

Social worker shame

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DOI:

[10.1093/bjsw/bcu140](https://doi.org/10.1093/bjsw/bcu140)

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Document Version

Peer reviewed version

Citation for published version (Harvard):

Gibson, M 2016, 'Social worker shame: a scoping review', *British Journal of Social Work*, vol. 46, no. 2, pp. 549-565. <https://doi.org/10.1093/bjsw/bcu140>

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Social Worker Shame: A Scoping Review

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Acknowledgements: I would like to thank Professor Sue White for her helpful comments on this paper.

Cite as: Gibson, M. (2016) Social Worker Shame: A Scoping Review. **British Journal of Social Work**, 46: 549-565.

Link: <http://bjsw.oxfordjournals.org/content/46/2/549>

Social Worker Shame: A Scoping Review

Abstract

While shame has historically been neglected in emotion research, there is now a large body of research evidence by which to understand the concept and the phenomenology, which suggests shame can have a pervasive and negative effect on individuals' lives and relationships. It can be considered to be an emotion that relates to a belief that the self is flawed and that one is not worthy of acceptance and belonging. This paper reports on a scoping review of shame experienced by social workers, identifying the nature and extent of the research evidence. Shame was operationalised through a working model provided by the seminal work of Lewis (1971). The search strategy sought to identify qualitative studies relating to social workers' personal experiences of practice. Data were extracted that met the criteria in the working model for shame and a thematic analysis applied to the extracted data. The results suggest that while shame was unacknowledged in the research, it is a common experience for many social workers with indications that it influences practitioners' job satisfaction, staff retention and an ability to practice ethically. Areas for future research are identified.

Key Words: Shame, Social Worker, Scoping Review

Introduction

There are many who have identified the importance of understanding and working with emotions in social work (e.g. Ferguson, 2005; Morrison, 2007), with social work research considering emotions both generally, through stress, distress, or anxiety (e.g. Smith and Nursten, 1998), and specifically, such as through fear (e.g. Smith *et al.*, 2003; Stanford, 2010). However, social work research seems to have provided less attention to shame despite the fields of psychology (e.g. Lewis, 1971; Tangney and Dearing, 2004) and sociology (e.g. Lynd, 1958; Scheff, 2000) suggesting the importance of shame

in social interactions. While it should be noted that there has been some criticism of the empirical studies relating to shame due to theoretical and methodological difficulties (e.g. Ferguson *et al.*, 1991; Sabini and Silver, 1997; Dost and Yagmurlu, 2008), it is generally accepted that shame can have a pervasive and negative effect on individuals' lives and relationships (e.g. Gilbert and Andrews, 1998; Tangney and Dearing, 2004).

The feeling that the self is somehow flawed, inadequate, or incompetent can be an emotionally painful experience and there is empirical support to link such experiences with a desire to hide and withdraw from others as well as anger and aggression (Tangney and Dearing, 2004; Elison *et al.*, 2006; Stuewig *et al.*, 2010). Further research by Tangney (1995) and Leith and Baumeister (1998) suggest that these experiences of shame can lead individuals to struggle with taking another's perspective, reducing their empathic concern for others. Such views clearly pose a question about the role shame plays in professional practice. Indeed, shame has been considered to play a role in defensive medical practice (Bancroft, 2007; Cunningham and Wilson, 2011), nurses' hostility toward patients (Felblinger, 2008; Sanders *et al.*, 2011), and therapists' lack of empathy and defensive reactions (Hahn, 2000, 2001; Klinger *et al.*, 2012). Certainly, such issues may be equally relevant to social work practice.

This paper reports on a scoping review employed to examine the nature of the current research in relation to shame in social workers. This method was employed in order to include the full range of appropriate studies and to provide a summary of what is already known (Arksey and O'Malley, 2005). The operationalisation of shame used to assess the data from the research findings of the identified studies is provided below followed by the methodology for the scoping review. The results are provided before a discussion of the current knowledge base in relation to shame in social workers and potential future directions for research and conceptual development are outlined.

