Lower Demands but Less Meaningful Work? Changes in Work Situation and Health among Social Workers in a 15-Year Perspective

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Abstract

The study aimed to investigate how working conditions, intention to leave and self-rated health among Swedish social workers in child welfare have developed over the course of fifteen years. In 2003 (n=309), 2014 (n=313) and 2018 (n=305), the same questionnaire was distributed to social workers who were working with the same tasks in the same geographical areas. The results show that the social workers in 2018 overall rate their working conditions as better than they did in 2014, and in most respects also better than in 2003. The most salient improvements are that work demands in 2018 are described as significantly lower than in earlier years, and organisational climate, group work and support from their superior and co-workers are seen more positively. Despite these positive developments, the changes in how the social workers rate their health and to what extent they intend to leave the workplace were minor. Also, how the social workers rated positive challenges in work and the extent to which they perceived their work as meaningful or felt that their skills and knowledge often were useful in their work had deteriorated. Possible factors as the influence of New Public Management and increased use of manuals and forms are discussed.

Keywords: child welfare, intention to leave, professional role, questionnaire, working conditions, work contents



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Introduction

Today it is well known that social workers, especially those in child welfare, often work under pressure and in workplaces suffering from high turnover rates and recruitment difficulties. This has been reported from all around the Western world for many years, from the USA (Mor Barak *et al.*, 2001; de Panfilis and Zlotnik, 2008), Australia (Healy and Meagher, 2004; Russ *et al.*, 2009), the UK (Webb and Carpenter, 2012; McFadden *et al.*, 2015; Ravalier, 2019; Ravalier *et al.*, 2021) as well as from Sweden and other Nordic countries (Tham, 2007a,b, 2016, 2018; Tham and Meagher, 2009; Aronsson *et al.*, 2014; Mänttäri-van der Kuip, 2014; Baugerud *et al.*, 2018). Even though this situation has been reported for more than two decades, the conditions seem to persist.

Another aspect that seems difficult to change is that child welfare work tends to be an early entrance and exit position. In spite of the fact that handling investigations of children and youth is often described as the most demanding work, requiring long work experience to be able to do a qualified job, research has for many years shown that newly educated social workers often begin their careers in these positions (Tham, 2007b, 2016; Hussein *et al.*, 2014; McFadden *et al.*, 2015; Kinman and Grant, 2017). In an ongoing study among 280 social work students who were contacted two to four years after graduation, child welfare was the most common entry position (Tham, submitted).

In more recent years, changes in the contents of work and in the professional role of social workers have been reported and the work is described as increasingly focusing on manuals and documents and being shaped by budget cuts (Gillingham, 2011, 2021; Mänttäri-van der Kuip, 2014; Tham and Strömberg, 2020). Several studies have discussed the implications of New Public Management (NPM), that is the influence of marketised management models on public welfare and working conditions (Hood, 1991), for social services in Sweden (Höjer and Forkby, 2011; Shanks *et al.*, 2015; Welander *et al.*, 2017; Tham, 2018; Lauri, 2019). One question is how and to what extent the changes that NPM has brought along have impacted on the work and working conditions of social workers. Is it possible to see any changes in how social workers describe their health, well-being, work satisfaction and intention to stay or leave the workplace now compared to earlier?

The present study focuses on how social workers in child welfare who are responsible for carrying out investigations concerning children and youth describe their work and their working conditions. Data were collected at three points in time—in 2003, 2014 and 2018—in twelve

municipalities and seven town districts in the County of Stockholm. Do the answers differ between the years and, if so, how can the changes be understood?

Aim

• The aim of the study was to explore how working conditions, intention to leave and self-rated health among social workers in child welfare have developed between the years 2003, 2014 and 2018.

More specifically, the changes in work contents, organisational conditions, intention to leave the workplace or the profession, and self-rated health in the social workers' assessments will be investigated.

The context

Child welfare work in Sweden has often been characterised as being family oriented, focusing on preventive work and family treatment (Khoo *et al.*, 2002; Meagher *et al.*, 2009). Although the Swedish welfare state has undergone changes influenced by NPM (Meagher and Szebehely, 2013), most social welfare services are still delivered through the municipal social services.

Recent data, however, reveal a development of child welfare services towards further specialisation, which has led to a division of work tasks in social services where some social workers focus only on child protection cases (Grell et al., 2017; Steive et al., Submitted). In Swedish legislation, voluntary efforts such as family counselling or placements in out-of-home care to which the family agrees, are still strongly preferred, and it is only as a last resort, after all voluntary alternatives have been carefully considered, that children or youth may be taken into out-of-home care.

