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A Three-Year Comparison of Global Social Worker Working Conditions

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Abstract

Social workers play a vital role in the lives of some of the most vulnerable people around the world. However, evidence increasingly shows that social workers across the world are exposed to chronically difficult working conditions. This study seeks to outline the influence of working conditions on wellbeing of social workers worldwide, and compare whether working conditions and wellbeing changed across a three-year period via a two-phase cross-sectional survey. The survey aimed to measure these working conditions and wellbeing at a national level across the world. Results demonstrated significant differences in six of seven conditions measured, with each of demands, control, role understanding, change communication, and psychological wellbeing worsening across time. These changes were particularly mirrored in European social workers. However, North American social work respondents saw improvements in role understanding and relationships with colleagues. Policy makers, professional organisations and employers need to pay attention to these findings and consider methods to be undertaken which can improve on these findings, because without improvements we will see declining working conditions and wellbeing in the sector, with all of the knock-on effects on vulnerable individuals and families that go along with the decline.

Keywords: global; social work; survey; wellbeing; working conditions

Teaser Text: Social workers have an impact on the individuals and families that they work with, as well as having positive impacts on the societies that social work is practiced in. Similarly, good working conditions and wellbeing in social work not only have a positive impact on service users, but also mean better working lives for social workers themselves. Unfortunately, research is continually showing that social workers around the world have poor working conditions. The aim of this paper is to outline the findings of a global survey looking at working conditions and wellbeing in social workers, and compare these findings to those from three years ago. We found that both working conditions and wellbeing in social workers across much of the world has gotten worse over the last three years, with these working conditions also affecting psychological wellbeing. We argue that both employers and policy makers need to take heed of these findings, because worse working conditions and wellbeing for social workers also means poorer outcomes for the service users they work so hard to support.

A Three-Year Comparison of Global Social Worker Working Conditions

Social work is a vital profession globally, supporting the health and care needs of some of the most vulnerable people in society. Evidence is increasingly demonstrating that investment in social work - and social care more widely - is also good for the wider society within nations. For example, Stuckler and Basu (2014) found that, through reduced crime rates, improved health outcomes, and greater participation in education and work, each dollar spent on social services led to a three dollar return. Social work is therefore essential not just for those who are recipient of the support provided, but for society as a whole. However, social work is increasingly being shown to be a difficult profession to work within, characterised by poor working conditions, relatively poor levels of psychological wellbeing and outcomes such as intentions to leave the profession and poor job satisfaction (e.g. **Ravalier, 2019**). Evidence is also showing that these conditions are similar across the world (**Ravalier et al., 2023**), but more information is needed.

This paper aims to demonstrate the changing working conditions of social workers from across the world over a period of 3 years.

Health and Wellbeing at Work

There is a wealth of evidence which demonstrates the potentially deleterious effects of chronically poor workplace and working conditions on the psychological and physiological health and wellbeing of employees. Niedhammer et al. (2021) conducted a meta review of systematic reviews looking at the association between the psychosocial work environment and health outcomes, and found general associations between the work environment and both cardiovascular disease and mental disorders such as depression. Griffiths et al. (2024) used biomarker research methods to examine the impact of prolonged stress in child welfare social workers in US to evidence the negative impact on the Autonomous Nervous System and a reduction on relaxation showing reduced wellbeing and health impacts during the study period. Similarly, Rosengren et al. (2004) found that work stress was as much of a risk factor for the development of cardiovascular disease as well publicised risks such as high blood pressure and smoking. A further large and influential study by Chandola et al. (2006) also concluded that chronically poor working conditions were associated with the development of disorders such as metabolic syndrome, which is a risk factor for the development of Type 2 diabetes. The workplace, and psychosocial working conditions in particular, therefore have the potential to play an important role in the health and wellbeing of employees.

