” (Miles & Huberman, 1994:28). “When selecting a small sample of great diversity, the data collection and analysis will yield two kinds of findings: (1) high quality, detailed descriptions of each case which are useful for documenting uniqueness, and (2) important shared patterns which cut across cases and which derive their significance from having emerged out of heterogeneity” (Patton, 1987:53). The researcher using a maximum variation
sampling strategy would not be attempting to generalize findings to all people or all groups, but rather looking for information that elucidates variation and significant common patterns within that variation (Patton, 1987). The selection of respondents was based on the following criteria:

- There were male and female respondents (13 women and 3 men).
- They worked in a variety of different types of social welfare organisations.
- They had a minimum of two years work experience in their present job.
- There were respondents who had a few years of work experience (2-5 years) and others who had many years of work experience (6 or more years) as social workers.

Narrative questions

Respondents were asked to write a short story about an ethically difficult situation related to organisational conditions that they had experienced, how they had coped with this situation and how they evaluate today the way they had coped with this situation.

Data analysis

A hermeneutic phenomenological approach for analyzing short reflective written narratives as developed by Nygren and Blom (2001) was used in the present study. This method is inspired by the interpretation theory of Paul Ricoeur (1976) and has borrowed parts of the analysis of oral narratives developed by the department of Nursing, Umeå University (e.g. Nilsson et al., 1999) by the Unit of Nursing Science, University of Tromso (e.g. Talseth et al., 1999) and by Lindseth & Norberg (2004).

According to this approach, the texts were analysed in three steps. In the first step the narratives were naively read in order to acquire a sense of the whole. The naïve reading was then followed by a structural analysis. In the structural analysis the aim was to identify meaning units in the text. The purpose of the structural analysis is usually to generate a matrix that includes ‘key situations and actions’, ‘actors and how they are referred to’ and ‘reflective aspects’. Finally, the naïve whole generated in the first reading of the narrative was brought together with the themes from the structural analysis in order to ‘ground’ an interpreted whole. The narratives comprised a number of story types formulated in the following structural form: ‘conditions’ and ‘situations’, ‘main stories’, ‘strategies’ and ‘reflections’ (Nygren & Blom, 2001).
Findings

Respondents’ experiences of being in ethically difficult situations will be presented in the following structural form: ‘conditions’ and ‘situations’ (under which social workers’ ethical dilemmas took place), ‘main stories’ (the types of ethically difficult situations related with organisational conditions which respondents experienced), ‘strategies’ (how respondents dealt with the ethically difficult situations) and ‘reflections’ (how social workers reflected on their experiences, how they evaluated these experiences and the way they had coped with them at that time).

On the whole, two main themes were found from the analysis of the 16 narratives regarding social workers’ experiences of being in ethically difficult situations. These main themes included themes and sub-themes. The two main themes were: ‘ethically difficult situations arising from the organisation’s inability to cover clients’ needs’ (8 narratives) and ‘ethically difficult situations arising from interprofessional relationships’ (8 narratives).

Although I asked respondents to write stories, some of them referred to ethically difficult situations in a general way. The style of their accounts was distanced and ‘rational’, emotions caused by the situation were not expressed. Perhaps they chose this general way because they did not want to express their feelings, because it was hard for them to actually write down a story or because they did not wish to write down a story giving detailed information that would disclose their identity. Although Greeks usually talk about their experiences quite easily, they hesitate to write them down – especially if they are civil servants and through their experiences they criticize the organisation they work for.

Conditions/situations under which ethical dilemmas took place

Respondents’ ethical dilemmas related to limited organisational resources took place under conditions of an increasing demand for social services. Clients’ characteristics (vulnerable people, old people suffering from chronic health problems, old people living alone in poverty conditions, multi-problem families) resulted in social workers dealing with acute problems that required immediate and effective intervention.

A respondent working in a Social Welfare Centre wrote:
"As social problems increase, so does the number of clients. A large number of clients live in poverty conditions. They face acute problems (vulnerable people, old people living alone in poverty conditions, multi-problem families). The organisation’s resources can’t cover their needs. Despite my efforts, I cannot offer effective help."

Respondents’ ethical dilemmas related to organisational superiors’ interventions in their field of work were conditioned by circumstances such as their low positions within the hierarchical structure of social service organisations. Respondents had limited authority within the organisation.

Another respondent working in a Social Welfare Centre wrote:

"There are hierarchical lines of communication in the organisation. We hold low positions in the hierarchy, social workers have limited authority; the organisational or administrative superior can intervene in our work."

In health/mental health services, respondents’ ethical dilemmas related to interventions by members of the medical staff in social workers’ field of work took place under the prevailing medical model of illness which contributed to the dominance of the medical profession.

"In health/mental health services there is a dominance of the medical profession due to the medical model of illness which still prevails to a significant degree. There are interventions by physicians in social workers’ professional role. Social workers’ contribution in health services hasn’t been recognised yet, the role of social workers is considered to be of secondary importance."

**Types of ethical dilemmas related to organisational conditions (main stories)**

The types of ethical dilemmas that respondents encountered cut across gender and work experience. Their field of practice influenced the kinds of ethically difficult situations they experienced. For example respondents working in health services referred to ethical dilemmas concerning interprofessional relations with physicians or ethical dilemmas related to the lack of programmes to support clients after they have been discharged from hospital. Those working in Social Welfare Centres experienced dilemmas related with limited organisational resources and dilemmas related with organisational rules and regulations.

Respondents encountered a variety of ethically difficult situations related to organisational conditions. As mentioned earlier, the analysis of the findings
resulted in two main themes: ‘ethically difficult situations arising from the organisation’s inability to cover clients’ needs’ and ‘ethically difficult situations arising from interprofessional relationships’. More specifically:

- Ethically difficult situations arising from the organisation’s inability to cover clients’ needs: “being unable to carry out my duty to cover clients’ needs”

The main theme ‘ethically difficult situations arising from the organisation’s inability to cover clients’ needs’ includes the following themes: ‘ethical dilemmas related to limited organisational resources’; ‘ethical dilemmas related to organisational rules and regulations that social workers viewed as unjust’. Each theme included sub-themes.

**Ethical dilemmas related to limited organisational resources**

Social workers found themselves without sufficient organisational resources (means, programmes) to offer services. Limited resources prevented them from providing clients with effective care. Respondents mentioned the following ethically difficult situations related with limited organisational resources, which required ethical decisions to be made:

*Lack of resources to support clients living in poverty conditions.* Respondents had to support vulnerable people living in poverty conditions. They experienced a dilemma in such situations because although they believed that it is the duty of social workers to pay particular attention to the basic needs of poor people, due to the insufficient resources of the organisation these needs were not covered.

*The client living in poverty conditions had a hard time trying to survive. An extra financial benefit was the only thing the agency could provide. I was in a fix. It’s social workers’ duty to care for vulnerable and exploited people. However the insufficient means provided by the agency prevented me from carrying out my duties. I was unable to cover clients’ needs.*

*Lack of programmes to support clients who, after having been discharged from hospital, should go on receiving help.* Respondents had to make sure that clients who, after having been discharged from hospital were still in need of help (elderly chronically ill patients who lived alone and could not look after themselves), would go on receiving services. However, no programmes that could meet such clients’ needs were available (there was no programme for providing medical care to the chronically ill patients at home; there were no hospices for the terminally ill). Respondents experienced di-
lemmas because although they believed that it was their responsibility to make sure that clients would go on receiving help, they had to face the fact that no support programmes were available. Despite social workers’ efforts to find a solution, clients in need often ended up receiving no help at all.

“But when the lonely old lady (with terminal breast cancer) checked out of the hospital, she had nowhere to go. It wasn’t possible for her to go back home alone in her condition. Old People’s Homes as well as the Institution for the Chronically Ill do not accept cancer patients. No support programmes for cancer patients were available. Unfortunately there are uncovered needs, you face impasses every day. You fight your own personal battle to find adequate resources (since the social worker is considered to be responsible for covering clients’ needs) usually to no effect.”

Rejecting cases regarding residential care for elderly people with disabilities, due to limited resources. Due to the limited organisational resources regarding residential care for elderly people with disabilities, respondents had to choose among those who were entitled to service provision and decide which ones were most in need; the neediest would receive the available resources. Respondents faced a dilemma because according to social work ethics all those entitled to receive help should be helped; still, they had to choose those individuals who were most in need and as a result all others in need of help were excluded.

“I had to make a difficult choice. Only two beds were available for six people who had requested them. Only two individuals who were most in need would be the recipients. This means that, in practice, individuals who are entitled to receive help are often not helped at all. But social workers should offer services to all those who are entitled to services and who are in need.”

Clients’ self-determination and the lack of home-care programmes for elderly dependent people. Due to limited organisational resources and the lack of home-care programmes on a local level that would support elderly dependent people, respondents had to propose that clients should be admitted into institutional care (a thing that was against clients’ will). It was the only solution for elderly people who could not look after themselves and their families could not take care of them either.

“My client was an old man, he couldn’t look after himself. His son who was mentally ill couldn’t look after him. The client wanted to stay in his place and refused institutional care. However, his needs for care kept increasing. The services provided by the Community Centre for the Elderly were not
enough for him. There was no home-help programme. If he continued living at home he wouldn’t be getting adequate help. I kept wondering whether to propose that he was admitted into institutional care (since it was the only way he’d be getting adequate help) or whether to respect his will.”

**Ethical dilemmas related to organisational rules and regulations that social workers viewed as unjust**

Organisational rules and regulations prevented respondents from providing services to people in need or from protecting young children from harm. Organisational rules and regulations caused the following ethically difficult situations:

*Rejecting genuine cases for help due to the benefit-provision requirements.* The benefit-provision requirements for unprotected children ended up in rejecting genuine cases for help. Respondents wondered if they should adhere to unjust regulations regarding the provision of inadequate benefits or if it was necessary in some cases to violate them. They had to decide whether they should give priority to helping clients or to the adherence to agency regulations.

“Recently I had to deal with the provision of benefits to two unprotected children. The father had abandoned the family, while the mother’s health was weakened. According to benefit provision requirements for unprotected children, a child is entitled to a 50 € per month benefit when the overall monthly family income does not exceed 235 €. But that’s unfair. The benefit level is absolutely ridiculous; a family with two children cannot possibly survive nowadays on a 235 € monthly income. My dilemma was: should I adhere to these unjust regulations or should I lie about the fact that the family income was 285 and not 235 €, so that the family would be entitled to financial support.”