The operationalisation of shame

In 1971 the psychotherapist and research psychologist Lewis wrote, what is now considered to be a seminal text, *Shame and Guilt in Neurosis*. She provided an analysis of 170 transcripts of therapy sessions to identify that shame and embarrassment were more frequent experiences for the clients than all of the other emotions put together. Her contention was that shame was an emotion evoked following an individual perceiving the self to be defective in some way i.e. *I am bad*, and contrasted this with guilt, which she considered to be a focus on a specific behaviour i.e. *I did a bad thing*. While Lewis' analysis has been the foundation for psychological research, it also incorporates the important sociological ideas of Lynd (1958). Lynd (1958) and Lewis (1971) argue that one can feel shame because one does not live up to personal expectations, but one can also feel shame because one feels devalued by another in some way. This psychosocial view therefore considers shame to stem from negative self-evaluations and negative evaluations from others, whether real or imagined.

For Lewis, notions of the 'self' and 'other' are central to experiences of shame which stem from an evaluation that we are perceived negatively. However, there remain debates within shame theory as to whether shame solely relates to threats to identity (e.g. Tangney & Dearing, 2004) or threats to social bonds (e.g. Scheff 2000). There also remain debates as to whether shame is a separate emotion from embarrassment and humiliation (e.g. Tangney *et al.*, 1996) or whether these are terms used to describe the same emotion at different intensities (e.g. Scheff 2000). Lewis' conceptualisation includes both threats to identities and social bonds and considers terms such as embarrassment and humiliation or indeed feeling stupid, defective, incompetent, and inadequate as shame 'variants'. The strength of using Lewis' (1971) conceptualisation is that it incorporates the range of views within shame theory as to what constitutes an experience of shame providing a wider perspective appropriate to a scoping study. The limitation of using Lewis' conceptualisation may be that the extracted data may include instances which some psychologists may not consider to be shame per se. Additionally, this wider scope may not lend itself to providing an analysis of the potential difference in relation to embarrassment, shame, or humiliation. Nevertheless, Lewis'

conceptualisation can be considered to be appropriate for the intentions of this review as such debates are beyond the scope of this paper.

Brown (2006), a social work researcher, concluded from her grounded theory study of shame involving 215 individuals, that shame could be defined as “the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p. 45). However, Lewis’ (1971) working concept arguably remains a more useful tool to assess data for indications of shame (see Table 1). Indeed, this working concept provides a systematic approach to identifying a complex social phenomenon incorporating the salient components of an experience of shame. Furthermore, the specific inclusion of notions of the ‘self’ and ‘other’ within the context of an evaluation of how the self is perceived is a useful framework for considering organisational contexts such as those of social workers.

[insert table 1 here]

Aims and Methods

While there have been many interpretations and uses of scoping reviews (Arksey and O'Malley, 2005), this review sought to provide a preliminary assessment of the scope of the available research, seeking to identify the nature and extent of the research evidence (Booth *et al.*, 2011). The aims of this review were therefore to summarize and disseminate research findings in relation to shame experienced by social workers and to identify areas for future research. A literature review was undertaken, drawing on established methods (Arksey and O'Malley, 2005). No limits were placed on the year of the study but no attempts were made to identify studies in progress. While the search strategy did not exclude literature on the basis of year or country, it was limited to literature published in the English language.

The following electronic bibliographic databases were searched: ASSIA (Applied Social Sciences Index and Abstracts), Campbell Collaboration Library, CERUKplus (Current Education and Children's

Services Research), Cochrane Library, ESRC (Economic and Social Research Council), IBSS (International Bibliography of the Social Sciences), MedLine, OpenSIGLE, PsycINFO, Social Care Online, Social Services Abstracts, Web of Science, ZETOC (British Library's Electronic Table of Contents). This includes both grey literature and University dissertations and theses. These databases were searched in November 2013.

As social workers were the focus for the review, the population search terms were *social worker* or *social workers*. And considering the potential complexity of an experience of shame, only qualitative studies were included in this review to be able to consider the context of the experiences. Therefore the search terms *study* and *qualitative* were used. While the discussion above demonstrates the vast array of potential ways to describe an experience of shame a range of words were used to search the free text within databases to identify the literature. First, *shame*, *embarrassment*, and *humiliation* were used to identify overt shame experiences. Then, *foolish*, *stupid*, *inadequate*, *defective*, and *incompetent* were used to identify shame 'variants'. As non-overt experiences of shame are difficult to detect the words *emotion*, *anger*, *fear*, and *stress* were used to identify studies which may have found shame in social workers described in more familiar emotional language. Finally, the term *experience* was used to identify qualitative studies related to social workers' experience of practice.