Working Conditions, Wellbeing, and Organisational Outcomes

In 2004, the United Kingdom's (UK) Health and Safety Executive (HSE) released a set of standards, known as the Management Standards approach, design to help organisations and organisational leaders support and manage the psychosocial hazards (or working conditions) associated with work (Cousins et al., 2004). Based on an extensive literature review, these standards suggest that should working conditions be left in a chronically poor state over an extended period of time, then these working conditions will have a deleterious effect on employee psychological and physiological health and wellbeing. The Management Standards suggest that there are seven distinct working conditions which need to be paid attention to: demands, control, managerial support, peer support, relationships, role, and change (Cousins et al., 2004). Alongside the Management Standards approach, the HSE

also released an 'indicator tool', or a survey tool designed to measure and compare against benchmark scoring these seven working conditions.

Research across a variety of sectors, job roles, and geographical locations increasingly supports the Management Standards argument that consistently poor working conditions lead to negative individual and organisational outcomes. For example, Wilberforce et al. (2014) demonstrated that individuals in jobs which were replete with high levels of work pressures and a lack of autonomy had a greater level of dissatisfaction in the role. Turnover intentions - or intentions to leave either an employees' current role (migration) or the profession altogether (attrition) - is the strongest predictor of actual turnover (Griffeth et al. 2000). **Ravalier et al. (2021)** have consistently demonstrated high levels of turnover intentions in social work, with these intentions strongly predicated by poor working conditions and burnout (**5, 6**) Presenteeism (continuing to work while so ill an individual should take time off; **Ravalier, 2019**), and many other individual and organisational outcomes have all been shown to be strongly associated with chronically poor working conditions. Working conditions therefore are important considerations for individuals and organisations alike.

Working Conditions and Wellbeing in Social Work

Social work is a demanding profession. While extremely rewarding when going well, research from across the world is continually showing that it is among the most stressful of any professions. For example, seminal research from the UK by **Ravalier (2019)**, **Ravalier et al. (2021)**, and **Ravalier et al. (2023)** has demonstrated that, in comparison to other professions, social work working conditions are among the worst of all occupations. This is particularly shown in that working conditions scoring were in the bottom 25th percentile at best - worse than up to 75% of those in benchmark samples. Similar evidence from the United States (Lloyd et al., 2002), Turkey (Yurur and Sarikaya, 2012), and others have all demonstrated that these working conditions are often difficult, no matter where in the world they are working. However, a review by **McFadden et al. (2015)** found that while similar themes emerged from social work workforce and working conditions research, most of the studies were conducted in the United States, Canada, Ireland, Sweden, and the United Kingdom.

Working conditions are important to consider in social work because, while research is still relatively minimal, it is increasingly being shown that poor working conditions and employee wellbeing impact upon social work practice. Since 2019, **Ravalier (2019)** and colleagues have been warning of high levels of intentions to leave the social work profession, and the UK currently has amongst the highest ever levels of attrition (i.e. leaving the profession altogether) rate ever recorded, and even high migration from one social work role to another (gov.uk, 2022). MacLachlan et al., (2023) evidence that newly qualified social workers are intending to leave the profession altogether, more than more experienced social workers, at a rate of seven to one. These high turnover intention rates, in addition to high levels of stress-related sickness absence, interrupt the relationship formation between social workers and service users, risking a loss of trust in both individual workers and the social work profession altogether (Gibbs, 2009). Similarly, Flower et al. (2005) found that children who had more than one social worker were up to 60% less likely to find a permanent placement. Social worker working conditions are therefore impactful on individual social workers, social work employers, and the recipients of the social workers' work.

Furthermore, in 2021, **Ravalier et al. (2022)** completed the first in ongoing biannual global surveys of social worker working conditions and wellbeing. This again suggested that, compared to a UK national benchmark sample, working conditions for social workers across the world were extremely poor. This project outlines the findings of the second biannual survey, and seeks to compare scoring across the three years of the project.