*Problems regarding adoptions due to the organisational regulations.* Regulations regarding adoptions caused problems regarding children’s protection. A respondent wondered if she should adhere to these regulations or if was necessary in some situations to violate them.

“A year ago I worked with a couple who wanted to adopt a baby. They’d taken it right after it was born, six months before they came to me, and I could see they really loved it and took good care of it. In one of our meetings they told me that the wife – after having tried for 15 years – had finally got pregnant, after they had taken the adopted baby at home. The couple said that they’d be willing to go for an abortion, if the pregnancy would cause the adoption procedure problems; they loved their adopted child and
they didn’t want to part with it. According to the regulations, only those who have no healthy child of their own can adopt. I was in a fix. Should I stop the adoption procedure and take away the baby from the family or should I keep the pregnancy secret?"

- Ethical dilemmas arising from interprofessional relationships: “the lack of respect and recognition”

The main theme ‘ethically difficult situations arising from interprofessional relationships’ includes the following themes: ‘ethical dilemmas related to superiors’ interventions in social workers’ field of work’; ‘ethical dilemmas related to physicians interventions’ in social workers’ field of work’.

**Ethical dilemmas related to superiors’ interventions in social workers’ field of work**

Interventions in social workers’ field of work by their superiors prevented them from carrying out their tasks. Respondents referred to the following ethically difficult situations related with organisational or administrative superiors’ interventions in their field of work:

**Organisational superiors’ interventions in social workers’ professional sphere.** The organisational superiors intervened in issues that were within social workers’ professional sphere. Respondents had to decide whether they would accept such interventions or whether they would defend their professional role.

> "Unfortunately there is a lack of respect. The organisational superior asked me to apologize to a client’s mother who was a general’s wife and who had complained to him because she wasn’t pleased with the way I’d treated her. He reprimanded me and said that he’d ask for my written apology if I didn’t apologize orally to that woman. This incident was a source of great tension for me. I had to decide whether I’d put up with that insulting intervention or whether I’d defend my professional role."

**Administrative superiors’ effort to assign tasks that were not within social workers’ responsibilities.** The administrative superiors tried to assign tasks to respondents that were not within their responsibilities. They expected social workers to do things which were not part of their job. Respondents had to decide whether they would undertake tasks that were not within their responsibilities or whether they would refuse to do so, which would result in conflict.
“My dilemma had to do with the way the administrative superior saw my professional role. He kept on trying to assign administrative work to me. Just recently the administrative superior asked me to help for a few days with the administrative work regarding issuing resident’s permits to immigrants. I said ok because it was about immigrants and for only a few days. However, a month went by. I had to decide whether I’d continue to undertake a task that was not within my responsibilities or whether I’d refuse, which would lead us to yet another conflict.”

**Ethical dilemmas related to physicians interventions’ in social workers’ field of work**

Members of the medical staff either intervened in social workers’ professional role or they did not treat social workers as equals, thus not recognizing their professional role. Respondents had to decide whether they would accept the unpleasant situation by not taking a stand or whether they would take a stand, thus risking their relationship with their colleagues.

A respondent working in a mental health service wrote:

“For many years I felt like I was working for the psychiatrist’s private medical practice. I had to comply with the psychiatrist’s view of what a social worker’s role actually is. My role was to take down case histories and to deal with clients’ technical issues.”

A respondent working in a hospital wrote:

“Physicians do not recognize social workers’ contribution to patients’ care or they do not understand social workers’ role. They want us to help them discharge patients, without understanding the difficulties we encounter in making sure that dependent clients will continue to receive services after being discharged from hospital.”

Another respondent working in a hospital wrote:

“I am afraid the medical model of illness still prevails. Most doctors believe in it, even when they tell you the opposite. According to their opinion, a social worker’s role is to help them to discharge patients or to deal with patients’ technical matters. You have to choose whether you’ll accept this situation or whether you’ll claim for respect and recognition.”

**Strategies social workers use to deal with ethical dilemmas**

Respondents’ strategies cut across gender, work experience and field of practice. Social workers dealt with the ethically difficult situations by using
a variety of strategies related to each type of ethical dilemma they experienced. Despite the variety of strategies, a common pattern of respondents’ coping behaviour emerged from the findings. They tried to deal with ethical dilemmas on their own. They did not take risks in order to influence the organisational conditions that caused the ethical dilemmas. They did not draw attention to the need for increasing resources or changing organisational rules and regulations. They mainly tried to find a solution within the resource constraints they encountered.

• Coping with ethical dilemmas related with limited organisational resources

Respondents mainly tried to offer clients some help by searching for charity funds or personal resources and by allocating limited resources; only a few of them pointed out clients’ uncovered needs through proposals. More specifically they used the following strategies in order to deal with limited organisational resources:

Search for charity funds or personal resources. In cases of insufficient means/lack of adequate programmes, respondents searched for charity funds or personal resources so they could meet clients’ urgent needs. They considered it their duty to try to help clients by looking for other resources, since the agency did not provide them with adequate means.

A respondent working in a Social Welfare Centre wrote:

“Social workers need to fight your personal battles and to make use of charity or personal resources in order to help clients living in poverty conditions. Since the agency does not provide social workers with adequate means, it’s social workers’ duty to find other resources to help people in need.”

A respondent working in a hospital wrote:

“I’d been looking for any available programme for a month to no effect. The lonely old lady could not stay home alone in her condition. Fortunately and only after the intervention of a priest, the rules of a Home for Old People owned by the church were ‘overlooked’ and the old lady with terminal breast cancer was accepted there. A week later she died”

Admission into institutional care. When there were no adequate organisational resources or programmes for the care of elderly people on a local level, the only solution for the elderly people who could not look after themselves was to have them admitted into institutional care.
A respondent working in a Community Centre for the Aged wrote:

“The institution was the only solution for the client even it was against his will, since letting him stay on at home would put his life to risk.”

The neediest receive the available resources. When elderly people with disabilities requested residential care, respondents made decisions about which individuals were most in need and the neediest received the available resources.

A respondent working in an Institution for the Chronically Ill said:

“Finally I made decisions about which individuals were most in need. The neediest would be the recipients. Unfortunately four people who were entitled to receive help were not helped at all since there were only two beds available.”

Pointing out clients’ uncovered needs. A few respondents pointed out clients’ needs through proposals submitted to organisational superiors or to the agency’s board of directors.

“We submitted our proposals on the issue of clients’ uncovered needs due to insufficient organisational resources to the organisational superior. She told us that she had forwarded these proposals to the prefect since prefecture authorities supervise the Social Welfare Centre. Until now we still have received no answer from them.”

• Coping with ethical dilemmas related to organisational rules and regulations

Respondents tried to offer people in need some help or to protect young children from harm by violating organisational rules and regulations. More specifically:

Violating organisational rules and regulations that respondents viewed as unjust, in order to cover clients’ needs. In cases of regulations that respondents viewed as unjust, they decided to violate them after giving it a lot of speculation. Their evaluation of these regulations as unjust influenced their final decision. This decision they made helped clients (young children) stay with their families and prevented them from any harm they might be subjected to if they were to be admitted into institutional care.

A respondent working in a Social Welfare Centre wrote:

“I finally decided for the financial benefit to be given to the children. The criteria for benefit giving were unjust, unrealistic; my decision would offer the family a small financial support so that the children wouldn’t end up in
an institution. Unfortunately the state prefers to spend huge amounts of money on institutional care, instead of providing better financial benefits that would help unprotected children stay with their families."

Another respondent working in a Social Welfare Centre wrote:

“I speculated on the case for days. I was confused. In the end I told the couple I’d decided to keep the pregnancy secret. The violation of the law was a necessary evil in order to protect the adopted baby from being taken away from a home that provided it with love and security; otherwise it would have to go back to the institution until another couple decided to adopt it.”

• Coping with ethical dilemmas related to superiors’ interventions in social workers’ field of work

Respondents used a variety of strategies in order to deal with the ethical dilemmas related to superiors’ interventions in their field of work: some claimed professional recognition; others avoided conflict or gave way to the demands of their superiors. More specifically they used the following strategies:

Claiming professional recognition. When the organisational or administrative superiors intervened in respondents’ field of work, respondents contradicted their superiors (by clarifying the responsibilities of social workers and refusing to undertake tasks that were not within social workers’ role).

A respondent working in a Delinquency programme wrote:

“It was clear to me that I wouldn’t accept interventions and insults in my work by the organisational superior even if that led to conflict.”

Avoiding direct conflict. When the administrative superiors intervened in respondents’ work respondents avoided direct conflict (by filing reports/objections in black and white).

A respondent working in a Municipality Social Service wrote:

“I informed the mayor regarding the fact that the administrative superior tried to assign administrative work to me. I submitted a report on the reasons why I disagreed, I wrote down my arguments regarding the issue of social workers’ responsibilities.”

Giving way to superiors’ demands. Sometimes respondents accepted the interventions in their professional sphere by their superiors. When they had little professional experience in the particular agency, they tended to give way to superiors’ demands.
“I gave in to my superiors’ demands. Unfortunately I was still inexperienced in the agency then and I hadn’t learnt to express my anger and to risk conflicts by demanding respect and professional recognition.”

- Coping with ethical dilemmas related to physicians’ interventions in social workers’ field of work

In order to deal with ethical dilemmas related to physicians’ interventions in social workers’ field of work, some respondents claimed professional recognition; others avoided cooperation with physicians or gave way to physicians’ demands. More specifically:

Claiming professional recognition. When physicians did not recognise the social workers’ role, respondents demanded professional recognition.

“In the beginning, the medical staff would send for me only for technical matters; so I did not accept such a situation and I decided to fight for professional recognition.”

Avoiding cooperation with physicians. When physicians did not respect the social workers’ role, respondents avoided cooperation with physicians.

“I usually avoid physicians and especially those who do not respect my professional role. I get information on the patients’ situation from the head nurse of the clinic.”

Giving way to physicians’ demands. Sometimes respondents accepted the interventions in their professional sphere by members of the medical staff.

“For many years the psychiatrist has decided that my role was to take down case histories and to deal with clients’ technical issues. If I didn’t accept the situation as it was, I’d risk our relationship.”

Social workers’ reflections on their experiences of being in ethically difficult situations

Respondents evaluated their experiences and the way they had coped with these ethically difficult situations. Half of them justified their decisions, they evaluated whether they had done the right thing or not and they explained the conditions under which their strategies took place.

