Empowerment, skills, and values: a comparative study of nurses and social workers

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Abstract

This article focuses on social workers and nurses who complement each other's work in providing health care services to their patients. The professional literature suggests that understanding the professional differences between social workers and nurses may lead to more collaboration between these groups. This study empirically compares empowerment, skills, and values of social workers ($n = 213$) and nurses ($n = 152$). Nurses reported higher scores in all empowerment and value variables. Nurses also claimed to use more therapeutic and communication skills, and social workers reported the use of more social action skills. The differences in empowerment, skills and values between social workers and nurses are discussed in light of their different professional roles and work environments.
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1. Introduction

1.1. Background

Collaboration between social workers and nurses has become an accepted practice in the provision of state-of-the-art interdisciplinary psychosocial–medical care (Bliss, 1998; Clark, 1997; Wold and Wold, 2001; Worth, 2001). However, this relationship may be hindered by differences between these professional groups in terms of their empowerment, skills, and values. To further this important working relationship, and to have social workers and nurses complement one another, they need to be familiar with each other's knowledge base (Bliss, 1998; Shannon, 1997), skills (Worth, 2001), and values (Abbott, 1988; Wilmot, 1995). Consequently, their ability to work conjointly can be enhanced, enabling them to provide more competent and effective psychosocial care to their patients.

While we found only one paper that discussed the skills (Alperin and Richie, 1989) of social workers and

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nurses working with people who have HIV/AIDS, there are no known empirical studies that have examined the differences between empowerment, skills, and values among social workers and nurses. This article will attempt to address this void in the professional literature.

1.2. Empowerment

Social workers view empowerment as an intervention method used to bring about a change in an individual's ability to function (Browne, 1995; Miley et al., 1998; Shera and Page, 1995; Staub-Bernasconi, 1991; Weick et al., 1989). It also addresses the importance of developing a client's inner strength (Brenton, 1994; Cowger, 1994; Hepworth et al., 1997; Kondrat, 1995; Kopp, 1989; Pierce, 1992; Saleeby, 1996; Weick et al., 1989).

Although empowerment has been shown to be an accepted treatment strategy, the major empowerment theoreticians have only recently begun to elaborate on the components of empowerment for both clients and social workers. Frans (1993) suggested that empowerment is composed of five components: a *self-concept*

which describes self-validation and self-esteem; a *critical awareness* of one's place in larger systems such as family, agency, or society; possession of *knowledge and abilities* to influence one's self or others; a *propensity to act* which describes the ability to initiate effective action for one's self or others and; a sense of *collective identity* which describes sharing goals, resources, and aspirations of an identified social system.

While Frans conceptualized these components for social workers, these empowerment themes are mirrored in nursing literature where empowerment translates into autonomous decision-making, self-determination, feelings of self-worth (Carlson-Catalano, 1992; Gibson, 1991), and autonomous and assertive practice (Worrell et al., 1996).

Despite the fact that there is less professional literature on studying empowerment among nurses than social workers, empowerment theory has been used to assist the nursing profession in coping with the unequal power base that is common in healthcare settings (Manson et al., 1991; Sabaston and Spence-Lashinger, 1995; Wilson and Laschinger, 1994). Empowerment is viewed as a panacea that assists nurses and nursing students cope with recurring healthcare crises. Specifically, nursing educators are compelled to prepare nurses to be autonomous, assertive and accountable practitioners, who communicate effectively and accept leadership roles in new practice areas (Worrell et al., 1996).

1.3. Skills

Social workers learn and utilize general skills that are applicable for treating individuals, families, groups, and communities (Andreae, 1996, 1995; Hepworth et al., 1997; Pinderhughes, 1995; Shulman, 1992). These varied skills enable social workers to engage in therapeutic dialogue with their patients, handle a wide variety of patient–problem–situations, overcome organizational barriers, and be active in political action.

Nurses develop specialized skills such as discharge planning, psychosocial assessment and intervention (Egan and Kadushin, 1995; Wold and Wold, 2001) that go beyond their traditional healthcare role. Moreover, the nursing profession has even developed specific interpersonal therapeutic and communication skills to treat HIV/AIDS patients (Gray, 1996; Jacob et al., 1990; Siminoff et al., 1998).

Both social workers and nurses undergo intensive educational and field work training in order to develop, refine, and implement their professional skills. Social workers emphasize improving quality of life and providing various psychosocial services (Egan and Kadushin, 1995). They are concerned with the patients' current and long-term psychosocial adaptation and adjustment in the home and work environment (Hepworth et al., 1997). Similarly, nurses provide psychosocial counseling,

though more short term, while assessing the medical aspects of their patients' physical functioning (Annandale, 1985; Leddy and Pepper, 1993).