Wellbeing at Work: The Job Demands-Resources Model

The Job Demands-Resources (JDR) model of wellbeing (Bakker et al., 2003) at work is one of many theories which have been applied to the understanding of employee psychological health and wellbeing. It is underlined by the understanding that all jobs and roles have particular characteristics which may act as risk factors or buffers toward the psychological wellbeing of employees at work, and that all of these fit into one of two generic categories: either job demands or job resources (Bakker and Demerouti, 2007). Demands refer to the aspects of the role, whether they are physical, psychological, social, or organisational, which require sustained effort or skills, and thus add to the experience of stress at work. Examples of job demands include work pressure and workload, the physical work environment, and roles which are emotionally demanding. Resources are those physical, psychological, societal, or organisational aspects of job which buffer against the experience of work demands. This can include supporting workers to achieve occupational goals, reducing demands, or stimulating personal growth. Examples, therefore include, pay, peer/managerial support, autonomy, and performance feedback. The model therefore suggests that a chronic mismatch between the demands expected of a worker to the resources available can lead to negative wellbeing and related outcomes (i.e. sickness absence, burnout, dissatisfaction, turnover).

As noted above, the model is widely used across much wellbeing literature and research, including when contextualising research into social worker psychological health, wellbeing, and working conditions (e.g. Lesener et al., 2018). However, the approach has been critiqued for being too simplistic, and a very broad 'catch all' for any and all things wellbeing-related in organisations (Scanlan and Still, 2019). This is also seen as a strength of the model - a range of working conditions can be included which otherwise may be missed in more specific models such as the Job Demands-Control-Support model. As such, the JDR is a good theoretical framework within which to underpin the current project. Research has shown that social workers in different parts of the world can have different pressures placed upon them, and thus the JDR can be used to better understand these pressures and how they may differentially affect individuals in different geographical regions.

Aims and Research Questions

The overall aim of this research therefore is to provide an overview of working conditions in social work around the world, and chart differences across a period of three years.

Research Question 1: What are the characteristics of working conditions and wellbeing for social workers from across the globe post-2019?

Research Question 2: Have the working conditions and wellbeing of social workers across the globe, and different regions of the world, changed since the beginning of the pandemic?

Research Question 3: Which working conditions are most impactful on wellbeing in different regions of the world?

Research Question 4: How do social workers' perceptions of their remuneration differ across the globe?

Methodology

Methods and Participants

A two-wave cross-sectional design consisting of demographic, working conditions, psychological wellbeing, and whether pay is commensurate with other, similar, occupations. The presented article therefore outlines the findings from a series of bi-annual global social worker working conditions surveys led by Ravalier et al. (2022), using methods similar to Ravalier et al. (2022). This, and the anonymity/confidentiality of the project, means that data is collected from social workers across the world via a dedicated promotion strategy (see below). However, individual social workers were not targeted for data collection meaning there is no way to determine whether they same or different social workers responded across different time points. The study was originally conceived out of the global agenda for social work's cross-cutting theme of workforce environment (Ravalier et al., 2022), and the United Nations Research Institute for Social Development observation that there is a lack of global data on the social work workforce. Ethical approval was gained from the Bath Spa University research ethics board.

Data were collected by working with members of professional social work organisation from across the world which are affiliated with the International Federation of Social Work (IFSW). IFSW distributed the survey to these professional organisations using onlinesurveys.ac.uk links (different links per translation), who subsequently promoted the survey via social media and word of mouth to members within their locality. The survey was available in five languages: English (n=1121), French (n=315), Spanish (n=173), Latvian (n=243), and Polish (n=506), with respondents able to answer the survey in any one of these languages.

Data were collected across two time phases: Phase 1, open November 2019 to March 2020, and Phase 2, open November 2021 to March 2022. At Phase 1, 3,517 responses were collected and at Phase 2, 2,358. Table 1 below outlines the demographic data of respondents. Results have also been broken down by the five IFSW regions (Africa, Asia/Pacific, Europe, South America and Caribbean, and North America).

Table 1: demographic representation of respondents.