- Respondents’ evaluations regarding their coping behaviour with ethical dilemmas related to limited resources

Offering clients some help is the best we can do under the circumstances. Respondents viewed the situation caused by the lack of re-
sources/programmes as very difficult to handle; limited resources made them feel powerless. It was a common belief among respondents that offering clients some help was the best they could do under the circumstances.

“Without means and programmes it is impossible to be effective in one’s work. We try to offer clients some help. It is the best we can do under these organisational circumstances.”

“The lack of organisational means and programmes makes me feel unable to do my job the way I should. This situation makes me feel powerless.”

No real solution was found. Some respondents criticized the way social workers deal with the lack of resources (by searching for charity funds or personal resources so they can meet clients’ urgent needs). They believed that clients’ needs remained unmet and no real solution was found, no matter whether their search for resources had a positive or negative outcome.

“My struggle may have had a positive outcome in this particular client’s case but that doesn’t mean that this is what usually happens or that a real solution was found.”

They considered themselves responsible for keeping quiet/not taking on action in order to improve the inadequately resourced services.

“The state is responsible for the lack of resources in social services, but we are responsible too for keeping quiet about all these uncovered needs. By searching for charity funds or personal resources, the situation remains unchanged.”

The need for taking on social action. Some respondents believed that social workers should make collective demands for the improvement of the inadequately resourced services. The everyday problems respondents had to face due to the limited organisational resources were the reasons why they did not make collective demands.

A respondent working in a Social Welfare Centre wrote:

“We have to take on social action in order to improve the inadequately resourced services. The existing requirements for benefit-giving and the benefit levels have to be improved. Clients face so many problems that they do not have the strength to fight for their rights. We experience everyday problems caused by insufficient benefit-giving policy and insufficient resources, we get tired and we do not try to make changes.”

A respondent working in a Delinquency Programme wrote:
• Respondents’ evaluation regarding their coping behaviour with ethical dilemmas related with organisational rules and regulations

Viologing unjust organisational rules and regulations: a “necessary evil”. Respondents evaluated not adhering to organisational rules and regulations that they considered unjust as a “necessary evil” when such regulations prevented them from providing people in need with services or from protecting young children from harm.

“It is a necessary evil to violate unjust regulations when they prevent us from providing help or from protecting vulnerable groups of clients such as children from harm.”

• Respondents’ evaluations regarding their coping behaviour with ethical dilemmas related to superiors’ interventions in social workers’ field of work.

Respondents got angry and they got frustrated by the interventions of their superiors in their professional sphere.

“The organisational superior did not respect my professional role. The frustration and anger I felt was unbearable.”

Claiming recognition was a matter of self-respect. The respondents who had contradicted their superiors considered that they had dealt correctly with the whole situation despite the dissatisfaction that their attitude had caused the administration.

“My reaction was immediate. It was a matter of self-respect for me not to accept interventions in my professional role. My attitude was a source of dissatisfaction for the administration; however the organisational superior gradually intervened less and less.”

Self-blame/feelings of guilt when they gave way to their superiors’ demands. Those respondents who gave way to the organisational superiors’ demands felt guilty about the way they had dealt with the situation.

“I was ashamed and I felt guilty because I had allowed them to violate my professional role. I had not claimed what I thought was self-evident: simple respect. The organisational superior’s attitude and the way I had dealt with the situation damaged my self-image as a professional.”
Respondents’ evaluations regarding their coping behaviour with ethical dilemmas related to physicians’ interventions’ in their field of work

Respondents felt pressured and disappointed by the interventions of physicians in their professional sphere.

“I felt trapped, I was extremely tense. My expectations regarding good cooperation with the medical staff fell through, I was so disappointed.”

Not accepting such interventions promoted respondents’ professional recognition within the organisation. Respondents believed that claiming to be treated as equals by members of the medical staff promoted their professional recognition within the organisation.

“Demanding to be treated as equals by members of the medical staff and not accepting interventions in my professional role was an effective way to deal with physicians’ interventions in my field of work. Claiming recognition resulted in gaining recognition within the agency.”

Acquiring knowledge and experience in the particular field (health/mental health sector) had a positive impact on them; as a result, they were able to demand professional recognition.

“I’d put up with the unpleasant situation for years. The psychiatrist didn’t treat me as an equal. But I didn’t have the necessary specialized knowledge on mental health issues at that time. Later on and at my own personal cost I acquired knowledge and experience; I was then able to demand professional recognition.”

Giving way to physicians’ demands was not the right thing to do. Those respondents who gave way to physicians’ demands thought that the way they had dealt with the situation was not the best possible. They felt guilty, although they recognized that at that time they had not had the necessary strength to deal with the situation in a different way.

“I accepted the unsatisfactory situation. Giving way to physicians’ demands was not the right thing to do since I did not defend my professional role. I knew it even then, but I just didn’t have the strength to do anything else at that time.”

Respondents mentioned that in the health/mental health sector the dominance of the medical profession due to the medical model of illness – which still prevails – and their lack of specialized knowledge affected negatively social workers’ efforts to claim professional recognition.
"Unfortunately in the health/mental health the dominance of the medical profession due to the prevailing medical model of illness and the lack of specialized knowledge make social workers' voice weaker."

Summary of the findings of study 3

This study focused on social workers’ experiences of being in ethically difficult situations related to organisational conditions in public social service organisations in Crete and their coping behaviour with these conditions. Findings indicated that social workers experienced ethically difficult situations arising from the organisation’s inability to cover clients’ needs as well as from interprofessional relationships with their superiors or more prestigious professionals. The organisations’ inability to cover clients’ needs due to limited organisational resources and organisational rules and regulations caused social workers a variety of ethical dilemmas. The inadequate resourced services and organisational rules and regulations prevented social workers from providing vulnerable people with effective services and they had to reject genuine cases for help. The insufficient services for dependent elderly people made social workers experience conflicts between the principle of self-determination and the protection of clients’ interests. Ethically difficult situations arising from interventions in social workers’ professional sphere by their superiors or by physicians prevented them from carrying out their work.

Social workers did not try to improve the organisational conditions which caused them ethical dilemmas. They did not draw attention to the need for increasing organisational resources or changing organisational regulations. Limited resources caused them feelings of powerlessness; only a few of them tried to point out clients’ uncovered needs through submitting proposals to their superiors. They tried to find a solution within the existing resource constraints; they mainly tried to offer clients temporary help by searching for resources outside the organisation in order to meet clients’ urgent needs, by allocating the limited resources available or by violating organisational rules and regulations that they considered as unfair. A common belief among social workers was that offering clients temporary help was the best they could under the circumstances. Others criticized the way they dealt with limited resources since “no real solution was found”; they believed that social workers are responsible for keeping quiet about the clients’ uncovered needs. They believed that social workers have to take on social action for the improvement of the inadequately
resourced services; the everyday problems they had to face due to inadequate resourced services were the reasons why they did not make collective demands.

Within the context of social workers’ limited authority there were interventions in their professional sphere by their superiors. Their superiors’ interventions caused social workers pressure and frustration; sometimes these interventions damaged their self-image as professionals. For some of the social workers claiming recognition/not accepting interventions by their superiors in their work “was a matter of self-respect”; others protected themselves by avoiding direct conflict. When they gave way to their superiors’ demands they experienced feelings of guilt since they thought that it was their duty to defend their professional role. In health/mental health services interventions in social workers’ professional sphere by members of the medical staff (who enjoyed a high degree of professional power due to the prevailing medical model of illness) caused social workers frustration. In order to deal with this situation, some social workers claimed professional recognition; others either avoided cooperation with physicians or simply accepted the unsatisfactory situation. Social workers’ limited professional experience as well as their limited specialised knowledge and the dominance of the medical profession in health/mental health services had a negative influence on social workers’ claims for professional recognition.

Discussion of study 3

In the present study social workers working in public social services in Crete narrated stories about their experiences of being in ethically difficult situations related to organisational conditions. Some social workers in their accounts made direct reference to their emotions; others did not refer to their emotions, they used ‘distance’ in their style of narrating. The fact that emotions were not expressed does not mean that they did not actually ‘live’ the ethically difficult situations. Perhaps they chose this ‘rational’ way of narrating because they did not wish to disclose their intense feelings.

Findings indicated that social workers found themselves facing ethically difficult situations arising from the organisation’s inability to cover clients’ needs as well as from difficulties concerning interprofessional relationships with their superiors or colleagues of more prestigious professions.
Having the responsibility to help people in need but being unable to offer clients effective services

Having the responsibility to help people in need but being unable to provide clients with effective help due to the organisation’s inability to cover clients’ needs caused social workers a variety of ethical dilemmas. The ethical dilemmas that social workers experienced arose from the fact that their organisational role conflicted with basic professional principles. Social agencies’ goals and objectives were not congruent with basic values of the social work profession.

Social workers described ethically difficult situations where they were unable “to carry out their duty” to offer clients what they needed due to the limited organisational resources and organisational rules and regulations. The limited organisational resources prevented them from providing vulnerable people with effective services for as long as there was need for such services. Due to inadequately resourced services and organisational regulations they had to reject genuine cases for help. The insufficient services for dependent elderly people made social workers experience dilemmas arising from conflicts between the principle of client self-determination and their obligation to protect clients’ interests. They faced difficult ethical decisions about whether they should give priority to adherence to organisational regulations or to service to clients. The situation that social workers faced due to the limited resources was complex: resource constraints meant that they could not provide vulnerable people facing acute problems with the required services. They thought that the state had given them a certain role (the responsibility to help people in need) without giving them the necessary means so that they could be effective in this role. According to Reamer (1999) social workers frequently find themselves without sufficient resources to administer adequately the programmes for which they are responsible. Research findings have shown that: limited resources (Bradley & Sutherland, 1995; Penna et al., 1995; McLean, 1999); not being able to offer clients what they needed (Balloch et al., 1998); inability to provide the standard of service social workers would like to provide (McLean, 1999); having to refuse services to clients (Bradley & Sutherland, 1995) and being unable to answer the specific problems of service users (Collings & Murray, 1996) were sources of social workers’ stress.

Social workers in the present study had a clear sense that their primary goal was to help people in need, focusing especially on the needs of vulnerable people living in poverty conditions. They accepted the moral responsibility to
help people in need; they believed that their duty was not to merely fulfil their obligations to the agency. Having the responsibility to help people in need without having sufficient resources in order to respond to the increasing demand for services made social workers feel powerless. They tried to find a solution within the resource constraints they encountered. They offered clients temporary help by searching for resources outside the organisation in order to meet clients’ urgent needs, by allocating the limited resources available or by violating organisational rules and regulations that they considered as unfair.

