



Comparative Study on Empowerment, Skills, and Values: Nurses vs. Social Workers

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Social workers

Abstract:

This study delves into the collaborative dynamics between social workers and nurses within the realm of healthcare provision. Extant literature underscores the significance of comprehending the distinct professional attributes of these two groups to foster enhanced collaboration. Our research empirically examines the dimensions of empowerment, skills, and values among social workers ($n = 213$) and nurses ($n = 152$). Results reveal that nurses exhibit higher scores across all measures of empowerment and values. Additionally, nurses demonstrate a greater utilization of therapeutic and communication skills, while social workers report a stronger engagement in social action skills. The observed variances in empowerment, skills, and values are discussed within the context of their respective professional roles and work environments.

Keywords: Social workers; Nurses; Empowerment; Skills; Values

Introduction

1.1. Background

In contemporary healthcare settings, collaboration between social workers and nurses has emerged as a vital aspect of providing comprehensive psychosocial–medical care (Bliss, 1998; Clark, 1997; Wold and Wold, 2001; Worth, 2001). However, the effectiveness of this collaboration may be impeded by inherent differences in empowerment, skills, and values between these professional groups. Recognizing and bridging these differences is crucial for fostering mutual complementarity and maximizing patient care outcomes (Bliss, 1998; Shannon, 1997; Worth, 2001).

While scant literature exists on comparing the skills of social workers and nurses in specific contexts such as HIV/AIDS care (Alperin and Richie, 1989), empirical studies exploring differences in empowerment, skills, and values between these professions are notably absent. Addressing this gap is imperative for advancing professional understanding and enhancing collaborative practices in healthcare settings.

1.2. Empowerment

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Empowerment, viewed as a transformative intervention strategy, is fundamental in both social work and nursing domains (Browne, 1995; Miley et al., 1998; Carlson-Catalano, 1992; Gibson, 1991). Although conceptualizations may vary, core components such as self-concept, critical awareness, knowledge, propensity to act, and collective identity resonate across both professions (Frans, 1993; Wilson and Laschinger, 1994; Worrell et al., 1996). Empowerment is deemed essential in enabling practitioners, whether social workers or nurses, to navigate complex healthcare systems and advocate effectively for their clients' well-being.

1.3. Skills

Social workers and nurses possess distinct yet complementary sets of skills tailored to address the diverse needs of individuals, families, and communities (Andreae, 1996; Hepworth et al., 1997; Egan and Kadushin, 1995; Wold and Wold, 2001). While social workers excel in therapeutic dialogue and political action, nurses specialize in psychosocial assessment, intervention, and medical care coordination (Jacob et al., 1990; Gray, 1996). Despite variations in emphasis and training, both professions prioritize continuous skill development to meet evolving patient care demands.

1.4. Values

Values underpin the ethical foundations of social work and nursing practices, yet nuances exist in their emphasis and manifestation (Anderson and Worthen, 1997; Cascio, 1998; Gray, 1996; Strasen, 1989). Social workers often champion collective welfare and social justice, while nurses prioritize individual dignity and holistic care (Frans and Moran, 1993; Kelly et al., 1988). Despite shared values such as caregiving and integrity, discrepancies may arise due to diverse cultural, religious, and personal backgrounds (Abbott, 1988; Wilmot, 1995).

1.5. Research Aim

This study seeks to empirically investigate the disparities in empowerment, skills, and values between social workers and nurses. By elucidating these differences, we aim to contribute to a deeper understanding of professional dynamics and inform strategies for optimizing collaborative practices in healthcare settings.

Method

2.1. Sample

A total of 365 participants were included in the study, comprising 213 social workers and 152 nurses. Social workers were recruited from three randomly selected departments of social services, while nurses were recruited from two randomly selected regional hospitals in the same geographic area. Participants were randomly selected from each department or hospital to achieve the desired sample size for each group.

Data collection took place through a cross-sectional questionnaire survey distributed to all respondents during professional staff meetings over a two-week period in 2000. Prior permission was obtained from each hospital or social service agency to administer the questionnaires. The majority of respondents (89%) completed and returned the questionnaires immediately.