Survey Phase	Region	n	Median Age	Gender (%)		Social Worker? (%)	Degree educated or above (%)	Median Experience
				Male	Female			
Phase 1	All respondents (n=3517)	—	34-37	11	88.4	77	82.7	1-6 years
Phase 2	All respondents (n=2358)	—	42-45	14.0	85.4	80.8	91.7	4-6 years
Phase 1	Africa (n=81)		30-45	45.5	54.5	69.0	93.1	1-9 years
Phase 2			42-45	45.7	54.3	60.5	92.5	10-12 years

Phase 1	Asia/Pacific (n=126)	All respondents	34-41	24.2	75.0	62.4	97.0	1-9 years
Phase 2			42-45	30.6	69.4	48.4	88.9	4-6 years
Phase 1	Latin America & Caribbean (n=63)	All respondents	30-45	11.6	87.8	68.6	92.9	1-9 years
Phase 2			50-53	19.0	81.0	66.1	88.9	21+ years
Phase 1	Europe (n=1811)	All respondents	30-41	8.6	91.0	80	79.6	1-6 years
Phase 2			38-41	12.3	86.9	86.5	90.9	1-3 years
Phase 1	North America (n=249)	All respondents	26-37	9.6	87.7	69.5	94.5	1-6 years
Phase 2			34-37	7.3	92.7	68.5	97.6	4-6 years

Table 2 outlines the demographic information for countries within regions in which at least 30 responses were obtained. The table demonstrates that only countries in Europe and North America received at least 30 responses at Phase 2 (for more detail on Phase 1, see **Ravalier et al., 2022**).

Table 2: Demographics of respondents at Phase 2 broken down by country where 30 or more respondents completed the survey.

Region	Country	n	Median Age	Gender (%)		Social worker? (%)	Degree educated or above (%)	Median Experience
				Male	Female			
Africa	Nigeria	33	42-45	36.4	63.6	63.6	100.0	10-12 years
Europe	Austria	61	26-29	23.0	75.4	85.2	96.7	1-3 years
	France	40	34-41	7.5	92.5	80.0	71.8	4-6 years
	Ireland	49	42-45	22.4	77.6	73.5	100.0	1-3 years
	Israel	30	30-33	13.3	86.7	73.3	100.0	1-3 years
	Latvia	226	42-53	1.3	98.7	75.8	89.8	4-6 years
	Poland	467	38-41	10.4	88.7	92.8	92.8	13-15 years

	Spain	112	42-45	15.2	83.9	90.0	87.5	1-3 years
	Switzerland	138	42-45	25.4	74.6	70.8	87.0	1-3 years
	United Kingdom	1121	42-45	11.0	84.0			1-3 years
North America	Canada	130	38-41	6.2	93.8	80.0	100.0	4-6 years
	USA	115	34-37	8.8	91.2	31.6	51.8	1-3 years

Materials

Psychometrically valid and reliable measures of working conditions and wellbeing were used to assess Research Questions 1 and 2, demographic questions to support Research Question 3, and single-item measures for Research Question 4. While we understand that there are going to be important local and national contextual differences between and within nations and global regions, we are using measures which have been validated in numerous international contexts.

Working conditions were measured using a 25-item shortened version of the Management Standards Indicator Tool (Edwards and Webster, 2012). This tool has been used with social workers across the UK in a number of studies (e.g. **Ravalier, 2019; Ravalier et al. 2021**) and the globe (**Ravalier et al., 2022**), as well as in other countries and translations (e.g. Bruschini et al., 2018; Boyd et al., 2016). The 25-item version of the tool was chosen due to have solid psychometric properties while also being shorter to complete. All responses are given on a 5-point Likert scale, with the first 15 responses from 1 (never) to 5 (always), and the remaining 10 from 1 (strongly disagree) to 5 (strongly agree). The seven factors which make up the tool are: demands, control, managerial support, peer support, relationships, role, and change. Edwards and Webster (2012) demonstrated that the factorial structure and reliability estimated of the 25-item measure were both appropriate and comparable to the longer 35-item version. Scoring is reversed on both the demands and relationships items, with higher scoring indicative of better working conditions. Within our sample, cronbach's alpha measures on demands, control, managerial support, peer support, role, and change variables were all 0.7 or above. However, the relationships variable scored at 0.4 indicating an issue with reliability in this measure.

Mental Wellbeing: the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) was used to assess mental wellbeing (Tennant et al., 2007). This measure uses 14 positively-phrased items to measure positive affect, psychological functioning, and interpersonal relationships. Items are responded to using a 5-item Likert scale, ranging from 1 (none of the time) to 5 (all of the time), with higher total scoring indicative of better psychological wellbeing. The tool is again inherently valid and reliable, and has been used across a number of occupational and clinical settings, and with the general populations of Ireland (Lloyd and Devine, 2012) and Spain (Castellvi et al., 2013) among others. Cronbach's alpha scoring was acceptable, at 0.9 with this measure.