However, in comparison to social workers, nurses' medical training emphasizes technical life-saving activities and skills (Carr and Pratt-Merriman, 1996; Gross and Gross, 1987). Other researchers suggest that while the delivery of psychosocial skills are generally thought of as being the trademark of the social work profession, nursing has made concerted efforts to develop parity in communication skills in order to provide psychotherapeutic treatment for their patients (Burnard, 1987; Dunn, 1991; Ellis and Watson, 1987; Engledow, 1987; Meridith et al., 1994; Rolfe, 1990; Simmons, 1989; Victor and Sherr, 1993). Alperin and Richie (1989) identified 14 essential skills used by social workers, nurses, and other helping professionals that center on the practitioners' ability to gather current knowledge of community resources, to be comfortable when working with others, and to make accurate psychosocial assessments in crisis situations.

To date there has been no published research examining the differences of skills between social workers and nurses. Alperin and Richie (1989) discussed the skills utilized by social workers, nurses, and other health professionals in community-based AIDS clinics. Alperin and Richie offered fourteen separate skills that determine a professional's ability to function in this type of setting, and suggest that verbal and written communication skills and political awareness skills are most important.

1.4. Values

Although values have received increased attention in both social work and nursing in recent years (*Social workers, see*: Anderson and Worthen, 1997, Cascio, 1998; Holland, 1989; Sheridan et al., 1994; Sheridan et al., 1994; West-Stevens, 1998; Uehara, 1996. *Nurses, see*: Gray, 1996; Strasen, 1989; Weis and Schank, 1991, 2000), each profession espouses different values and different social and moral principles. According to Wilmot (1995), nurses seem to be more individualistic, while social workers seem to be more concerned with collective, structural, and political issues.

Scholars who discussed social work values suggest support, social justice and individual freedom as central values (Frans and Moran, 1993) while Fagermoen (1995) concluded that a core nursing value is human dignity. Other researchers (Kelly et al., 1988; Weis and Schank, 2000) suggested that values such as care giving, integrity, personhood, autonomy, privacy, and reciprocal trust are also essential to nursing practice.

While both have a similar moral value systems (Wilmot, 1995) studying professional values has been reported to be problematic (Abbott, 1988). This is due to

the fact that people enter professions with pre-existing family, religious or cultural values. Recognizing this difficulty, Schwartz (1992, 1994) explored universal values and defined them as concepts or beliefs which: pertain to desirable end states or behaviors; transcend specific situations; guide selection or evaluation of behavior and events; and are ordered by relative importance. In addition, actions taken in the pursuit of each type of value have psychological, practical, and social consequences that can either be compatible or conflict with the pursuit of other values.

The theoretical literature deals with possible differences between social work and nursing regarding the variables mentioned. This article will examine these differences empirically. The professional literature points to similar, as well as, dissimilar factors between social workers and nurses. While both groups belong to the helping professions, each taking care of patients and having similar training, we hypothesize that there are no differences between the groups.

2. Method

2.1. Sample

The study's sample size was 365: 213 social workers and 152 nurses. Practicing social workers were recruited from three randomly selected departments of social services in Tel Aviv, Israel and nurses were recruited from two randomly selected regional hospitals in the same geographic area. One out of three social workers and nurses were randomly selected from the departments of social services or hospitals to obtain the sample size for each group.

This study was based on a cross sectional questionnaire survey and was distributed to all respondents during professional staff meetings within the course of two weeks in 2000. Permission to give the questionnaires was received from each hospital or social service agency. The majority of the respondents (89%) filled out the questionnaires and returned them immediately.

All of the participants were women. The differences in background variables between the nurses and social workers were not significant. Most of the participants (65%) were 20–25 years of age. Fifteen percent were between the ages of 26–35, and 18.6% were above the age of 36. National origin was as follows: 79.1% were born in Israel, 16.7% were born in the United States, Russia, or Europe, and 4.2% were native of Asia or Africa. Two-thirds (63.6%) of the participants were married and 27.2% had at least one child. Slightly more than two-thirds (70.1%) of the social workers had a BA in social work and 29.9% had a MA degree. Similarly, 64.7% of nurses had a BA in nursing and 35.3% held an MA degree.