This search strategy identified 1,673 studies, which included duplications. Studies were identified for analysis if:

- a) Social workers were included in the population sample
- b) They reported on social workers discussing their personal experience of practice
- c) They were written in the English language

After reviewing the titles and abstracts, 95 studies were identified for full text review. This review included harvesting the references of these studies to identify further studies which may be of

relevance. This resulted in an additional 2 studies being included for full text review. The working concept of shame was then used to analyse the data reported in the literature. A total of 48 studies were considered to have reported on social workers experiencing shame. The relevant data were extracted from the literature and a thematic analysis was employed to identify themes within this data.

There are a number of limitations associated with this scoping review, mainly due to the difficulty in identifying studies which have identified shame due to the vast range of ways to describe such experiences. The fact that shame can be identified in previous research as an unacknowledged experience (e.g. Lewis, 1971), or even outside of conscious awareness (e.g. Goffman, 1956), suggests that it may be very difficult to uncover the full range of studies which have identified these experiences though the search strategy employed. Furthermore, the reliance on electronic databases means there may be a bias towards more recent publications, mainly from the US, particularly as an inclusion criterion was for the literature to be written in English. And further still, for those who may be seeking a more specific understanding of social worker shame for a specific context, such as social work within a particular country, or within social work with children and families or vulnerable adults, this search strategy and report may be seen as too general.

Results

While the majority of the studies used interviews in a cross sectional research design, a variety of designs were employed across the studies including case study and ethnographic research. A range of methods were employed including interviews, focus groups, and recordings of conversations. The sample sizes ranged from 3 (Reid *et al.*, 1999) to 386 social workers (Morazes *et al.*, 2010). The studies were conducted in a range of countries: Australia, Brazil, Canada, China, Finland, Ireland, Israel, Malaysia, New Zealand, Norway, South Africa, UK, and the USA. The studies focused on a wide range of practice contexts.

The data associated with social workers experiencing shame were categorised by 3 separate themes: 'overt shame' i.e. clear acknowledged experiences of shame; 'shame indicated' i.e. sufficient evidence to suggest that shame may have been experienced; and 'a troubled conscience' i.e. a more tentative suggestion that shame may be present. Within these superordinate themes a range of subordinate themes were identified which represents the range of experiences considered to be shame identified within the literature. A further theme of 'related actions and consequences' represents what social workers reported occurred in relation to such experiences.

Overt Shame

No qualitative studies were identified with shame as the main focus of the research. Three studies were identified which provide a clear indication that the social workers were experiencing shame, which were themed as 'struggling to cope' and 'making a mistake'. Enosh *et al.* (2013) reported that some social workers felt "ashamed to tell anyone about" (p.1133) the fact that they had been assaulted at work. While Van Heugten (2010) reported that being bullied at work led some social workers to withdraw due to "feelings of shame or fear of what colleagues would think if they appeared not to cope" (p.647). A further study by Ting *et al.* (2006) highlighted social workers feeling shame following a client suicide, reporting one social worker as saying "I was ashamed. I felt talking about it would be admitting weakness [...] so I never talked to anybody about it" (p.334). It may therefore be important for social workers and organisations to acknowledge these feelings of shame so that practitioners get the support they need. However, Van Heugten (2010) further identified a social worker who "felt ashamed at having stood by and taken no action" (p.645) when they witnessed violence against a service user. It may therefore also be important to acknowledge such experiences to learn from the inevitable challenges of practice.