Analytical Strategy

Data were analysed using the Jamovi 2.2.5 statistical analysis software package. Firstly, descriptive statistics were calculated in order to make comparisons across region in this second survey. Hierarchical linear regression was then undertaken to determine the influence of working conditions on wellbeing at a global, regional, and national level. Furthermore, t-tests were conducted to look for statistical (or otherwise) differences in working conditions and wellbeing across the two phases of the project again at a global, regional, and national level. Mean group-level scoring is analysed because we do not know whether the same (or different) respondents took part in each research phase.

Results

In total, 5,875 respondents completed the whole survey across the two time points, with respondents from across all five geographical regions, 3517 respondents at timepoint 1 and 2358 at timepoint 2. Across both timepoints, the majority of respondents were based in the European region.

Table 3: Mean and standard deviation scoring on working conditions measures for all participants and separated by geographical region.

		Demands (SD)	Control (SD)	Managerial Support (SD)	Peer Support (SD)	Relationships (SD)	Role (SD)	Change (SD)
All respondents	2019	3.12 (.85)	3.40 (.77)	3.12 (.92)	3.68 (.79)	3.89 (.88)	4.07 (.73)	2.77 (.89)
	2022	2.94 (.93)*	3.34 (.81)*	3.19 (.96)*	3.68 (.77)	3.98 (.92)*	3.97 (.80)*	2.74 (.93)*
Africa	2019	3.14 (.80)	3.11 (.88)	3.21 (.80)	3.63 (.71)	3.78 (.92)	4.31 (.79)	2.96 (.85)
	2022	2.98 (.82)	3.23 (.84)	3.05 (.85)	3.48 (.82)	3.80 (.95)	4.24 (.83)	2.88 (.93)
Asia/Pacific	2019	3.05 (.89)	3.40 (.87)	3.26 (.93)	3.68 (.79)	3.90 (.95)	3.98 (.79)	2.86 (.96)
	2022	3.25 (.96)	3.47 (.78)	3.27 (.92)	3.57 (.85)	4.04 (.92)	4.16 (.76)	3.06 (.88)
Europe	2019	3.12 (.84)	3.44 (.76)	3.12 (.90)	3.73 (.76)	3.94 (.83)	4.02 (.71)	2.76 (.87)
	2022	2.92 (.93)*	3.33 (.81)*	3.14 (.97)*	3.70 (.75)	3.98 (.90)*	3.93 (.80)*	2.72 (.93)*
Latin America & Caribbean	2019	3.14 (.91)	3.27 (.63)	2.95 (.99)	3.37 (.94)	3.59 (1.06)	4.42 (.70)	2.73 (.96)
	2022	2.89 (.97)	3.35 (.60)	2.90 (.89)	3.31 (.78)	3.48 (1.05)	4.15 (.77)	2.64 (.90)
North America	2019	2.86 (1.00)	3.10 (.84)	2.98 (1.02)	3.50 (.83)	3.77 (1.05)	3.89 (.91)	2.52 (1.03)
	2022	2.95 (.96)	3.40 (.83)	3.22 (.97)	3.76 (.80)	4.13 (.92)*	3.98 (.73)*	2.70 (.92)

*Indicates significant difference in scoring between the two surveys.

Mean WEMWBS scoring across all participants at Time 1 was 47.92, compared to 45.92 in Time 2. Mean WEMWBS scoring among African respondents was 52.11 (Time 2) and 50.75 (Time 1); 47.66 (Time 1) and 48.43 (Time 2) for Asia/Pacific respondents; 51.22 (Time 1)

and 47.44 (Time 2) for Latin America/Caribbean participants), 47.46 (Time 1) and 45.38 (Time 2) in Europe, and finally 44.16 (Time 1) and 46.47 (Time 2) in North America.