2.2. Instruments

A. The Scale for Measuring Social Worker Empowerment was developed by Frans (1993). The scale is comprised of five components (34 items) that measure one's perception of personal and professional power. These components are knowledge and skills (nine items, such as "Know responses to situations") that define belief in one's ability to sufficiently change events in one's client's lives. Collective identity (seven items, such as "Identify strongly with profession") refers to the sense of sharing goals, resources and aspirations of a meaningful social system. Critical awareness (five items, such as "Know who has power") defined as the ability to recognize one's place in the world as it relates to larger systems. As such, the underlying assumption posits that one is cognizant of the various political, economic, cultural, and social factors that make up one's environment. The Self-concept (seven items, such as "Feel competent") represents one's sense of self-appraisal and self-esteem, and refers to the individual as an active participant in the social environment. Finally, propensity to act (six items, such as "Try to get involved") is the perception of the ability to initiate effective action on behalf of self or others. The scale has a five-point Likert-type scale ranging from 1 = strongly agree to 5 = strongly disagree. The alpha reliability scores of our study scale ranged from 0.75 to 0.85

B. The Social Service Skills Scale was developed by Alperin and Richie (1989). Fourteen essential skills used by AIDS practitioners were identified such as: the ability to gather current knowledge of community resources, the ability to be comfortable when working with others, and the ability to make accurate psychosocial assessments in a crisis situation.

The current study structured each of the 14 skills as a separate question with its own 5-point Likert-type scale ranging from (1) do not agree to (5) very strongly agree and performed factor analysis on all 14 items in order to divide them into common subject groups.

By using factor analysis, we found three factors of skills with their eigen value greater than one. These three skill factors explain 72.30% of the variance. The loading for the different skills is presented in Table 1. The first factor represents therapeutic skills (alpha 0.76), the second factor characterizes communication skills (alpha 0.68), and the third factor reflects social action skills (alpha 0.79).

C. The Value Scale was developed by Schwartz (1994). The participants were asked to rate each of the 57 items on a 9-point Likert-type scale ranging from (1) (against my guiding principles in life) to (7) (major guiding principle in my life). The values are presented in two lists; the first 30 are phrased as terminal values (nouns), the remaining 27 as instrumental values (adjectives). Each value is followed by a short explanatory phrase

Table 1
Factor analysis for skills

Scale	Item	1	2	3
Therapeutic	Ability to apply principles of respect and confidentiality	0.76		
$\alpha = 0.76$	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 life styles	0.55		
	Ability to make psychosocial assessments	0.54		
Communication	Ability to instruct and supervise staff and volunteers		0.72	
$\alpha = 0.68$	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 fund			0.85
$\alpha = 0.79$	Ability to assess the political arena			0.80
	Ability to engage in public relations			0.73

and intermixed throughout the survey. The 57 items compose the following value themes: power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security. By using factor analysis, these categories were divided into spiritual and material values (see Itzhaky and Gerber, 2000for more details).

3. Results

In order to examine the differences between social workers' and nurses' level of empowerment, one-way MANOVA analysis was used. The MANOVA found an overall significant difference between social workers and nurses in the five-empowerment measures (F (1326) = 2.89; $p < 0.014$). Table 2 below presents the means and standard deviations for each measure.

According to Table 2, nurses have higher levels of knowledge, self-concept, critical awareness, and propensity to act than social workers. There are significant differences between social workers and nurses in all of the empowerment measures except for collective identity. The differences are more prominent in knowledge and critical awareness and less pronounced in self-concept and propensity to act.

To examine the differences between the level of skills between social workers and nurses, one-way MANOVA was used. This analysis revealed an overall significant difference between each profession (F (3323) = 17.40 $p < 0.001$). Table 3 presents the means and standard deviations of each skill measure.

According to Table 3 there are significant differences between social workers and nurses in all skill measurements. Nurses have higher levels of therapeutic and communication skills than social workers. Social workers report higher social action skills than nurses.

Table 2
Means and standard deviation of empowerment by group

Groups					
	Social workers		Nurses		
Empowerment	M	SD	M	SD	$F(1326)$
Collective identity	3.89	0.53	3.98	0.60	2.50
Knowledge	2.98	0.60	3.24	0.64	13.63[a]
Self-concept	3.52	0.61	3.66	0.60	4.44[b]
Critical awareness	3.39	0.56	3.58	0.70	7.36[c]
Propensity to act	3.37	0.68	3.53	0.68	4.07[a]

[a] $p < 0.001$.
[b] $p < 0.05$.
[c] $p < 0.01$.

Table 3
Means and standard deviation of skills by group

Groups					
	Social workers		Nurses		
Skills	M	SD	M	SD	$F(1325)$
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***

* $p < 0.05$.
** $p < 0.01$.
*** $p < 0.001$.