All participants in the study were women. Background variables such as age, national origin, marital status, and educational qualifications were comparable between nurses and social workers, with no significant differences observed. The majority of participants (65%) were aged between 20 and 25 years, and most were of Israeli origin (79.1%). Approximately two-thirds of the participants were married (63.6%), and around one-quarter (27.2%) had at least one child. Regarding educational qualifications, 70.1% of social workers held a BA in social work, while

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29.9% held a MA degree. Similarly, 64.7% of nurses held a BA in nursing, and 35.3% held a MA degree.

2.2. Instruments

A. Scale for Measuring Social Worker Empowerment:

Frans (1993) developed this scale, consisting of 34 items grouped into five components that measure perceptions of personal and professional power. These components include knowledge and skills, collective identity, critical awareness, self-concept, and propensity to act. Responses were recorded on a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). The internal consistency reliability scores (alpha) for the scale ranged from 0.75 to 0.85.

B. Social Service Skills Scale:

The scale, developed by Alperin and Richie (1989), comprises 14 essential skills used by AIDS practitioners. These skills were rated on a 5-point Likert scale ranging from 1 (do not agree) to 5 (very strongly agree). Factor analysis identified three skill factors: therapeutic skills, communication skills, and social action skills. The internal consistency reliabilities (alpha) for these factors were 0.76, 0.68, and 0.79, respectively.

C. Value Scale:

Schwartz's (1994) Value Scale consisted of 57 items rated on a 9-point Likert scale ranging from 1 (against my guiding principles in life) to 7 (major guiding principle in my life). These items were categorized into terminal and instrumental values and further subdivided into spiritual and material values through factor analysis, as described by Itzhaky and Gerber (2000).

Table 1: Factor Analysis for Skills

Scale	Item	Factor Loading
Therapeutic	Ability to apply principles of respect and confidentiality	0.76
	Ability to recognize dynamic nature of AIDS	0.72
	Ability to apply theoretical knowledge	0.61
	Ability to set personal limits to alleviate stress and burnout	0.61
	Ability to be comfortable with others who lead different lifestyles	0.55
	Ability to make psychosocial assessments	0.54
Communication	Ability to instruct and supervise staff and volunteers	0.72
	Ability to communicate verbally and in written format	0.70
	Ability to collect, maintain and use current knowledge	0.65
	Ability to apply management and organizational skills	0.60
	Ability to counsel individuals, groups, etc. with focus on support and crisis intervention	0.51
Social action	Ability to raise funds	0.85
	Ability to assess the political arena	0.80
	Ability to engage in public relations	0.73

Note: Factor loadings above 0.50 are considered significant.

(Alpha reliability coefficients are provided for each factor: Therapeutic = 0.76, Communication = 0.68, Social action = 0.79)

Results

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To investigate differences in the levels of empowerment between social workers and nurses, a one-way MANOVA analysis was conducted. The results indicated a significant overall difference between social workers and nurses across the five empowerment measures ($F(1, 326) = 2.89$; $p < 0.014$). Table 2 displays the means and standard deviations for each measure.

As shown in Table 2, nurses exhibited higher levels of knowledge, self-concept, critical awareness, and propensity to act compared to social workers. Significant differences were observed between social workers and nurses across all empowerment measures except for collective identity. Particularly notable differences were found in knowledge and critical awareness, while differences in self-concept and propensity to act were less pronounced.

To assess disparities in skills between social workers and nurses, a one-way MANOVA was performed. The analysis revealed a significant overall difference between the two professions ($F(3, 323) = 17.40$; $p < 0.001$). Table 3 presents the means and standard deviations for each skill measure. Table 3 illustrates significant differences between social workers and nurses in all skill measurements. Nurses demonstrated higher levels of therapeutic and communication skills compared to social workers, whereas social workers reported higher levels of social action skills than nurses.

To explore differences in values between social workers and nurses, a one-way MANOVA was conducted, revealing significant differences regarding spiritual and material values ($F(2, 356) = 11.92$; $p < 0.001$). Table 4 provides the means and standard deviations for these scales.

Table 4 indicates significant disparities between social workers and nurses in both spiritual and material values dimensions. Nurses attributed greater importance to both spiritual and material values compared to social workers.