Differences Across Time

As noted above, a series of independent samples t-tests were conducted in order to determine whether there had been significant changes in working conditions and wellbeing across the two time points, both for all participants and when separated by geographical location. Across all participants, significant differences in working conditions were found between each of Demands ($t(5812)=7.27$, $p<.001$), Control ($t(5809)=2.94$, $p<.001$), Managerial Support ($t(5808)=-2.80$, $p<.001$), Relationships ($t(5814)=-3.61$, $p<.001$), Role ($t(5808)=4.83$, $p<.001$), and Change ($t(5800)=1.24$, $p<.001$). WEMWBS scoring was also significantly different ($t(5803)=8.62$, $p<.001$). High scoring on each of these factors is indicative of better working conditions/wellbeing. As such, while the global experience of managerial support and relationships improved across the two surveys, each of demands, control, role, change, and mental wellbeing all significantly deteriorated.

However, among African, Asian/Pacific, and Latin American/Caribbean respondents there were no significant differences found between any of the working conditions measures nor in psychological wellbeing. Among North American respondents the only significant changes between Time 1 and Time 2 was in Relationships ($t(320)=-2.85$, $p<.05$) and role ($t(320)=-.82$, $p<.05$). Within the European sample significant differences were found between six of the seven working conditions measures as well as wellbeing. As such Demands ($t(4456)=7.66$, $p<.001$), Control ($t(4456)=4.54$, $p<.001$), Role ($t(4457)=3.96$, $p<.001$), Change ($t(4455)=1.69$, $p<.001$), and psychological wellbeing ($t(4456)=8.16$, $p<.001$) all significantly worsened between Times 1 and 2, and both Managerial Support ($t(4457)=-1.93$, $p<.001$) and Relationships ($t(4457)=-.172$, $p<.001$) each significantly improved.

Regression Analyses

Regression analyses were also undertaken in order to determine the most influential factor on wellbeing among the sample as a whole, and when separated by geographical region. All six regression models were significant at $p<.001$ (see Table 4). Across all participants the model accounted for 36% of variance, with all but managerial support significantly influencing wellbeing. In African respondents 53% of the variance was accounted for by just two significantly related factors: peer support and role, with 55% of the variance in Asia/Pacific respondents by peer support and role. Role was the only factor significantly related to wellbeing in Latin America/Caribbean respondents, accounting for 22% of the variance, and each of control, peer support and role in North America (37% of variance). Finally, all psychosocial hazards apart from managerial support played a part in the European respondents, explaining 38% of the variance in the regression model.

Table 4: Regression outcomes looking at the impact of working conditions and wellbeing for all participants and separated by geographical region.

	Significantly related factors	Coefficient estimate (B)	t	p	Adjusted R ²
All Participants	Demands	2.60	13.45	<.001	.36

Restricted - Other

	Control	1.60	6.41	<.001	
	Peer Support	1.48	5.83	<.001	
	Relationships	-.85	-4.30	<.001	
	Role	2.18	9.60	<.001	
	Change	1.36	5.88	<.001	
Africa	Peer Support	.50	3.91	<.001	.53
	Role	.29	2.86	<.05	
Asia/Pacific	Demands	4.04	5.05	<.001	.55
	Role	2.66	2.63	<.05	
Latin America and Caribbean	Role	5.51	3.69	.001	.22
Europe	Demands	2.64	11.95	<.001	.38
	Control	1.76	6.20	<.001	
	Peer Support	1.52	5.20	<.001	
	Relationships	-1.00	-4.39	<.001	
	Role	1.80	6.98	<.001	
	Change	1.40	5.31	<.001	
North America and Canada	Control	1.61	2.27	<.05	.37
	Peer Support	1.81	2.45	<.05	
	Role	1.92	2.76	<.05	

Discussion

The aim of this research was to outline the working conditions and wellbeing of social workers from across the world in 2021, and compare these working conditions to three years previously. Firstly, analysis of differences in scoring across the two time periods demonstrate that, both for all participants and those based in Europe, six of the seven working conditions measured were significantly changed in 2021 than in the years previous, as well as psychological wellbeing. In particular, the demands/workload experienced at work, the amount of autonomy social workers have at work, the understanding of their own role within the organisation, and how change is communicated, all significantly worsened across time. Additionally, respondents' psychological wellbeing also got poorer. However, the support received from management at work as well as relationships with colleagues and peers all significantly improved. Across the globe therefore, mirrored in European respondents, there is a clear changing landscape of working conditions, although psychological wellbeing seems to be becoming increasingly poor. However, no differences were found in either the working conditions or wellbeing measures in either the Asia/Pacific or Latin America/Caribbean regions. Finally, North American respondents' role and relationships scored significantly better in Time 2 than Time 1.