To examine the differences between social workers and nurses in terms of their values, one-way MANOVA revealed significant differences between social workers and nurses regarding the two dimensions of spiritual and

Table 4
Means and standard deviations of values by groups

Groups					
	Social workers		Nurses		
Value SCALES	M	SD	M	SD	F(1326)
Spiritual	4.83	0.60	5.17	0.72	21.85***
Material	4.28	0.78	4.55	0.93	8.37**

* $p < 0.05$.
** $p < 0.01$.
*** $p < 0.001$.

material values (F (2356) = 11.92; $p < 0.001$). The means and standard deviations for these scales are presented in Table 4.

Table 4 indicates significant differences between social workers' and nurses' tow dimensions of spiritual and material values. Nurses place more importance on both spiritual and material values than social workers.

4. Discussion

This study focuses on social workers and nurses who complement each other's work in providing health care services to their patients. The objective of this study was to compare these professionals in terms of their empowerment, skills, and values. From the five-empowerment components, significant differences were found for knowledge, self-concept, critical awareness, and propensity to act. The most significant difference among these four components for social workers and nurses was in the empowerment component of knowledge. It was found that nurses' education prepares them to feel more capable and competent than social workers to treat patients. According to Frans (1993) this component reflects the professionals' academic experiences, ability to meet the expectations of the profession, and ability to work effectively, thus having gained peer recognition.

These differences can be explained by the acceptable but different modes of professional feedback between the professions. For example, the productivity of nurses and the effectiveness of their intervention can be quantified and monitored on a daily basis by either nurses themselves, their supervisors, the nursing staff, or by physicians. The nursing profession is a transparent one with professional colleagues observing what nurses are doing and able to offer a response, correction, or feedback. Assessment and feedback, both formal and informal, given on a daily basis allow the nurses to measure their success in treating patients (Fowler and Chevannes, 1998; Kim and Miller, 1990). This success

represents a signal to nurses that they have garnered professional abilities that are a result of their nursing knowledge.

In comparison to nurses, social workers do not work in an open environment with other colleagues; they primarily meet with their patients in a private agency setting. Also, social workers do not receive feedback from their supervisors on a daily basis, but rather on a weekly or bi-weekly basis (Itzhaky, 2001). Also, social workers bring selective material to supervision. This material is based on social workers' interpretation of events and supervisors base their feedback solely on this information. According to Itzhaky (2001), this lack of objective feedback and assessment may cause social workers to feel inadequate in terms of their professional abilities.

This study also found differences between social workers and nurses in three additional empowerment components: critical awareness, self-concept, and propensity to act. Nurses, as compared to social workers, feel that their hierarchical position in the medical system and expertise allow them to take responsibility to treat various medical conditions and solve many psychosocial problems. Also, nurses, more than social workers, have a higher sense of competence and self-worth and have achieved an increase in social status over the years by their recognized contribution in providing health care. Finally, nurses initiate more effective actions and responses to problems for their patients, and become more involved in organizing staff activities, which includes a trend toward more overtime than social workers.

Nurses may feel more empowered than social workers especially since nurses' roles and tasks are more clearly defined (Leddy and Pepper, 1993; Woods et al., 1999). The position and role of social workers in the health care and social welfare systems are less clear, and naturally lead to social workers' complaints about role ambiguity (Lazar and Itzhaky, 2000). In fact, Bustin (2002) claims that role ambiguity is one factor that reduces the feeling of social worker's empowerment.

There were no differences between social workers and nurses in their collective identity, the fifth empowerment component that reflects being comfortable in working in a team or professional peer group. Both social workers and nurses seem to prefer working in groups, believing that it contributes to their professional identity and common professional aspirations. Additionally, working in team settings may afford these health care professionals an opportunity to receive support in challenging, yet difficult, work.

Significant differences were found with respect to skills for all three components. Nurses exhibited higher levels of therapeutic and communication skills than social workers, apparently due to their medical health care training. This training provides them with both the

therapeutic and practical skills required to treat the psychomedical needs of patients. However, social workers demonstrated higher levels of social action skills than did nurses.

Interestingly, Wodarski et al. (1988), who examined the most effective formulated responses of social work students to various client problems, suggested that the current type of training in value and interpersonal skills social workers receive might actually cause their therapeutic and interpersonal communication skills to decline. These researchers indicated that social workers might view interpersonal skills training as being a separate part of their professional education. Skills training was perceived as being too generic in nature leading to difficulty in formulating the most helpful and effective treatment responses.