Shame Indicated

Within the identified studies a wide range of experiences were described by social workers which met the criteria for the working model of shame, even though these were not identified as shame by the social workers. These experiences were themed as 'feeling devalued', 'feeling inadequate', and 'feeling ashamed of other social workers'.

a) Feeling devalued

Within a wide range of social work contexts there were repeated incidences of social workers expressing that they felt devalued by 'others'. Some were concerned that they were devalued by other professionals, some by service users, and some by others within their own organisation. There was a strong sense that, as a profession, social work was seen to be less respectable, less legitimate, and at the bottom of the "pecking order" (Fleit, 2008, p.97) with some social workers feeling that they are "not accepted" (Mcmichael, 2000, p.178) by other professionals who "don't value our profession" (Fleit, 2008, p.94). Reflecting on their role in a multi-agency team, one practitioner said "I have a responsibility to this family but I'm not respected enough in terms of who I am to do the job right" (Lynch, 2010, p.172). Shame is indicated in such comments through the belief that the devaluing by other professionals relates to 'who I am' and not some other potential focal point relating to the job or context.

The notion that social workers were devalued in the eyes of others extended to service users with one practitioner believing that "nurses are seen as angels social workers are seen as child catchers" (Bailey and Liyanage, 2012, p.1124), which created a stigma in being a social worker. Criticism of practice seemed to provide evidence for the devaluation of them as professionals with complaints from service users affecting practitioner confidence and formal investigations into practice leaving them feeling "stripped of everything" (Regehr *et al.*, 2002, p.893). Such experiences indicate shame through the rejecting 'other' and descriptions that such experiences "really hurt" (*ibid.*). Furthermore, the emotional pain of criticism was extended to the criticisms of associated 'others' so

that “when they’re critical of the agency, they’re critical of me. So I feel it just as much as the person who is identified” (Regehr *et al.*, 2002, p.894).

However, the feeling of being devalued was also considered to stem from their own employer, with comments such as “I feel de-valued by the local authority hierarchy for being a social worker” (Coffey, *et al.*, 2009, p.430). Indeed, social workers reported feeling “undervalued, deskilled and not respected” (Ibid., p.431), with some managers failing to notice and value work and others shouting and swearing at practitioners. Indeed, Gosine and Pon (2011) identified Black social workers feeling that their work was more heavily scrutinised than their White colleagues, that they were seen as less able, and experienced derogatory remarks about their culture. Some social workers felt the sentiment from management was “we don’t care how you feel, how you’re managing” (Baum, 2012, p.432). The feeling that the ‘organisation’ did not care about them as people produced what a number of social workers described as ‘fear’. However, this fear was described as a “different kind of fear” (Smith *et al.*, 2003, p.667) relating not to a threat to one’s survival or physical safety but to a threat to “the participant’s reputation and possible future within the organization” (ibid.). This is a fear of a negative evaluation of some aspect of the self which can be considered to be a shame-based fear. Some social workers felt that every aspect of their practice was being scrutinised and criticised, but with a lack of time some felt “you can’t do anything right” (Smith *et al.*, 2003, p.668). There was a belief amongst some social workers that the organisation did not understand social work practice and so they expected complaints to be inappropriately dealt with, which one social worker believed would be worse than physical assault or even death (Smith *et al.*, 2003).

b) Feeling inadequate

Shame was indicated within a number of studies relating to negative self-evaluations which were themed as ‘not being good enough’ and ‘not being able to cope’. Within the identified studies, social workers expressed a desire to ‘help’ service users. However, believing that one has not met this standard led social workers to state “I’m incompetent” (Weuste, 2005, p.106) or “you feel like you’re

inadequate” (Nelson and Merighi, 2002, p.70), which are strong indicators of an experience of shame. However, some described such feelings in less intense language such as “I’m not skilled enough to do this” (Stanford, 2010, p.1073). The theme of social workers not feeling good enough related not only to not helping service users but also to being involved in causing harm. Some social workers felt they were invasive, others did not speak up against abusive behaviour, while some believed they weren’t “really honest with people” (Lynch, 2010, p.181) because they avoided discussing difficult issues that would affect people’s lives. Indeed, “social workers feared that they would cause harm to clients or others by not being effective helpers. They worried that they would undermine the safety of their clients by being overly protective, and/or controlling, and/or punitive, and/or through their incapacity to help” (Stanford, 2010, p.1073).