Loewenberg et al. (2000) argued that the social work profession as an organised group, as well as individual social workers, have an ethical responsibility to become involved in the societal allocation process of the resources, that is, the political process. In the present study, although social workers suffered from the inadequately resourced services, they did not take risks in order to improve them. Only a few social workers pointed out clients’ uncovered needs through proposals submitted to their organisational superiors. A common belief among social workers was that offering clients temporary help was “the best they could do under the circumstances”. Some social workers believed that, by offering temporary help, clients’ needs remained unmet and “no real solution was found” to clients’ problems; they believed that social workers are responsible for keeping quiet/not taking on action in order to improve the inadequately resourced services. Reamer (1999) argued that when social workers believe that agency policies, rules or regulations are unjust, they have a responsibility to challenge them and seek necessary change. Although respondents gave priority to clients’ interests by violating organisational regulations they viewed as unjust, they did not try to improve the inadequate benefit-giving agency policy or to change existing benefit-provision requirements. They considered violating the regulations as a “necessary evil” when such regulations prevented them from providing services to people in need or from protecting clients (young children) from harm.

Problems in interprofessional relationships: social workers’ need for respect and professional recognition

Social workers described ethically difficult situations arising from interprofessional relationships. They narrated stories about their loneliness as professionals, their need to be respected and to enjoy professional recognition. They had limited freedom to make decisions about their work due to interventions in their professional sphere by their superiors or by colleagues of
more prestigious professions. They worked in a low-support working environment, as their superiors or colleagues of more prestigious professions were not sources of support for them. Previous research findings have shown that perceived lack of communication within the organisation (Bradley & Sutherland, 1995), the accountability or responsibility that social workers had without having power (McLean, 1999) and being expected to do things which were not part of their job (Balch et al., 1998) were sources of social workers’ stress.

Findings indicated that the organisational or administrative superiors did not recognise social workers’ need to be accepted and respected as professionals. Social workers were not treated by their superiors as professionals of equal value. They experienced pressure and frustration due to their superiors’ interventions in their work; sometimes these interventions caused self-devaluation as they damaged social workers’ self-image as professionals. Social workers’ desire to make decisions about their work conflicted with hierarchical lines of communication. In such situations, social workers’ communication with their superiors took place within the context of social workers’ limited authority in the organisation. Social workers worked in a low-control environment; they held low positions within the hierarchical structure of the welfare organisations with no prospects for promotion. According to Banks (1995), social work is frequently practised in bureaucratic organisations and there is a tension between the ideal of professional autonomy and the reality of a rule-governed, hierarchical structure. Claiming recognition/not accepting interventions by their superiors in their work “was a matter of self-respect” for some of the social workers in the present study. Some social workers protected themselves by avoiding direct conflict and by filing reports/objections in black and white. When they gave way to their superiors’ demands they experienced feelings of guilt. They considered that it was their duty to defend their professional role but they did not have the strength to risk the deterioration of their relationship with their superiors.

Social workers felt frustrated due to the interventions in their professional sphere by colleagues of more prestigious professions. Their desire for professional recognition was challenged by the authority of physicians who enjoyed a higher degree of power, due to the medical model of illness which still prevails in the health/mental health sector in Greece. Hugman (1992) argued that the male-dominated medical profession enjoys a high degree of professional power in the hierarchical health-care organisations. Previous research findings
have shown the existence of strain in physicians-social workers professional relationships (Mizraxi & Abramson, 1985; Abramson & Mizraxi, 1994). Social workers in the present study felt that physicians did not recognize the importance of their work; they did not appreciate or understand social workers’ contribution to patient care. In mental health services, psychiatrists intervened in social workers’ professional role. In health services, some physicians held traditional views regarding social workers’ role. They believed that a social worker’s role is to provide concrete services (to help physicians discharge patients, to deal with patients’ technical matters). They did not understand the obstacles encountered by social workers in making sure that dependent clients would continue to receive services after having been discharged from hospital. In order to deal with this situation, some social workers claimed professional recognition; others were overwhelmed by the situation: they avoided cooperation with physicians or they accepted the unsatisfactory situation. In health/mental health services social workers’ limited specialised knowledge and the dominance of the medical profession “made social workers’ voice weaker”.

**To sum up**

Social workers’ described ethically difficult situations about their desire for professional respect and recognition as well as their desire to provide people in need with effective services. Findings indicated that in social services in Crete the principal mission of social work practice that social workers were supposed to fulfil was challenged by inadequately resourced services and organisational rules and regulations. Social workers’ effort to carry out their professional role was challenged by the administrative authority as well as by more prestigious professions. The ethical conflicts that respondents experienced arose from the fact that their organisational role conflicted with basic professional principles. This finding confirmed Lipsky’s view (1980) that in street-level bureaucracies there will be inevitable conflicts between the client focus of professional norms and the organisational goals.

There is a debate regarding social work abandoning its traditional mission of servicing the poor (Specht & Courtney, 1994). Social workers working in public social services in Crete have not abandoned this traditional mission of social work: they were oriented towards the basic principle of social work to help people in need; they believed that their duty was not merely to fulfil their obligations to the agency. Social workers mainly tried to offer clients tempo-
rary help by searching for charity or personal resources, by allocating the limited resources available or by violating organisational regulations. They thought that by offering clients some help they function properly under the specific organisational circumstances. On the other hand, social workers did not take the risk to improve the organisational conditions that caused them ethical dilemmas. They did not try to draw attention to the need for increasing organisational resources or changing organisational regulations in welfare organisations. They felt unable to promote the social work principle regarding social workers’ responsibility to challenge unjust policies and practices (I.F.S.W., 2004, 4.2.4), as well as “social workers’ duty to take necessary steps to care for themselves professionally and personally in the workplace and the society, in order to ensure that they are able to provide appropriate services” (I.F.S.W., 2004, 5.6). Some social workers believed that they did not take action in order to improve organisational conditions because they had got tired of trying to deal with the inadequately resourced services.

Although social workers criticized the interventions in their field of work and referred to their need for respect and professional recognition, they did not criticize either the hierarchical lines of communication or social workers’ limited authority within the organisation. When they claimed professional recognition they used individualised strategies in order to improve their work situation, instead of using both individualised strategies and collective action. Sometimes interventions in social workers’ professional role damaged their self-image as professionals. Social workers’ limited work experience and their lack of specialised knowledge limited their ability to defend their professional role. Some of the social workers felt guilty and they considered themselves responsible for not taking on action to improve the unsatisfactory situations or for not having the strength to defend their professional role. Blaming themselves was not an effective coping strategy in order to deal with the ethical dilemmas, since they spent their energy on self-blame instead of focusing on how to change or improve the organisational conditions that caused these dilemmas.

Findings present a rather dark picture regarding the work situation that social workers in public social services in Crete experienced their coping behaviour with the ethical dilemmas as well as the provision of social services. On the one hand, the inadequately resourced services and the organisational rules and regulations prevented social workers from providing clients with the help they needed. They were unable to offer clients effective services and they had
to reject a number of cases for help. *On the other hand*, the lack of professional recognition and respect from their superiors or colleagues of more prestigious professions limited their level of autonomy and prevented them from carrying out their tasks.

These findings were to be expected. The kind of social welfare prevailing in a country affects social workers’ professional role and the work situation social workers experience within social service organisations. In Greece, certain characteristics of the social welfare shape a welfare environment which provides clients with ineffective services and an unsatisfactory work situation for social workers. As far as the provision of social services is concerned, Greece belongs to the ‘south European welfare model’ which is characterized by a family-based model of care (Katrougalos, 1996) whereas the public sector plays a minor role in social care provision (Cough, 1996). There is no implementation of a guaranteed minimum income scheme. Social welfare is targeted to specific groups of vulnerable people. As a result, the particular social welfare model does not respond to the contemporary aims of a social safety net, since the needs of important population groups such as the homeless, the unemployed etc remain unmet (Amitsis, 2001). There are limited funds available for those in need (H.A.S.W., 1997) Therefore, due to the limited development of the public sector in social care provision and to the orientation of social welfare, social services are restricted to the most severe cases and many people who are in need are excluded from the provision of services. Moreover, due to the limited available resources no effective services are offered to those entitled. It was because of the above-mentioned reasons that social workers in social services in Crete were unable to offer clients effective services and had to reject cases for help. Since there has been no systematic effort for the upgrading of social welfare services, the social worker’s role has not been upgraded either. Social workers in Greece have little or no prospects for promotion (Dedoussi et al., 2002). Welfare organisations do not provide them with opportunities for professional development; social workers have limited control over their activities (Statopoulos, 1996). Social workers do not enjoy a high professional status (Georgoussi et al., 2003). Within the context of social workers’ limited authority and the dominance of the medical profession in health/mental health services, social workers in social services in Crete experienced interventions in their professional sphere. Their limited authority within welfare organisations had a negative influence on their level of autonomy; limited authority seemed to limit their ability to improve the organisational condi-
tions which caused them ethical dilemmas. It is possible that some respondents did not risk making claims regarding the increasing of organisational resources or their professional recognition since they were afraid of their superiors’ reactions (social workers in Greece are usually subject to administrative authority even in professional matters).

**Implications for practice**

Findings of the present study illustrate the need to increase resources in social service organisations in Crete and to upgrade social workers’ role in order to improve the provision of social services. It is necessary to recognise social workers’ need for respect and professional recognition as well as to provide social workers with a satisfactory level of control over their activities and with opportunities for acquiring specialised knowledge. According to Banks (1995) the code of ethics reminds social workers that they have a duty to inform governments and agencies of inequities, lack of resources or the need for policy changes. Social workers need to be prepared to challenge agency policies and practices. The role of social work education and training is important in preparing students to function as competent social workers by enabling them to understand the tensions that arise from agency policies and practices, organisational structure, rules and interprofessional relationships. A systematic analysis of ethical dilemmas in social work practice and a clearer understanding of social work ethical decision-making is also necessary for students so they can deal effectively with ethical dilemmas in the future and become proponents of change.