The findings of this study strengthen previous studies, discussed in the introduction, that set forth that nurses try to improve communication skills in order to increase their psychotherapeutic abilities (Burnard, 1987; Dunn, 1991; Ellis and Watson, 1987; Engledow, 1987; Meridith et al., 1994; Rolfe, 1990; Simmons, 1989; Victor and Sherr, 1993). Nurses, by providing medicine or taking patients' temperature, may also be providing psychological comfort to them. Social workers, who concentrate on the therapeutic process, seem to be more concerned with the long-term results of psychosocial intervention than with immediate skill interventions (Shulman, 1992; Yuen et al., 2003).

Social workers are required to master more social action skills than nurses in order to assist clients obtain necessary government entitlements or to unite behind common community goals, such as improving health care services or community representation in local government (Simon, 1994; Solomon, 1976). As Fursten-berg and Olson (1984) suggested, social workers are required to wield influence in the political arena via advocacy, collaboration, and the development of coalitions to advocate clients' interests. Being different from the more individual-oriented communication and therapeutic skills, social action skills are community-oriented (Brenton, 1994; Cohen and Austin, 1997; Okazzawa-Rey, 1998; Parsons, 1991; Pinderhughes, 1995; Simmons, 1989; Staub-Bernasconi, 1991), allowing social workers to perceive and act as advocates for their clients.

These differences may suggest a unique pattern and perhaps even a crucial shift in the ability of social workers and nurses to treat patients. Social workers appear to be more competent in assisting client populations on a macro level and over the long term. Nurses have the ability to provide short term, intensive physical care as well as direct therapeutic modalities.

This study also found that the nurses place greater importance on spiritual and material values than social workers. It has been reported in the literature that nurses' values reflect their responsibility toward their patients (Benner and Wrubel, 1989; Bevis, 1989; Preston et al., 2000; Wilmot, 1995) and provide nurses with a moral code of conduct to treat the sick, even at the risk of personal infection (Burnard, 1987). Moreover, nurses appear to place more importance on values because they save lives on a daily basis as compared to social workers who are more treatment process oriented. Despite the differences that were found between social workers and nurses, both groups placed great importance on values. Wilmot (1995) suggests that this is due to the fact that as service providers for both professions, values are embodied in their formal professional codes of conduct.

Finally, as experienced professional social work clinicians and educators, we were surprised by the results of our study. Before embarking on the study, we hoped that social workers' therapeutic training and psychosocial education would afford them an advantage over nurses' psychomedical training. As such, we anticipated that social workers would report higher levels of empowerment and skills and would place more importance on values than nurses. We now recognize that nurses' specific roles and extensive training in life saving techniques and hospital-based patient care, apparently is behind their claim, of higher levels on most of the studied variables. This is an important and new finding for social work and nursing and offers new insight on how to modify social work education and socialization.

This study has several implications for social work and nursing curricula, fieldwork, and practice. Applicable for both social work educators and field supervisors is the need to increase knowledge among fieldworkers. As indicated, both groups rated the knowledge component of empowerment the lowest.

Professional education begins perhaps at the university level, but afterwards continues with professional seminars and advanced training courses. Educators who wish to empower students should concentrate on building students' self-esteem, professional identity, and ability to act, and should provide them with a myriad of factual material. Also, a discussion exploring students' changing educational needs is warranted, as well as an attempt to understand social workers' lower sense of security.

For social workers, their training in empowerment and values needs to be re-evaluated within university curricula, fieldwork supervision, and advanced training seminars. We suggest that instead of viewing empowerment and values as a professional goal, they should be taught as professional tools that need to be constantly honed and maintained. They may also be viewed as behavior variables that can be used proactively in treating client populations, as well as in professional development.

Finally, in order to keep pace with potential new roles and client expectations, social action skills, which were ranked comparatively low for both groups, need to be re-evaluated. With the cost of health care continuously rising and cost-cutting measures consistently being implemented, both social workers and nurses need to take a firm stand to further enhance their positions in social and political advocacy. Not only for themselves, of course, but for the benefit of their client populations.

Regarding future research, since our study examined female social workers and nurses, we suggest that future studies examine male professionals as well. This may demonstrate gender-based differences between these groups. The study is based on self-assessments of the workers. The possibility of a discrepancy between self-report and actually behaviors cannot be ruled out. Future researches should try to use additional sources of information, such as analyzing clients' perceptions of social workers and nurses. Moreover, other research methods can be employed, such as patient observation and case analyses.

In addition, we suggest focusing on the differences between empowerment, skills and values between other health care and helping professionals such as doctors, nurse-aides, psychologists and teachers. This may determine more integrative working styles between the professionals. Examining other variables such as professional attitudes or work locations (hospitals or community clinics) and the effects of culture and geographical areas may lead to additional differences between social workers and nurses.

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