A number of the identified studies highlighted social workers who felt that the way practice was organised became a source of self-blame, even though this was outside of their control. For example, one social worker commented “you feel like an idiot providing family members with a 20-page booklet that they have to read through in order to implement their request” (Leichtentritt, 2011, p.1471). With another describing how they foster “a sense of betrayal” in parents when removing children because “you build a relationship, the person starts to open up and they admit certain things about themselves and certain weaknesses. Then you use them in your affidavit” (Regehr *et al.*, 2002, p.892). There were examples of social workers feeling they were asking service users to do unreasonable things to fit in with the system, that the system prevented them from telling service users important information, or that they could not live up to personal standards due to the high caseloads, which made them feel that they were being uncaring or even cruel.

Some social workers within the identified studies were also concerned about their ability to cope with the demands of the role. Not living up to personal or organisational standards left some social workers feeling “that if you’re not coping it’s a sign of weakness” (Gibbs, 2001, p.327) and this prevented social workers from seeking support. The feeling of isolation with such difficult emotions

was summed up by one supervisor who said “I did not feel I could admit to being scared—I thought I had to be seen to be coping ... even with my husband I did not talk about the real impact it had had on me—how upset I had been by it” (Smith and Nursten, 1998, p.364).

c) Feeling ashamed of other social workers

There was evidence that social workers felt vicarious shame due to their perception of other social workers. Some practitioners in a study by Pockett (2002) expressed their ‘disappointment’ in some social workers, describing them as “quite an ordinary lot” who had “brought it [the devaluation by others] on themselves” (p.18), and are ‘frustrated’ and ‘depressed’ by their “apathy and inefficiency” (p.18). Another study by Sullivan (2000) identified some social workers expressing disappointment that other practitioners could be discriminatory through ‘gallows’ humour i.e. making a joke out of serious issues. The fact that some social workers feel this way about others not living up to the standards they consider to be important to the profession suggests they feel personally affected by the others’ behaviour.

A Troubled Conscience

A range of data tentatively met the criteria for the working model of shame but due to a lack of more detailed information relating to the social workers’ experience it was difficult to categorise it as ‘shame indicated’. These data suggest a less intense experience but still related to a negative evaluation. While some of the data relates to some aspect of the self being negatively evaluated, for other data it was not clear if the individual’s focus was their behaviour or actions, which would be more suggestive of an experience of guilt rather than shame. Nevertheless, this provides an interesting insight into the emotional experience relating to the self-consciousness of social workers and potentially provides directions for future research. This theme is summed up by one social worker who states “sometimes my conscience bothers me terribly” (Kjørstad, 2005, p.390) and from these data 2 distinct sub-themes were identified: ‘getting ‘it’ right’ and ‘feeling torn’.

a) *Getting 'it' right*

Social workers seemed aware of the power they wield with the ability to provide or remove support and assistance which instilled a level of self-consciousness in every decision. The desire to do the right thing by service users seems to lead social workers to ask themselves “am I doing the right thing by this person?” (Smith *et al.*, 2009, p.88) with some reflecting on past decisions to ask soul searching questions such as “did I really do everything, or did we just kind of let this person die?” (ibid. p.91). Some social workers questioned their competency with one asking “What did I miss? How did I not see this?” (Ting *et al.*, 2006, p.333) and others wondering “how much what you’re doing in your office is really helping?” (Elks and Kirkhart, 1993, p.556). The difficulty in getting ‘it’ right, and the “considerable freedom of action” (Kjørstad, 2005, p.393) social workers felt they had, led some to “feel that it would be much simpler if someone else could make the decision for me” (ibid.).

b) *Feeling torn*

However, social workers also seemed very aware of their position within multiple complex systems that constrained their ability to get ‘it’ right for all those within the systems, as summed up by the comment “who am I going to let down this time?” (Chanmugam, 2009, p.154). Firstly, social workers found themselves within the service user’s complex system, with one social worker wondering how to “come out with a solution that’s fair for everybody and right” (Lynch, 2010, p.166). Yet social workers also struggled within the complex system of their own organisation, with some feeling “torn between what they perceived as their role and what they felt is required and expected of them by other[s]” (Leichtentritt, 2011, p.1469). The interaction between these two systems was perceived by some social workers to create a conflict between the organisation’s needs and the patient/family’s needs leading them to question if social work still had a social conscience (Mcmichael, 2000). Certainly, one social worker believed “you don’t get to do your job” (Morazes *et al.*, 2010, p.238) and consequently “didn’t feel like I could be a good social worker” (ibid., p.241).