In the present study social workers tried to find ways to deal with dilemmas on their own, by referring to basic social work principles. They did not use strategies such as consulting with a social work colleague or consulting the Code of the International Federation of Social Workers in order to deal with ethical dilemmas. In some cases they mentioned that the Greek code of ethics did not offer guidance about how to act when different duties may conflict with each other. The Greek code of ethics (1992) does not offer specific guidance; it refers to basic social work principles and includes a general description of social workers’ professional responsibilities. Also in Greece there are no support systems (such as supervision in social work or a social work ethics’ committee) that may provide social workers with guidance and support so they can deal with ethical difficulties. The development of support systems would
provide social workers with support and guidance during the ethical decision-
making process.
12. Main conclusions and general discussion

As mentioned earlier, the general aim of the thesis was to gain an understanding of the working life of social workers working in public social services in Crete. The thesis focused mainly on the unsatisfactory organisational conditions of the welfare environment (how social workers experience the organisational conditions) and social workers’ subjective reactions to these conditions. Social workers’ job satisfaction was the starting point of this thesis (study 1).

Findings indicate an interaction between social workers and their organisational environment; social workers in the three studies of the thesis actively made decisions but these decisions were influenced by organisational factors as well as by other influences. The findings of this thesis reveal the significant impact of the organisational environment, within which social work practice is located, on social workers’ well being, on their effectiveness, on their coping behaviour with unsatisfactory organisational conditions as well as on their intention to continue working in the organisation.

I have already discussed the findings of each study separately, using theoretical perspectives; in this overall discussion the concepts of ‘job demand’, ‘job control’ and ‘social support’ were relevant for understanding the impact of the welfare environment on social workers’ well being. Theoretical perspectives regarding the impact of the welfare environment on social welfare workers’ behaviour as well as gender aspects of welfare work provided me with a useful framework for understanding the welfare environment within which social work practice is located. Although gender was not the starting point of this study, gender aspects of welfare work proved to be suitable for interpreting the findings since social work is a profession with a strong gender symbolism. Moreover, findings showed (study 2) that gender influenced social workers’ work orientation (study 1) as well as their coping behaviour with unsatisfactory organisational conditions (study 2).
What were the main sources of social workers’ satisfaction/dissatisfaction and stress in public social services in Crete?

The findings indicated that the main sources of social workers’ satisfaction were intrinsic work aspects. ‘Working with clients’, ‘the challenge work provides’, ‘the feeling of self-actualisation/success as a professional’, ‘the contribution of work to their personal growth’ were key aspects of social workers’ job satisfaction (study 1). According to the findings of study 2, social workers were satisfied with the intrinsic work aspects (communication with clients and feedback/recognition from clients) and with the support they had from other social workers.

Social workers were dissatisfied with organisational and extrinsic work aspects which affected social work practice and their own professional development; organisational work aspects were also sources of social workers’ stress. Findings of both quantitative research (study 1) and the grounded theory (study 2) showed that social workers were dissatisfied with the following organisational work aspects: the limited organisational resources; the heavy and increased workload; the lack of support and supervision in social work; the lack of opportunities for continuing education; the lack of facilities for a comfortable work setting. The above-mentioned organisational sources of dissatisfaction were also sources of social workers’ stress (study 2). Social workers were also dissatisfied with the extrinsic work aspects: lack of opportunities for promotion and salary level (study 1 & study 2) and the lack of opportunities to affect programmes in order to meet clients’ needs (study 1). The findings of study 2 and study 3 indicated two additional sources of social workers’ dissatisfaction and stress: limited professional recognition (study 2 & 3) and job routinization (study 2).

As far as the level of autonomy that social workers had within public social services in Crete is concerned, it was a basic source of satisfaction according to the quantitative research results (study 1); however, according to study 2, social workers’ level of autonomy was a source of dissatisfaction and stress. Findings of the grounded theory study (study 2) showed that in different work settings certain circumstances had an impact on social workers’ level of autonomy.

Social workers also experienced stress due to ethical dilemmas caused by unsatisfactory organisational conditions while attempting to integrate their professional values into daily practice realities. There were conflicts between
their professional norms and the organisation’s goals (study 2 & study 3). They experienced ethical dilemmas arising from the organisation’s inability to cover clients’ needs and from interprofessional relationships with their superiors or colleagues of more prestigious professions. Having the responsibility to offer clients help but being unable to provide clients with effective services due to the welfare programmes’ inability to cover clients’ needs was a major source of stress. Having limited freedom to make decisions about their work due to the lack of respect and recognition from their superiors as well as by members of the medical staff was also a main source of frustration and stress (study 2 & study 3).

Although differences may occur between countries and cultures, the findings of this work confirm previous research findings from other countries which have shown that the main sources of social workers’ satisfaction were intrinsic work aspects, the main sources of their dissatisfaction were organisational and extrinsic work aspects and the main sources of social workers’ stress were organisational work aspects. Some researchers have found that social workers were satisfied with intrinsic work aspects which are consistent with the findings of this work (Penna et al., 1995; Balloch et al., 1998; McLean 1999; De Fatima de Campos Francozo & Smeke Cassorla, 2004).

Research findings from other countries have shown some organisational sources of social workers’ dissatisfaction which are consistent with the findings of this work such as: limited resources (Bradley & Sutherland, 1995; Penna et al., 1995; Marsh & Triseliotis, 1996); lack of staff/heavy workload (Bradley & Sutherland, 1995; Penna et al., 1995; Marsh & Triseliotis, 1996; McLean, 1999); lack of support and supervision (Marsh & Triseliotis, 1996; Balloch et al., 1998); communication within the organisation (Bradley & Sutherland, 1995); interprofessional relationships (De Fatima de Campos Francoze & Smeke Cassorla, 2004). Social workers working in other countries were dissatisfied with the following extrinsic work aspects: the lack of career opportunities (Balloch et al., 1998; McLean, 1999; De Fatima de Campos Francoze & Smeke Cassorla, 2004); the pay rate (Balloch et al., 1998; De Fatima de Campos Francoze & Smeke Cassorla, 2004).

Moreover research findings from other countries have shown some organisational sources of social workers’ stress which are consistent with the findings of this work such as: limited resources (Bradley & Sutherland, 1995; Penna et al., 1995; McLean, 1999); lack of staff/heavy workload (Bradley & Sutherland, 1995; Penna et al., 1995; Collings & Murray, 1966; Coffey et al.,
inability to provide the standard of service social workers would like to provide (McLean, 1999); having to refuse services to clients (Bradley & Sutherland, 1995) and being unable to answer the specific problems of service users (Collings & Murray, 1996).

**Perspectives for understanding the conditions of the welfare environment which social workers in social services in Crete experienced**

Different perspectives proved to be helpful for understanding the welfare environment in which social workers in Crete operate and the organisational pressures social workers are subject to.

Research findings of this thesis confirmed the information regarding the social welfare/social services’ characteristics in Greece and the limited role of public social services in care provision. Social workers operated within organisational contexts that were characterized by the inability to cover clients’ needs and which could not respond to the increasing demands for social services. Findings showed that social service organisations in Crete provided social workers with insufficient resources and low support so they could carry out their work as well as with limited freedom to make decisions about their work. These unsatisfactory conditions which social workers experienced were related to the limited role of public social services in Greece regarding care provision within a family-based model of social care. In the context of a residual social welfare model, social services remain relatively underdeveloped as they are restricted to the most severe cases, they provide ineffective social services and they do not offer opportunities for social workers’ professional development and recognition.

*Theoretical approaches on social welfare bureaucracies* and the work-related pressures which welfare workers had to cope with while trying to carry out their work, provided me with a useful framework for understanding the organisational environment and the ethical dilemmas that social workers faced in attempting to integrate their professional values into daily practice realities (Lipsky, 1980; Banks, 1995). The findings of this thesis confirmed some of the organisational conditions that ‘street-level bureaucrats’ experience according to Lipsky (1980): inadequate resources; increasing demand for social services; heavy caseloads/ lack of time to respond adequately to clients’ needs; low organisational status; low organisational rewards. Moreover, the findings
regarding ethical dilemmas arising from the organisational environment which social workers experienced confirmed certain views (Lipsky, 1980; Banks, 1995) that in social service bureaucracies there will be inevitable conflicts between the client-focus of professional norms and the bureaucratic norms of the welfare organisations.

Findings of the grounded theory study did not confirm Lipsky’s view regarding the existence of significant space for professional discretion in social service bureaucracies. According to Lipsky (1980), despite their low position in the formal authority structure, street-level bureaucrats exercise considerable discretion in performing their duties. The findings showed that in different work settings certain circumstances had an impact on social workers’ level of autonomy. Factors which limited social workers’ level of autonomy were the hierarchical structure of welfare organisations, the existence of formal rules and regulations, the organisational superiors’ intervention in social workers’ professional sphere, as well as the dominance of the medical profession in health and mental health services due to the prevailing medical model of illness. The above-mentioned results of the grounded theory study confirmed the argument that the degree of freedom professionals have under specific circumstances should be evaluated on a situation-by-situation basis (Evans & Harris, 2004), as well as previous research findings (Roach Anleu, 1992:41).

Gender aspects of welfare work proved to be helpful for understanding the unsatisfactory working conditions which social workers experience, since social work is an occupation with a strong gender symbolism.

Caring is associated with femininity. Caring is traditionally a woman’s duty, but also many women choose to do care-work. Since caring professions are considered to be women’s professions, there is a relationship between the gender role and the professional role. There are two main reasons why women choose to do care-work: “on the structural level it belongs to the category of either un- or comparatively low-paid work, on the symbolic level it is seen as a sort of prolonged mothering, which women are more apt to do than men” (Brückner, 2002:272). The relationship between the gender role and professional role in women’s professions such as care is centred on the fact that “abilities seen as part of the female gender role become incorporated in the professional role as quasi-natural features” (Brückner, 2002:273). It is assumed that caring is something women do naturally with a ‘commonsense’ (Dominelli, 1997). Women can perform the necessary tasks naturally. That is
why there is no need for a high status qualification and no need for a good salary (Brückner, 2002).

Professions numerically dominated by women may be seen as inferior because women form the majority of their members (Dex, 1985). There is a devaluation of women’s work in general and in welfare organisations in particular (Hasenfeld, 1992). The occupation of social work was considered to be semi-professional (Etzioni, 1969). According to Etzioni, semi-professionals focused on care-giving and they were regarded as having limited competence. Their work was based more on techniques than on a systematic body of theoretical knowledge. Hugman (1991:185) argued that “the social construction of caring professions as women’s work has had the effect of legitimating their lower status….The very concept of the semi-profession serves as a disguise that the work in question concerns those areas of society which are regarded as the domain of women, as workers and consumers”. Therefore unsatisfactory organisational conditions which social workers experience such as low extrinsic work rewards, lack of opportunities for professional development and limited authority may be gender-related. These conditions could be related to ideas regarding the devaluation of women’s work in general, the devaluation of feminine professions and therefore the devaluation of caring professions as feminine professions.