Method

Sample

The sample consisted of all the social workers in the field of child welfare who were handling referrals and investigating the situation of children and youth in half of the municipalities and town districts in Stockholm County in the years 2003 (n=309), 2014 (n=313) and 2018 (n=305). In the selection of municipalities and town districts, the aim

was to obtain wide socio-economic variation. The sampling method was systematic: Municipalities and town districts were ranked by the proportion of children and youth in out-of-home care (per 1,000 child/adolescent habitants), and every other municipality/town district was chosen from the ranked list in order to ensure that areas with high, medium and low proportions of children in out-of-home care were included.

The instrument—OPS Nordic

As described in previous publications (Tham, 2007a,b, 2009, 2018), the questionnaire used in this study was based on the general Nordic Ouestionnaire for Psychological and Social Factors at Work (OPS Nordic), developed by researchers from four Nordic countries (Dallner et al., 2000). It focuses on three basic concepts: workload, complexity of tasks and quality of the management. Dallner et al. (2000) describe the conceptual validity as good; the factors corresponded well with most of the dimensions that were intended to be measured by the questionnaire. Reliability, as measured by Cronbach's alpha, was also judged by the researchers to be acceptable, as was, in most cases, test-retest reliability. The questionnaire combines characteristics that have been measured by job stress and job design methods such as the Job Content Questionnaire, based on the demand-control-support model (Karasek et al., 1998) and the Job Diagnostic Survey (Hackman and Oldham, 1976). For a detailed description of the theoretical underpinnings of the concepts addressed by QPS Nordic, the preparation of the questionnaire and the validity process, see Dallner et al. (2000). The questionnaire was chosen as a measuring instrument because it includes factors identified as important in previous research on how working conditions in human service organisations are perceived.

Different measures of health were included: the General Health Questionnaire (GHQ12) (Goldberg, 1978), a shortened version of the subscale on emotional exhaustion in the Maslach Burnout Index (MBI) (Maslach, 1976) and physical symptoms/complaints. The GHQ12 is a well-validated measure for psychological morbidity and is often used in studies of this kind. It comprises twelve items concerning the ability to concentrate, sleeping difficulties, anxiety, energy, self-confidence and well-being (Goldberg, 1978; Banks et al., 1980). Emotional exhaustion—one of the three subscales in the MBI—is often described as the first stage and core dimension in the process leading to burnout (Maslach, 1976), but it is also conceived as a comprehensive general aspect in measuring well-being (Enzmann et al., 1995). The subscale consists of nine items, of which the first five were used here. The scale for 'physical symptoms' refers to prevalence and frequency of headaches, pain in the neck and shoulders, pain in the lower back and stomach troubles.

Data collection and ethical considerations

In all three rounds of data collection, the questionnaire was distributed through personal visits to the workplaces during ordinary staff meetings. The social workers could thus ask questions to clarify any of the items on the questionnaire and ask about any aspects of the study, including its purpose and how their anonymity was to be ensured. The study has strictly followed ethical guidelines and national laws (SFS, 2003). Informed consent was obtained, and the participants were informed of their right to withdraw at any time during the research process. Neither the questionnaire nor the interviews included any personal data and the participants were assured of their anonymity. They were also informed that the findings would be presented in such a way that it would not be possible to identify any individual or work group.

The social workers who had not attended the meetings received the questionnaire in personally addressed envelopes. The drop-out rate was 3 per cent in 2003 (11 out of 321 questionnaires), 19 per cent in 2014 (83 out of 435 questionnaires) and 18 per cent in 2018 (106 out of 595 questionnaires in total). As described above, in this study only those responsible for carrying out investigations of children and/or youth were included.

Analyses

The data were processed in SPSS (version 26.0) and all analyses were transformed with STATA version 16. *p*-Values were based on Chisquare tests for cross tables (percentages) and ordered logistic regressions for means (for age and number of ongoing cases), with survey year (2003/2014/2018) as main independent variable. *p*-Values for indexes on psychosocial work environment and variables regarding health and intention to leave were based on logistic regressions controlling for age, gender and work experience.

Results

The social workers

The age and work experience of participants decreased over each cycle, but most between 2014 and 2018 (Table 1). In 2018, 44 per cent of the social workers were thirty years or younger, compared to 18 per cent in 2003. Almost six out of ten (58 per cent) had been working for less than three years as social workers compared to around a third (35 per cent) in 2003.