When compared to UK-wide benchmark data however, these findings become increasingly stark. It is widely accepted that social workers based in the UK have amongst the poorest working conditions of any other occupation, when compared to benchmark data (Edwards and Webster, 2012). Although appreciating cultural and other differences, when comparing these findings to a UK sample (see **Ravalier et al., 2022**), each of managerial support, peer support, and relationships had a mean score lower than that of a UK social worker sample. This is striking because, when compared to a benchmark sample, UK social worker scoring on peer support and relationships scored worse than 75% of the benchmark sample, and managerial support worse than 90% of this sample.

When compared to UK-wide benchmark scoring, control and role understanding scored better than just 25% of the nationally representative sample, change 10%, and demands 5%. This therefore indicates whether a particular working condition measure has gotten better or worse between the two measurement points within this paper, working conditions are consistently and persistently poor across the world. Similarly, when broken down by geographical region, neither Europe nor North America had any working conditions which scored in the top 50% when compared to this benchmark. African and Latin American/Caribbean social workers' role scored greater than 75% and 50% respectively, and in Asian countries each of control, role, and change scored in the 50th percentile (better than 50% of the benchmark sample). All other working conditions measures, in all regions, scored in the 25th percentile or lower - worse than 75% or greater of the benchmark sample. Again, this demonstrates that across the globe social workers psychosocial working conditions are continually poor and in need of addressing.

Findings from the regression analyses indicated that respondents' understanding of their role within their given organisation, with 'role' being the only factor which significantly influenced wellbeing across every global region (and, in fact, was the only significant factor with Latin American and Caribbean social workers). The 'role' factor within the management standards is defined as 'whether people understand their role within the organisation and whether the

organisation ensures that the person does not have conflicting roles' (Health and Safety Executive, n.d.). Social workers often have conflicting roles and duties. Indeed, it is argued that these conflicting roles mean that social workers should be 'radical' or even 'deviant' in their practice in order to ensure the best outcomes for their service users, but potentially this means their role is widespread and difficult to keep a clear handle on (Carey and Foster, 2011).

Among African, Asia/Pacific, and North American social work respondents, three factors were otherwise impactful on wellbeing in addition to role. Among African and North American respondents, peer support, defined as the support and encouragement received from colleagues (HSE, n.d.), was impactful on wellbeing. Extant literature has demonstrated the impact of support from colleagues is an important buffer toward the experience of negative wellbeing (Cleary et al., 2014), and has been the route of a number of interventions aimed at support and improving mental health both at work and elsewhere (Maddock, 2023). As such, this is an important finding which needs to be addressed within the African and North American context. Also impactful in North American social workers was control - or the amount of autonomy available to employees at work - was also negatively impactful on wellbeing. Control and a sense of community through colleagues were also found to be an important variable in research examining burnout and resilience using path analysis to understand areas of work life, burnout and resilience (McFadden et al., 2018) and the role of relationships at work was also evidenced as a 'buffer to burnout' in a qualitative study with leavers and stayers in child protection social workers (McFadden, 2020).

With social work respondents from the Asia/Pacific region, demands (i.e. qualitative and/or quantitative workload) was closely associated with mental wellbeing, alongside role. Demands are a well-known source of stress at work (McFadden et al., 2018). While in UK social work these demands are related to caseloads and administrative loads (e.g. Ravalier, 2019), there is a lack of depth of research investigating the types of demands international social workers are exposed to. As such, with continued and chronic stress potentially leading to negative outcomes, social workers in the Asia/Pacific region need support in this area. Finally, European social workers' wellbeing was influenced by five working conditions (inclusive of role): demands, control, peer support, and relationships. The relationships measure looks at positive working practices, which then avoid conflict and how the employing organisation deals with unacceptable behaviours. It would appear, therefore, that European social workers have a broad spectrum of difficulties at work, each of which need addressing in order to support healthy working practice within the vital occupation.