‘Job demand’, ‘job control’ and ‘social support’ as a conceptual framework for understanding the impact of the welfare environment on social workers’ psychological well-being

One of the main findings of study 2 was that social workers’ efforts to deal with unsatisfactory organisational conditions and the ethical dilemmas related with organisational conditions rendered them emotionally exhausted. In this overall discussion the Karasek & Theorell (1990) model was suitable for interpreting findings concerning the impact of the organisational environment on social workers’ well being. The demand-control model emphasises the interaction between an individual and its immediate work environment (Söderfeldt et al., 1996). One of its main hypotheses is that the combination of high job demands along with low job control produces psychological strain and adverse reactions like fatigue, depression and anxiety. According to Karasek & Theorell (1990) social support is a buffering factor in the inter-
action between demand and control. The concepts of ‘job demand’, ‘job control’ and ‘social support’ will be used in this discussion to describe the conditions of the welfare environment which social workers experienced.

**What kinds of job demands did social workers experience?** ‘Job demands’ reflect the amount of work required from the employee, the extent to which he/she has to work under time pressure and the degree to which the employee is expected to complete conflicting demands (Karasek & Theorell, 1990). I will use a further widening of the job demand concept by including in this concept emotional demands and the conflict between goals and reality. According to Söderfeldt et al. (1996) these dimensions could be incorporated in the job demand concept.

Social workers in public social services in Crete experienced high levels of job demands. The increasing demand for services combined with insufficient social work staff resulted in heavy and increased workload. Social workers considered workload as one of the main organisational factors causing dissatisfaction, stress and a feeling of being constantly under pressure (study 1 & study 2). The complexity of clients’ problems and emergencies demanding instant intervention made their job more difficult. The heavy workload prevented them from providing services on an individual basis (study 2). Findings also showed that social workers experienced emotional demands. The emotional demands they experienced had less to do with the nature of their work and more to do with the organisational context within social work is carried out (study 2 & study 3). They had to support vulnerable people living in poverty conditions. Due to the welfare programmes inability to cover clients’ needs they could not provide the required effective services to people facing acute problems. Their organisational role conflicted with basic professional norms; they experienced emotional demands as they tried to integrate their professional values into practice reality (study 3). According to Söderfeldt et al. (1996) emotional demands imply responsibility for the emotionally demanding situation. Most social workers accepted the moral responsibility to help people in need. As their professional orientation called for altruistic behaviour they tried to find a solution, to offer some help to people in need (study 2 & study 3). High emotional demands in themselves contributed to their emotional exhaustion.

**What kinds of job control did social workers experience?** Job control has two components. The first one is skill discretion, for example the degree to which the job involves learning knew things, novelty, absence of routinisation,
creativity and development of the individual’s special abilities. The second component is decision authority, for example the individual’s freedom to make decisions about his/her own job, influence the work group and influence the company policy (Karasek & Theorell, 1990).

As far as skill discretion that social workers had is concerned: Social service organisations in Crete did not provide social workers with opportunities and motivation for continuing education in order to acquire new knowledge. The lack of opportunities for continuing education was a main source of their dissatisfaction. Their job did not provide them with chances to develop their abilities (study 1 & study 2). Some of them referred to job routinisation and their work which “stays the same for years” (study 2). In health/mental health services where there may be competition from other professionals (e.g. physicians, psychologists) social workers’ limited specialised knowledge affected negatively their willingness to demand professional recognition (study 2 & study 3). Social workers believed that the lack of opportunities for continuing education and the lack of guidance through interdisciplinary teams or supervision in social work affected negatively their capacity for effective interventions (study 2).

As far as the decision authority that social workers had is concerned: Social workers in public social services in Crete had limited authority to make decisions about their work. They possessed low rank positions within the hierarchical structure of social welfare organisations. There were interventions in social workers’ professional sphere by administrative or organisational superiors or by more prestigious professionals such as physicians (study 2 & study 3). Role ambiguity was a source of stress for a number of social workers. Their administrative or organisational superiors had unclear expectations; they tried to assign tasks to social workers that were not within their responsibilities (study 2 & study 3) or prevented them from doing things that were part of their work (study 2). They had no power to influence the organisation’s policy. Social workers were dissatisfied with the lack of opportunities to affect programmes in order to meet clients’ needs (study 1). According to Söderfeldt et al. (1996) decision authority could be interpreted as closeness of supervision, control over resources and the availability of resources as well as ideological control. “Ideological power concerns the control over what can be imagined as resources, control over the actual operative goals of the organisations, and control over the subtle, seldom formulated premises for action” (Söderfeldt et al., 1996:1223). In social services in Crete social workers had no access to de-
cision making processes. They had no authority to affect the external forces which control the parameters of their work. Inadequate resources and heavy workload control social workers’ activities; they experienced conflicting demands over which they had little control (study 1 & study 2). According to the professional ethic of social workers’ altruism, clients’ expectations and social work practice ideologies, social workers are expected to act in relation to the people using services with empathy and care. This obligation combined with aspects over which social workers had no control such as insufficient available organisational resources, the organisation’s policy and social welfare programmes’ inability to cover clients’ needs, caused role conflicts which social workers experienced (study 2 & 3).

To what extent did social workers obtain social support? Regarding the extent to which people from their work environment provided social workers with support, respondents referred to support from other social workers and feedback/recognition from clients as supportive work elements for them (study 2). Their superiors or colleagues from other more prestigious professions were not sources of support (study 2 & study 3). Social workers referred to the “everyday struggle for professional recognition” and the “loneliness of the social worker” which sometimes was a sort of double loneliness, as social workers tried to gain respect and recognition from their superiors as well as from colleagues of other professions (study 2). The lack of guidance and support through interdisciplinary teams (either because they did not exist or because they did not function properly) as well as the lack of supervision in social work were sources of social workers’ dissatisfaction and stress (study 2). Although supervision in social work and interdisciplinary teams are not by definition supportive and could be sources of control leading to conflicts, in cases where they function properly they can provide social workers with information, guidance and support.

To sum up

Social workers experienced high levels of job demands and low job control; this level of job control was insufficient in order to cope effectively with these job demands. The combination of high job demands along with low job control resulted in social workers’ emotional exhaustion. The low level of social support experienced by social workers did not reduce the effects of the interaction between high job demands and low job control. These findings confirmed the hypotheses of the Karasek & Theorell model (1990) that the
joint effects of high job demands along with low job control produce psychological strain and adverse reactions like fatigue. Emotional exhaustion is the feeling of fatigue and lack of enthusiasm for work (Maslach & Jackson, 1986). Previous research findings had also confirmed the psychological effects of high job demands and low job control. Melamed et al. (1991) found that social workers experienced the highest burnout level under conditions of high demands, low control and low social support. The opposite was observed under conditions of low demands, high control and high support. McLean (1999) found that social services staff with low control and low job satisfaction had the highest stress levels. Social workers experienced stress due to the amount of responsibility they had without having power; they were also dissatisfied with the amount of influence they had when they thought something needed to be changed.

Social workers’ professional orientation and “the culture of silence”

Findings indicated that the most common pattern of coping with unsatisfactory organisational conditions was the active defensive kind of adjustment. Social workers adjusted their work attitudes to reflect lower expectations of their work: they mainly focused on offering clients altruistic even though temporary help; they tried to find a solution within the resource constraints they encountered (study 2 & study 3). They also emphasised their satisfaction with intrinsic work aspects in order to manage their dissatisfaction with unsatisfactory organisational conditions. Certain beliefs, such as that offering clients temporary help was the best they could do under the organisational circumstances, contributed to the forming of a dominant view: “the culture of silence” (study 2). Although social workers accepted the moral responsibility to offer people in need temporary help, they did not risk trying to change the limitations imposed by the employing agencies in order to improve the provision of social services. They accepted limitations in their work as a fixed reality. The “culture of silence” constricted actions aiming at the improvement of organisational conditions, thus allowing organisational problems and ineffective services to perpetuate.

Findings regarding social workers’ common patterns of coping confirmed that social workers working in statutory social services in Crete usually provided a first-aid service, offering clients temporarily help rather than treating their problems. In a prior research review of social welfare workers’ patterns
of stress management, Dressel (1992) mentioned that female social welfare workers rarely seek to change the stress-producing work environment. The typical coping strategies that they use to deal with job-related stress involve blaming themselves for the stress. Findings of the present thesis indicated that social workers did not try to change the conditions which caused them stress and dissatisfaction; they mainly blamed the organisational environment and not themselves for the stress. Some of them blamed themselves too because they did not try to improve their working conditions as well as the clients’ lives; all others believed that they did the best they could under the circumstances. Some social workers also blamed themselves because they had not the strength to defend their professional role.

Lipsky’s theory provided me with a useful framework for understanding social workers’ coping behaviour within the organisational context. Some of the responses which ‘street-level bureaucrats’ developed in order to cope with the difficulties of their work (Lipsky, 1980) are still relevant to the patterns of coping that social workers used in public social services in Crete. Such responses were: organising their work so they could find solutions within the resource constraints they encountered; rationalising services; considering that clients receive the best that can be provided under the specific organisational circumstances; accepting limitations in their work as a fixed reality rather than as a problem with which to grapple.

Why was there this culture of silence? There were influences on social workers’ coping behaviour which affected them so as to accept rather than challenge the limitations in their work caused by unsatisfactory organisational conditions (study 2). The professional ethic of social workers’ altruism, the gravity of clients’ problems and clients’ expectations that social workers can help them influenced social workers in a positive way in order to take the moral responsibility for helping people in need. While taking the responsibility to help people in need and working within a welfare environment which is characterised by the inability to cover clients’ needs, social workers developed an altruistic professional orientation which focused mainly on offering clients temporary help. They ended up tired of trying to offer clients some help; as a result they did not have the energy to take up efforts in order to improve organisational conditions. Moreover, organisational factors (social workers’ limited authority and the organisation’s expectations regarding social workers’ role), factors related to gender and the insufficient amount of knowledge that
respondents had acquired through educational experiences limited social workers’ ability to improve the unsatisfactory conditions. More specifically:

*The impact of organisational factors (limited authority/organisation’s expectations) on social workers’ coping behaviour.* As mentioned earlier, social workers’ efforts to carry out their professional role were challenged by administrative authorities, by organisational rules and regulations and by other professionals. Social workers enjoyed limited professional recognition. They had limited authority within the hierarchical organisational structure and limited control over their work (study 2 & study 3). The notion of hierarchy as an aspect of power in caring professions (Hugman 1991; Hasenfeld, 1983) was a fruitful approach for understanding the problems that social workers had to deal with and which were related to the low organisational positions they held. Hugman (1991) argued that power must be examined in terms of the context within which the caring professions are structured and operate. Professions almost always are not free-standing but they are located in organisational structures. Hierarchy is power and authority in the organisation, embedded in organisational language (job descriptions and so on). Hierarchical power is exercised through sets of expectations about work, about objectives, methods and so on, in a context in which some professionals are defined as having the right and the capacity to influence how that work should be undertaken. As respondents were only expected to offer clients some help and to apply social welfare programmes without having access to decision-making processes, they held low positions within the hierarchical structure of the welfare organisation and they usually were subject to administrative authority.