Table 2: Means and Standard Deviations of Empowerment by Group

Empowerment	Social Workers	Nurses	F(1, 326)
Collective Identity	3.89 ± 0.53	3.98 ± 0.60	2.50
Knowledge	2.98 ± 0.60	3.24 ± 0.64	13.63a
Self-concept	3.52 ± 0.61	3.66 ± 0.60	4.44b
Critical Awareness	3.39 ± 0.56	3.58 ± 0.70	7.36c
Propensity to Act	3.37 ± 0.68	3.53 ± 0.68	4.07a

a: $p < 0.001$ b: $p < 0.05$ c: $p < 0.01$

Note: Means are presented with standard deviations.

Table 3: Means and Standard Deviations of Skills by Group

Skills	Social Workers	Nurses	F(1, 325)
Social Action	3.05 ± 0.94	2.74 ± 0.92	9.25**
Therapeutic	3.58 ± 0.58	3.83 ± 0.55	15.62***
Communication	3.46 ± 0.64	3.68 ± 0.63	11.74***

*: $p < 0.05$

** : $p < 0.01$

***: $p < 0.001$

Note: Means are presented with standard deviations.

Table 4: Means and Standard Deviations of Values by Group

Values	Social Workers	Nurses	F(1, 326)
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Spiritual	4.83 ± 0.60	5.17 ± 0.72	21.85***
Material	4.28 ± 0.78	4.55 ± 0.93	8.37**

*: $p < 0.05$

** : $p < 0.01$

***: $p < 0.001$

Note: Means are presented with standard deviations.

This research delves into the collaborative efforts of social workers and nurses within the healthcare domain, examining their respective empowerment, skills, and values. The aim is to contrast these professionals in terms of their capabilities and perspectives. Notable differences emerge across various empowerment components, notably in knowledge, self-concept, critical awareness, and propensity to act.

Of particular significance is the variance observed in the empowerment component of knowledge between social workers and nurses. Nurses appear to feel more adept and capable in patient treatment, owing partly to the educational framework that instills confidence and competence in them compared to social workers. This aspect reflects their academic journey, ability to fulfill professional expectations, and efficacy in their roles, aligning with Frans (1993)'s insights into professional experiences and peer recognition.

These distinctions can be attributed to the distinct modes of professional feedback prevalent in each field. Nurses benefit from continuous and transparent feedback mechanisms inherent in their practice, facilitating ongoing assessment and correction. In contrast, social workers operate in more secluded settings, with less frequent and subjective feedback, potentially leading to feelings of professional inadequacy due to the absence of objective assessment, as outlined by Itzhaky (2001).

Further disparities emerge in critical awareness, self-concept, and propensity to act. Nurses, leveraging their hierarchical status and expertise within the medical hierarchy, exhibit greater confidence in addressing medical and psychosocial challenges. This confidence is bolstered by a sense of competence, elevated social standing, and proactive engagement in patient care, including organizational responsibilities and increased overtime commitments compared to social workers. In summary, this study underscores the divergent experiences and professional environments of social workers and nurses, shedding light on the nuanced interplay of empowerment, skills, and values within healthcare practice (Fowler and Chevannes, 1998; Kim and Miller, 1990; Itzhaky, 2001).

Nurses may perceive a greater sense of empowerment compared to social workers, partly due to the clarity of their roles and tasks within the healthcare framework (Leddy and Pepper, 1993; Woods et al., 1999). Conversely, social workers often grapple with role ambiguity within the health and social welfare systems, leading to feelings of disempowerment (Lazar and Itzhaky, 2000). Role ambiguity, as suggested by Bustin (2002), can significantly diminish social workers' sense of empowerment.

In terms of collective identity, both social workers and nurses exhibit a similar preference for working within teams or professional peer groups, indicating a shared belief in the value of collaborative work for bolstering professional identity and achieving common goals. Working in teams can also provide valuable support for these healthcare professionals in handling challenging tasks (Lazar and Itzhaky, 2000).

Regarding skills, nurses tend to demonstrate higher levels of therapeutic and communication skills compared to social workers, likely attributable to their comprehensive medical training. This

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training equips them with the necessary skills to address both the medical and psychosocial needs of patients. On the other hand, social workers excel in social action skills, reflecting their focus on long-term psychosocial interventions (Wodarski et al., 1988). Interestingly, research by Wodarski et al. (1988) suggests that the current training approach for social workers may inadvertently hinder their therapeutic and interpersonal communication skills, as they perceive these skills as separate from their professional education.