The JDR separates work conditions into demands (which add to the experience of stress and ill-wellbeing) and resources (which buffer against the effects of demands), and if there is an imbalance between too many demands and not enough resources then negative outcomes may occur (Bakker and Demerouti, 2007). Working conditions which could be described as demands, which significantly affected wellbeing, were demands, relationships, and role. However, control and peer support could also be described as resources which buffer against these demands.

Demands, control, and support are key tenets of the Job Demands-Control-Support (JDCS) model of workplace stress and wellbeing (Karasek and Theorell, 1990). In particular, jobs which are replete with a combination of chronically high demands (workload), poor control

over the way that work is conducted (autonomy), and a lack of peer support, are more likely to lead to employees which have poorer health-related work outcomes. While the JDCS is a relatively limited model in that it only assesses three working conditions, the findings of this paper suggest that it still has some utility. This can be seen in that each of peer support, demands, and control play a part in the experience of stress for many.

Limitations and Strengths

As Table 2 demonstrates, only a number of countries within North America and Europe had at least 30 completions, meaning that we have only reported demographics for these countries. This outlines the need for a wider global and geographical reach for this ongoing project. Even though both the first and second phases are in effect pilot studies, preparing for broader role out in 2023/24, the findings do need to be taken with some caution because of the lack of geographical reach. This also means that the paper cannot be argued to be representative, although it is one of the largest worldwide projects of its kind ever undertaken into the social work profession. Similarly, although the survey was distributed across five languages, again this cannot be argued to be representative and does not take into account important and influential cultural and contextual considerations which are going to be relevant across the world.

Although the surveys were translated and back translated both by native speakers and then by using Google Translate, the broad range of languages used may mean that some context is lost in the survey. This may be reflected in that one of the variables used to measure working conditions (relationships) had poor reliability outcomes, whereas it has had positive outcomes in numerous other studies in local, national, and international studies. Despite this, the survey tools used have been successfully translated into and validated in a number of languages, which reduces this potential. There is also the potential for differences in frameworks for employment of social workers in different countries and regions around the world, which is difficult to have taken into account within the current project.

However, respondents are primarily frontline social workers employed in different countries and regions around the world. This is only the second such study of its kind, and thus adds vital evidence to an otherwise sparse literature base. We also heard from otherwise previously unresearched areas of the world. Little research is conducted outside of North America and Europe on the issues of working conditions and wellbeing in social work, and thus we add vital research and knowledge.

Future Research

Future research should seek to understand much more in-depth experiences of social workers from a broad range of geographies and backgrounds. As such, we suggest that future research should concentrate not only on continuing charting of quantitative trends across time, but also qualitative in-depth research. It also clear that social workers across the world have difficult working conditions, and this affects both organisational and individual outcomes. As such, we suggest that co-produced, national-level policy and organisational interventional studies should be undertaken. This would not only support the capture of national and local interventions to support social workers, but would also ensure that these interventions are developed with social workers, for social workers. Finally, we are aware that the project is hosted and run predominantly by and in Western universities. This means that we are likely limited both in questions asked (for example, demographic questions in the

UK and Ireland will be different to that in the rest of the world) and reach of the project. We suggest that future global research should ensure that research is translated into more languages, and that central country hub research teams should lead question development and dissemination in their own countries.

Conclusion

Social work is a vital role across the world. Social workers support some of the most vulnerable people who are often living in some of the most difficult conditions. However, little research outside of the UK, parts of Europe, and North America have looked at working conditions and wellbeing in the social work profession. We found that social workers' wellbeing was relatively poor across the world, although with different working conditions impacting wellbeing in different parts of the world. We suggest that qualitative and intervention research should be the next phase of the project, as well as ensuring a research team and questions asked which are representative of a global audience.

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