Social workers’ limited authority within the organisation was a crucial factor, since according to the findings of study 2 there was a double effect of this organisational factor on social workers: limited autonomy caused social workers dissatisfaction and stress (it was a causal condition); moreover, limited authority was a specific condition which influenced their coping behaviour. The limited authority as well as the organisation’s expectations regarding social workers’ role within organisational rules affected negatively their potential for intervention in order to improve the unsatisfactory conditions. Organisational superiors usually expected social workers “to apply welfare programmes according to organisational rules, without pointing out the existing problems or making proposals for taking action beyond the ordinary”. On the contrary, when they tried to make demands, the organisational superiors were dissatisfied. Since social workers had limited authority within the hierarchical struc-
ture of welfare organisations, perhaps they did not risk making claims regarding the improvement of organisational conditions in order to avoid problems in their relationship with their superiors. Previous research findings have also confirmed the influence of the low job control environment on workers’ coping behaviour. Landsbergis (1988) found that low control environment may act to reduce one’s coping abilities and motivation to improve the job situation. According to Bate (1992) the absence of job control for long periods results in ineffective responses, and a repeated failure to change situations.

**Gender and the culture of silence.** Findings indicate that gender has an impact on respondents’ work orientation; also traditional ideas regarding feminine behaviour in work issues influenced social workers’ coping behaviour. Perceptions of femininity are closely connected to the construction of gender. According to Alvesson & Due Billing (1997) the concept of ‘femininity’ can be defined as values, experiences and meanings that are culturally interpreted as feminine and typically feel ‘natural’ to or are ascribed to women more than men in the particular cultural context. The concept of ‘femininity’ was fruitful for understanding the way female social workers experienced their work conditions and how they dealt with the difficulties of their work.

The findings of study 1 showed that social workers placed less importance on work than on family; they seemed to hold rather traditional ideas of femininity associated with family orientation. The findings of study 2 indicated that for a number of female social workers their coping behaviour was influenced by traditional ideas of femininity associated with family-oriented values; they had developed a work culture that put less emphasis on work issues. This orientation limited female social workers’ ability to improve the unsatisfactory organisational conditions.

The most common patterns of coping could be related to perceptions of traditional femininity. Female social workers were mainly caring-oriented and they emphasised their satisfaction with intrinsic work aspects in order to manage their dissatisfaction with unsatisfactory organisational conditions; some of them experienced feelings of helplessness due to the limited organisational resources, the heavy workload and their limited level of autonomy. The caring-oriented woman who gains satisfaction mainly from intrinsic work aspects, who is regarded as being quiet/not active enough in order to influence the working conditions and feels unable to contribute to the improvement of the organisational conditions, reflects attributes connected with traditional femininity.
As mentioned earlier, there were many influences which discouraged social workers from participating in activities aiming to ensure the provision of appropriate social services which is part of social work’s mission. Taking no action in order to improve the organisational conditions – remaining silent – is in fact an action which can be interpreted as agreeing and not opposing.

**Methodological considerations**

Methodological triangulation was used in order to increase the trustworthiness of the study. Methodological triangulation is one of the basic types of triangulation. Denzin (1978) defines methodological triangulation as the use of multiple methods to study a single problem. In the present thesis both quantitative and qualitative research approaches were employed. By using the quantitative research (study 1) I discovered aspects of social workers’ working life that are generally true for social workers working in public social services in Crete. By using qualitative research approaches my aim was to understand each social worker’s unique work experience in depth and with a richness of detail (study 2 & study 3). Although the results from the qualitative studies (study 2 and study 3) are unique to the particular respondents and within the particular context of these studies, we could say that the results of the studies are probably relevant to other social workers working in public social services in Greece under similar circumstances. The qualitative research findings ensure strength and representativeness in relation to transferability, as qualitative approaches allow for an in-depth understanding of the phenomenon under study. Transferability in qualitative research implies that theoretical reasoning forms the basis for generalisations. The inferences are not representative from a statistical point of view, but from a theoretical, abstract one (Lincoln & Guba, 1985). According to Dehlholm-Lambertsen & Maunsbach (1997) due to the amount of detail in the qualitative data, there is a high content validity.

The quantitative and qualitative data gathered and analysed through three different research methods point to the same direction; this can be considered as a validation of the consistency of the findings. Study 1 showed that social workers were dissatisfied with organisational and extrinsic work aspects. The unsatisfactory organisational conditions were explored further in study 2. Study 3 examined social workers’ lived experiences of being in ethically difficult situations related to organisational conditions. Moreover, study 2 focused on the issue of social workers’ coping behaviour with unsatisfactory organisa-
tional conditions and study 3 on their coping behaviour with ethical dilemmas related to organisational conditions. The findings of the grounded theory (study 2) regarding the organisational sources of social workers’ dissatisfaction confirmed the results of the quantitative research (study 1). The findings of the narrative analysis (study 3) regarding social workers’ coping behaviour with ethical dilemmas related to organisational conditions confirmed the findings of the grounded theory (study 2) regarding social workers’ common patterns of coping with unsatisfactory organisational conditions.

**Implications for practice**

Findings clearly indicate that the organisational environment has a significant influence on social workers’ well-being, on their coping behaviour with the difficulties of their work as well as on the provision of social services. Social workers were found to be dissatisfied and stressed with work aspects over which they had no control, particularly those related to the organisation. The high job demands that social workers have to deal with combined with the low job control and the low support had negative effects on social workers’ well being and on their effectiveness. This work highlights the need to improve the organisational conditions of public social services in Crete. A dissatisfied and stressed social worker is unlikely to provide people in need with the best possible services. In order to improve the provided social services it is necessary to increase organisational resources, to reduce social workers’ job demands and to recognize social workers’ needs for support, professional recognition and continuing education. Providing social workers with a satisfactory level of job control will enable them to deal with the high work demands more effectively. According to Karasek (1979) giving staff more control over work enables them to deal with demands by taking personal action.

The role of social work education is important in preparing future social workers to contribute to the improvement of the welfare environment and to social workers’ professional recognition by providing them with adequate knowledge and by enabling them to understand the realities of social work practice. Moreover social work education has to promote social workers’ engagement in the critique of what counts as best practice within a welfare environment which is characterised by the inability to cover clients’ needs. According to Eadie & Lymbery (2002), while preparing students so they can become competent social workers, educational institutions have to take into ac-
count both the need to communicate the ideals and values of the profession as well as the requirement to produce practitioners who are capable of functioning productively within the organisational environment.

Suggestions for future research

Further research on social workers’ professional socialization as experienced by social work students during their professional education and by social work professionals during their working life is needed. Studies on such issues will help us obtain an understanding of the process of adjustment to the demands of social work training as well as to the demands of the work context. Understanding the process of professional socialisation and the factors that influence this process would be useful for the development of effective social work education programmes and interventions in order to prepare competent and effective professionals.
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cept, Community Initiatives, the Greek Experience and Policy Dilem-
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tidas: Simasia ke Epidrasis stin Askisi Kinonikis Politikis [in Greek]
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Appendix 1

QUESTIONNAIRE DISTRIBUTED IN THE QUANTITATIVE STUDY 1

This is a strictly personal and anonymous questionnaire. You are requested to give sincere answers to all questions since the success and accuracy of this research depend on you.

1. Gender
   - Male
   - Female

2. Age
   - Up to 29 years old
   - 30-39 years old
   - 40-49 years old
   - 50 or more

3. Family status
   - Single
   - Married
   - Widow/ Widower
   - Divorced

4. Number of children
   - None
   - 1-2
   - 3-4
   - 4 or more
5. Educational level

<table>
<thead>
<tr>
<th>Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work graduate</td>
<td></td>
</tr>
<tr>
<td>Social work degree &amp; university degree holder</td>
<td></td>
</tr>
<tr>
<td>Postgraduate degree in social work</td>
<td></td>
</tr>
<tr>
<td>Postgraduate degree (not in social work)</td>
<td></td>
</tr>
</tbody>
</table>

6. Years of unemployment before working as a social worker

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 year</td>
<td></td>
</tr>
<tr>
<td>1-3 years</td>
<td></td>
</tr>
<tr>
<td>4-6 years</td>
<td></td>
</tr>
<tr>
<td>7 years or more</td>
<td></td>
</tr>
</tbody>
</table>

7. Field of practice you work in today

<table>
<thead>
<tr>
<th>Field of Practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Delinquency Programs</td>
<td></td>
</tr>
<tr>
<td>Community Centres for the Aged</td>
<td></td>
</tr>
<tr>
<td>Social Welfare Centres</td>
<td></td>
</tr>
<tr>
<td>Programs for the Handicapped</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Other field of practice</td>
<td></td>
</tr>
</tbody>
</table>

8. Post you have in the organisation

<table>
<thead>
<tr>
<th>Post in Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work practitioner</td>
<td></td>
</tr>
<tr>
<td>Head of the S. Service Department</td>
<td></td>
</tr>
</tbody>
</table>

9. Years of work experience in your present job

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6-10 years</td>
<td></td>
</tr>
<tr>
<td>11-20 years</td>
<td></td>
</tr>
<tr>
<td>21 or more</td>
<td></td>
</tr>
</tbody>
</table>
10. Years of work experience in social work

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6-10 years</td>
<td></td>
</tr>
<tr>
<td>11-20 years</td>
<td></td>
</tr>
<tr>
<td>21 or more</td>
<td></td>
</tr>
</tbody>
</table>

11. Number of social workers in the organisation where you work

<table>
<thead>
<tr>
<th>Number of Workers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td></td>
</tr>
<tr>
<td>4 or more</td>
<td></td>
</tr>
</tbody>
</table>

12. Does the above-mentioned number of social workers cover the needs of the Organisation?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Needs are not covered, therefore social workers are under constant stress</td>
<td></td>
</tr>
<tr>
<td>Needs are partly covered, so workload is increased</td>
<td></td>
</tr>
</tbody>
</table>

13. Is there an active interdisciplinary team in the Organisation where you work?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

14. If there is an interdisciplinary team:

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular meetings of the team are held</td>
<td></td>
</tr>
<tr>
<td>Meetings are held only on special occasions</td>
<td></td>
</tr>
<tr>
<td>Members of the team co-operate occasionally</td>
<td></td>
</tr>
<tr>
<td>Other answer (define what)</td>
<td></td>
</tr>
</tbody>
</table>
15. Different people have different expectations from their job. Rate the importance each of the following aspects of work had for you.