These findings align with previous studies emphasizing nurses' efforts to enhance their communication skills to augment their psychotherapeutic capabilities (Burnard, 1987; Dunn, 1991; Ellis and Watson, 1987; Engledow, 1987; Meridith et al., 1994; Rolfe, 1990; Simmons, 1989; Victor and Sherr, 1993). Nurses often provide not only medical care but also psychological comfort through their actions, such as administering medication or taking patients' vital signs. In contrast, social workers prioritize the therapeutic process and focus on achieving long-term psychosocial outcomes rather than immediate skill interventions (Shulman, 1992; Yuen et al., 2003).

Social workers are required to develop a broader range of social action skills compared to nurses, which includes advocating for clients' entitlements and promoting community interests (Simon, 1994; Solomon, 1976). This entails exerting influence in the political sphere through advocacy, collaboration, and coalition-building to advance clients' needs, aligning with the community-oriented nature of social work (Furstenberg and Olson, 1984; Brenton, 1994; Cohen and Austin, 1997; Okazzawa-Rey, 1998; Parsons, 1991; Pinderhughes, 1995; Simmons, 1989; Staub-Bernasconi, 1991). Such skills empower social workers to act as advocates for their clients on a broader scale, reflecting a distinct approach compared to the more individual-focused therapeutic skills of nurses.

These distinctions imply a unique pattern in the abilities of social workers and nurses to address patient needs. Social workers appear to excel in assisting client populations at a macro level and over the long term, while nurses are proficient in providing short-term, intensive physical care and direct therapeutic interventions.

Additionally, nurses attribute greater importance to spiritual and material values compared to social workers, reflecting their commitment to patient care and their daily involvement in life-saving practices (Benner and Wrubel, 1989; Bevis, 1989; Preston et al., 2000; Wilmot, 1995). Nurses' values guide their actions, even at personal risk, highlighting the inherent responsibility they feel towards their patients. Despite these differences, both professions emphasize the importance of values in their formal codes of conduct, underscoring their shared commitment to ethical practice (Wilmot, 1995).

The study's findings challenge prior assumptions regarding the advantages of social workers' therapeutic training over nurses' medical training. It underscores the significant role of nurses' specific roles and extensive training in shaping their perceived levels of empowerment, skills, and values, offering new insights for both social work and nursing education and practice.

These implications suggest a need for ongoing education and training for both social workers and nurses to enhance their knowledge, skills, and values. Educators and field supervisors should focus on building self-esteem, professional identity, and action-oriented abilities while providing diverse factual material. Furthermore, there's a call for the re-evaluation of social work curricula to emphasize empowerment and values as dynamic tools requiring continuous development and application in both professional practice and professional growth.

Moving forward, it is imperative for both social workers and nurses to reassess their social action skills, which were identified as comparatively low for both groups. Given the escalating costs of healthcare and ongoing cost-cutting measures, it is essential for professionals in both fields to

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advocate more assertively in social and political spheres to uphold the interests of their clients. This advocacy should not only serve their own interests but also prioritize the well-being of their client populations.

In terms of future research directions, it would be beneficial to explore potential gender-based differences among social workers and nurses by including male professionals in studies. Additionally, future research should aim to mitigate the potential discrepancy between self-reported behaviors and actual actions by incorporating alternative sources of information, such as analyzing clients' perceptions of social workers and nurses. Employing diverse research methods, including patient observation and case analyses, can provide a more comprehensive understanding of professional dynamics.

Furthermore, there is a need to extend research efforts to examine differences in empowerment, skills, and values among various healthcare and helping professions, such as doctors, nurse aides, psychologists, and teachers. This comparative analysis can elucidate more integrated working styles and foster collaboration among professionals from different backgrounds. Exploring additional variables such as professional attitudes, work locations (e.g., hospitals or community clinics), and the influence of culture and geographical areas can uncover further distinctions between social workers and nurses and inform strategies for enhancing collaboration and effectiveness in healthcare delivery.

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