While social workers felt torn between getting 'it' right for different people within the organisation and different people within the service user's network, they also felt torn between getting 'it' right within their own family/network. The pressure to get the work done can lead to conflicts at home as one social worker highlighted "should I go to work or should I stay? I can't leave the child alone but there's this court case" (Ross, 1997, p.63). Making a decision was seen to reflect badly on them as a parent, professional, colleague, employee, or person.

Related Actions and Consequences

While these were qualitative studies, and were therefore not seeking to identify correlation or causation of specific outcomes, there were a range of views expressed by social workers as to what they considered to be consequences of their experience of shame. Clearly these experiences were complex involving a range of contexts and while such views cannot be considered as evidence for actions and consequences of shame, they can be considered to part of the exploration of the data which may be useful for further study. In line with quantitative research into the action tendency of shame (see Tangney and Dearing, 2004), social workers reported withdrawing from others, which included not seeking support, taking sick leave, and resigning from their positions. Some social workers reported being more 'fearful' and so sought to avoid certain service users in attempts to prevent similar experiences. Some reported feeling a "lack of trust" with others which "impaired communication with colleagues" (van Heugten, 2010, p.646). While some reported developing a lack of trust in the organisation they worked for so they no longer "feel a sense of loyalty" (Ausbrooks, 2011, p.379). Certainly, the feeling of being devalued was discussed in conjunction with expressing a wish to leave the organisation or even the profession. As was the belief there was a clash between personal standards and organisational expectations which led one practitioner to state "that it is changing me as a professional" (Fleit, 2008, p.149) and another that "one of the main reasons why I left in the end was the clash in values" (Chiller and Crisp, 2012, p.219).

Discussion

Considering shame is a common human emotion it is perhaps unsurprising that a review of the literature on social workers' personal experience of practice would identify that they have experienced shame. However, the fact that only 3 studies identified from this search strategy actually acknowledged such experiences as shame supports past and present shame researchers' opinion that shame experiences largely remain hidden (e.g. Lynd, 1958; Lewis, 1971; Scheff, 2000; Tangney and Dearing, 2004). While many social workers will be familiar with the feelings associated with struggling to cope with the demands of the work or of having made a mistake, it is perhaps unfair to suggest that cultures within social work organisations expect their social workers to be perfect practitioners. However, the voice of the social workers within the identified studies provide an indication that some practitioners feel they work under a cloud of shame-based fear stemming from a culture that expects them to cope in a society that does not tolerate mistakes. Certainly, these data suggest that some social workers feel their experiences of shame go beyond the occasional and inevitable experiences and are potentially supported or even promoted within their organisation, which included the perception of some organisations as being culturally oppressive. Furthermore, there is evidence to suggest that the fear of shame is in fact worse than the fear of physical assault, and even that feeling shame is harder to cope with than an assault (Enosh *et al.*, 2013). Remaining focused on how best to meet the needs of a service user in such an environment may therefore be very difficult to achieve. Certainly, Harris (1987) argues that social workers can practice defensively by strictly adhering to policy, being risk averse, or suppressing information in attempts to avoid making mistakes and being blamed and there is some evidence in this review to support this argument.

There is evidence in the identified literature that social workers experience shame as a result of feeling devalued by others. The clash of personal, organisational, and service users' standards, rules, and goals, which produces an array of competing and conflicting expectations, meant that whatever decision the practitioner made someone would be let down and they would feel a sense of devaluation. However, the feeling of being devalued was experienced most acutely when the