(Rate each aspect from 1 (not at all important) to 10 (extremely important))

<table>
<thead>
<tr>
<th>Salary level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping people</td>
<td></td>
</tr>
<tr>
<td>Promotion</td>
<td></td>
</tr>
<tr>
<td>Personal growth</td>
<td></td>
</tr>
<tr>
<td>Job permanence</td>
<td></td>
</tr>
<tr>
<td>People-oriented work</td>
<td></td>
</tr>
<tr>
<td>Social status</td>
<td></td>
</tr>
<tr>
<td>Developing new skills</td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td></td>
</tr>
<tr>
<td>Self-fulfilment</td>
<td></td>
</tr>
</tbody>
</table>
16. Rate the job satisfaction in each of the following aspects of work.

Rate each aspect of work from 1(not at all satisfied) to 5(extremely satisfied)

<table>
<thead>
<tr>
<th>Aspect of Work</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with clients</td>
<td></td>
</tr>
<tr>
<td>Challenge your work provides</td>
<td></td>
</tr>
<tr>
<td>Opportunities your work provides for acquiring new skills</td>
<td></td>
</tr>
<tr>
<td>Opportunities for really helping people</td>
<td></td>
</tr>
<tr>
<td>Your feeling of self-actualisation- success as a professional</td>
<td></td>
</tr>
<tr>
<td>The field of practice you work in</td>
<td></td>
</tr>
<tr>
<td>Your effort to improve the services that the organisation provides</td>
<td></td>
</tr>
<tr>
<td>Contribution of work in your personal growth</td>
<td></td>
</tr>
<tr>
<td>The amount of authority you have been given to do your job.</td>
<td></td>
</tr>
<tr>
<td>Opportunity for involvement in decision-making</td>
<td></td>
</tr>
<tr>
<td>The sources that the organisation provides to meet the needs of the clients.</td>
<td></td>
</tr>
<tr>
<td>The possibility to affect- improve the programmes to meet the clients’ needs</td>
<td></td>
</tr>
<tr>
<td>Facilities that are provided for a comfortable work setting</td>
<td></td>
</tr>
<tr>
<td>Supervision in social work</td>
<td></td>
</tr>
<tr>
<td>Pay</td>
<td></td>
</tr>
<tr>
<td>Chances for promotion</td>
<td></td>
</tr>
</tbody>
</table>

17. Given the opportunity to start again:

<table>
<thead>
<tr>
<th>Option</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’d choose the same job I have today</td>
<td></td>
</tr>
<tr>
<td>I’d rather not work</td>
<td></td>
</tr>
<tr>
<td>I’d like to work but not as a social worker</td>
<td></td>
</tr>
<tr>
<td>I’d like to work as a social worker but not in the organisation where I</td>
<td></td>
</tr>
<tr>
<td>work now</td>
<td></td>
</tr>
</tbody>
</table>
18. You'd be able to do a better job in the post you hold now if:

(You may give as many answers as you like)

…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………

19. All in all, how satisfied would you say you are in your present job?

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Somewhat satisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
<th>Extremely satisfied</th>
</tr>
</thead>
</table>

20. All in all, how satisfied would you say you are with the organisation you work for?

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Somewhat satisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
<th>Extremely satisfied</th>
</tr>
</thead>
</table>

21. All in all, how satisfied would you say you are with social work practice in Greece?

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Somewhat satisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
<th>Extremely satisfied</th>
</tr>
</thead>
</table>
22. Rate the importance the following items have for you

Rate each item from 1 (not at all important) to 5 (extremely important)

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Social relations – friendship</td>
<td></td>
</tr>
<tr>
<td>Social action</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2

### EXAMPLE OF OPEN CODING

Provisional category: STAFFING OF SOCIAL SERVICES

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAFFING OF SOCIAL SERVICES</td>
<td>Kind of staffing</td>
<td>Social workers</td>
</tr>
<tr>
<td></td>
<td>Number of social workers</td>
<td>Insufficient</td>
</tr>
<tr>
<td></td>
<td>Number of social workers who have</td>
<td>Very few</td>
</tr>
<tr>
<td></td>
<td>been appointed in the last decade in</td>
<td>Austerity policy</td>
</tr>
<tr>
<td></td>
<td>social services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cause of insufficient staffing</td>
<td></td>
</tr>
</tbody>
</table>

Provisional category: PEOPLE SEEKING HELP FROM SOCIAL SERVICES

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOPLE SEEKING HELP FROM SOCIAL</td>
<td>Number</td>
<td>Increasing</td>
</tr>
<tr>
<td>SERVICES</td>
<td>Cause of increasing number of clients</td>
<td>Austerity policy/ Increasing levels of social inequalities</td>
</tr>
</tbody>
</table>
Provisional category: WORKLOAD

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKLOAD</td>
<td>Number of social workers who complained with workload</td>
<td>All respondents (16) except those working in Juvenile Courts (2)</td>
</tr>
<tr>
<td></td>
<td>Number of cases</td>
<td>Many...Too many</td>
</tr>
<tr>
<td></td>
<td>Level/amount of workload</td>
<td>Heavy/increasing, varied by field of practice</td>
</tr>
<tr>
<td></td>
<td>Variation</td>
<td>(heavy...very heavy...extremely heavy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heavy for those working in Community Centres for the Aged/ very... extremely heavy for those working in all other social services.</td>
</tr>
</tbody>
</table>

Provisional category: THE NATURE OF CLIENTS’ PROBLEMS

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE NATURE OF CLIENTS’ PROBLEMS</td>
<td>Nature of problems Frequency Field of practice Kind of intervention required in urgent problems</td>
<td>Urgent cases/ complicated problems of multi-problems families Often Especially in Social Welfare Centres and Health/Mental Health Services Immediate Continuous and multiple interventions since problems were complex</td>
</tr>
</tbody>
</table>
Provisional category: SOCIAL INEQUALITIES

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL INEQUALITIES</td>
<td>Level</td>
<td>Increasing</td>
</tr>
<tr>
<td></td>
<td>Cause of social inequalities</td>
<td>Austerity policy</td>
</tr>
<tr>
<td></td>
<td>Effect</td>
<td>Increasing number of people seeking help from social services</td>
</tr>
</tbody>
</table>

Provisional category: WAYS OF DEALING WITH HEAVY WORKLOAD

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAYS OF DEALING WITH HEAVY WORKLOAD</td>
<td>Number of cases</td>
<td>Many</td>
</tr>
<tr>
<td></td>
<td>Available time</td>
<td>Little</td>
</tr>
<tr>
<td></td>
<td>Kind of intervention</td>
<td>Superficial/ Partial</td>
</tr>
<tr>
<td></td>
<td>Goal</td>
<td>To see to as many cases as possible</td>
</tr>
<tr>
<td></td>
<td>Kind of intervention</td>
<td>Rating cases in order of importance</td>
</tr>
<tr>
<td></td>
<td>Goal</td>
<td>To see those cases that are more urgent</td>
</tr>
</tbody>
</table>

Provisional category: PRESSURE/STRESS FELT BY SOCIAL WORKERS

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESSURE/STRESS FELT BY SOCIAL WORKERS</td>
<td>Kind of pressure</td>
<td>Psychological</td>
</tr>
<tr>
<td></td>
<td>Number of social workers</td>
<td>14 respondents out of 16 respondents</td>
</tr>
<tr>
<td></td>
<td>Cause of pressure</td>
<td>Heavy and increased workload</td>
</tr>
<tr>
<td></td>
<td>Intensity</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>Constant/permanent</td>
</tr>
</tbody>
</table>
Provisional category: DISSATISFACTION FELT BY SOCIAL WORKERS

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISSATISFACTION FELT BY SOCIAL WORKERS</td>
<td>Number of social workers</td>
<td>14 out of 16 respondents</td>
</tr>
<tr>
<td></td>
<td>Cause of dissatisfaction</td>
<td>Heavy and increased workload</td>
</tr>
<tr>
<td></td>
<td>Intensity</td>
<td>Varied by field of practice (very dissatisfied….extremely dissatisfied).</td>
</tr>
<tr>
<td></td>
<td>Variation</td>
<td>Those working in Community Centres for the Aged were very dissatisfied, all those working in other social services were extremely dissatisfied</td>
</tr>
</tbody>
</table>

Provisional category: HELPLESSNESS

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELPLESSNESS</td>
<td>Number of social workers</td>
<td>7 out of 16 respondents</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Source</td>
<td>Heavy and increased workload</td>
</tr>
<tr>
<td></td>
<td>Kind of feelings</td>
<td>Feeling unable to deal with the amount of work</td>
</tr>
</tbody>
</table>
Provisional category: LIMITED EFFECTIVENESS

<table>
<thead>
<tr>
<th>SUBCATEGORY</th>
<th>PROPERTIES</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIMITED EFFECTIVENESS</td>
<td>Effectiveness of social workers' intervention</td>
<td>Limited</td>
</tr>
<tr>
<td></td>
<td>Cause of limited effectiveness</td>
<td>Heavy and increased workload</td>
</tr>
<tr>
<td></td>
<td>Feelings</td>
<td>Disappointment/ frustration</td>
</tr>
</tbody>
</table>
APPENDIX 3
EXAMPLE OF AXIAL CODING: THE WORKLOAD AS SOURCE OF SOCIAL WORKERS’ DISSATISFACTION

CAUSAL CONDITIONS
- Insufficient social work staffing of social services
- People seeking help from social services

PHENOMENON
- Heavy and increased workload

CONTEXT
- The nature of clients’ problems

STRATEGIES
- Social workers’ ways of dealing with heavy workload

CONSEQUENCES
- Pressure/ stress
- Disatisfaction
- Helplessness
- Limited effectiveness

INTERVENING CONDITIONS
- Increasing level of social inequalities