'devaluer' had more power. It seemed to be those who have the power to legitimately judge a social worker's practice, such as an inquiry or a manager/senior manager, that caused the most distress because they can "take everything away from you" (Regehr *et al.*, 2002, p.893). Such reflections of the power structures within the organisation may offer some explanation as to why practitioners believed they had to prioritise the organisation's expectations over the needs of service users and therefore compromise their own practice standards. In a few instances this also extended to prioritising the organisation's expectations over the needs of their own family. The resulting negative self-evaluations led to feelings of inadequacy and potentially highlight how organisations, inquiries, and inspections can promote shame in the workforce. While the results from this review suggests that shame was experienced as a consequence of some organisational cultures, there was no evidence to suggest that shame was involved in improving practice. The feelings of devaluation and inadequacy were discussed in relation to social workers' decisions to stay silent, to take sick leave, or to leave their position, which seems relevant to the issue of job satisfaction and staff retention. The conclusion from Stanford's (2010) study that "practitioners' fear that they would harm their clients in some way corresponded with their fear of being negatively judged by others" (p.1073) is perhaps suggestive of shame and seems relevant to the issue of practising ethically. Considering this review found shame to be experienced across a diverse spectrum of social work practice, in different contexts, in relation to diversity issues, and in many countries, further research may be warranted to more specifically identify how it is experienced in different contexts and its role in practice.

Shame research has identified a range of actions and consequences related to feeling shame, which is consistent with the withdrawal and avoidance that social workers in these studies discussed (Gilbert and Andrews, 1998; Tangney and Dearing, 2004). However, shame has also been associated with anger and aggression at the self and others (Elison *et al.*, 2006; Stuewig *et al.*, 2010) and there seemed little evidence of this in the studies reviewed here. Although, it should be acknowledged that these studies were not looking at shame and not seeking to provide links between emotions

and action tendencies so this is perhaps unsurprising. Further research in this area would provide a useful platform to begin to understand more fully how shame influences social work practice. As Lewis (1971) found shame to be expressed in a wide variety of ways there may be many studies which provide data in relation to social worker shame not identified for this review due to the limited reporting of participants' accounts in published literature. A secondary analysis of datasets is perhaps needed to provide a more comprehensive understanding of shame within past social work research. Furthermore, not only is shame associated with withdrawal, avoidance, anger, and aggression, but also to appeasing behaviours, which it is argued, is an attempt to gain acceptance from others in the face of a negative evaluation (Brown, 2006). While this review has not provided evidence for such behaviours, it is perhaps important for further research to consider how social workers manage feeling devalued or incompetent and if this affects their style of practice, decision making, and communication with, and about, service users.

While the majority of the studies identified for this review did not specifically name shame as an experience for social workers, applying Lewis' (1971) working model of shame to the identified studies suggests that it may be a more common phenomenon than perhaps previously suggested by research. While it could be argued that these experiences were identified, just not named as shame, the importance of identifying such experiences as shame was argued by Lewis (1971), and others since (e.g. Scheff, 2000; Brown, 2006), to be essential in overcoming the powerful feelings and negative action tendencies linked with shame. They argue that unacknowledged shame leads to a sense of isolation, personal crisis, and the dissolution of societal bonds and the results of this scoping review certainly support such views. Indeed, being able to identify and name such experiences as shame may be the first step in being able to develop personal resilience and organisational sensitivity to such feelings. An organisational response to someone feeling shame may be very different to someone feeling fear and so it becomes vital that such experiences are accurately identified. As good social work practice is predicated on social workers' observations,

communication, and judgements, all of which may be affected by shame, identifying and addressing issues of shame may be an important contributor to good social work practice.

Conclusion

While it is more than possible that there are a number of qualitative research studies that have identified shame in social workers that have not been identified by the methods employed for this scoping review, the lack of attention shame has received in the identified studies is an interesting finding in itself. Accepting that Lewis' (1971) working model of shame is an appropriate tool to use to identify experiences of shame within past research, it suggests that shame is perhaps more common a phenomenon than social work research has previously suggested. With shame research providing evidence for the potentially damaging nature of shame on one's self-concept and social relationships, it seems highly relevant to the debate on improving social work practice. With so little research on shame within a social work context, this scoping review has identified a potentially important area for further empirical investigation. The feelings and experiences may be familiar to many social workers but without naming such experiences they may play a significant role in practice if unresolved. Furthermore, it may be important to understand this phenomenon in a social work context so that organisations and national systems can be sensitive to practitioners' experiencing shame in order to promote a skilled, stable workforce and support better practice.

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