	Social workers 2003 (<i>n</i> = 309)	Social workers 2014 (<i>n</i> = 313)	Social workers 2018 (<i>n</i> = 305)
Age (mean)	40	37***	35***
Proportion social workers thirty years or younger (%)	18	31***	44***
Proportion of men (%)	14	10 [†]	12
Have been working three years or less as social worker (%)	15	19	58 ^{***}
Have been working ten years or more as social worker (%)	33	25*	14***
Have been employed a year or less by the current employer (%)	31	34	44***
Have been employed more than ten years by the current employer (%)	15	11 [†]	6***

Table 1. Descriptive statistics. Social workers 2003, 2014 and 2018

Work contents

Whilst it is important to bear in mind that we do not know what the situation was like between the three measuring points, the results in Table 2 show that the social workers were more satisfied with most aspects of their working conditions in 2018 than in the earlier years. This is especially clear when compared to 2014 when all aspects of work contents were rated worse. In many respects, the situation in 2018 was also described as better than in 2003, for example when it comes to quantitative demands.

However, there are some exceptions from this positive development. The most salient one concerns how the social workers perceive their work in terms of 'positive challenges'. In 2018, the work was described as containing positive challenges to a significantly lesser extent than in the earlier years data was collected. The same was true regarding to what extent the work was perceived as requiring knowledge and skills. Work was also described as less meaningful in 2018 than in earlier years. Here, the deterioration seems to have started after 2014. To what extent their knowledge and skills were seen as useful in work was also rated lower by social workers in 2018 than in the earlier years.

In 2018, the social workers more often reported having to change their plans for the working day due to staff shortages, and more often described negative influences from work impacting on private life as compared to 2003, although not as frequently as in 2014.

^{*}p < 0.05. **p < 0.01. ***p < 0.001. $^{\dagger}p$ < 0.10. p-Values are based on χ^2 tests for dichotomous variables and on ordered logistic regressions for age.

Table 2. Work demands, control of decisions, role clarity and role conflicts 2003, 2014 and 2018

	Social workers 2003 ($n = 309$)	Social workers 2014 (<i>n</i> = 313)	Social workers 2018 (<i>n</i> = 305)
Quantitative demands (1–5) ^{a,b} (m)	3.44	3.69**	3.11***
Workload often tends to pile up (%)	50	60 [*]	38**
Have to work overtime often (%)	33	45**	25 [*]
Have very often or always too much to do (%)	65	67	46***
Learning demands (1–5) ^{a,c} (m)	3.20	3.20	3.09 [*]
Work tasks are often too difficult (%)	6	8	7
Often performing tasks for which more training is needed (%)	20	21	22
Often performing tasks for which more experience is needed (%)	18	24	25*
Control of decisions (1-5) ^{a,c} (m)	3.39	3.12***	3.21**
Can often influence work methods (%)	64	48	58
Can often influence the amount of work given (%)	20	13*	19
Can often influence choice of co-workers (%)	55	32***	27***
Role clarity (1–5) ^{a,c} (m)	3.91	4.06**	3.98**
Responsibilities are often known (%)	85	90 [†]	84
What is expected at work is often exactly known (%)	70	74	75
Role conflicts (1-5) ^{a,c} (m)	2.82	2.95	2.68
Often obliged to do things in a way that should be done differently (%)	17	30***	28**
Often given assignments without adequate resources to complete them (%)	28	36 [*]	24
Often confronted with incompatible requests from two or more people (%)	19	26*	18
Number of ongoing cases (mean)	9.9	10.3 [*]	10.2 [†]
Often change the plans of the working day because of sudden crises in client work (%)	35	50***	33
Often change the plans of the working day because of staff shortages (%)	14	24**	21*
Often negative influence from work on private life (%)	28	39**	32
Positive challenges in work (1–5) ^{a,c} (m)	4.16	4.18	4.05
Work often contains positive challenges (%)	73	77	66**
Work is often meaningful (%)	84	88	80
My skills and knowledge are often useful in my work (%)	95	92	90*

Mean (m) and per cent. Scales, their items and single questions.

 $^{^{}a}1 = very seldom or never; 2 = rather seldom; 3 = sometimes; 4 = rather often; 5 = very often or$ always.

^bThe numbers and percentages in the table show the proportion who answered 'rather often' and 'very often' or 'always' taken together.

^{*}p < 0.05. **p < 0.01. ***p < 0.001. $\stackrel{\dagger}{p}$ < 0.10. p-Values are based on χ^2 tests for dichotomous variables and on ordered logistic regressions for numeric variables.

Organisational conditions

Organisational climate

The most positive development in working conditions between the three points of data collection can be seen in how the social workers rate their organisational conditions and especially the climate in the organisation (Table 3). Here, the social workers have become almost entirely more satisfied over the years. With a few exceptions, the differences between the years are statistically significant.

Even though a large part of the social workers still do not seem to be too satisfied with all aspects of organisational climate—especially not regarding the 'human resource orientation', where still only a fifth in 2018 (21 per cent) answer that they are often rewarded for a job well done, four out of ten state that management often are interested in the health and well-being of the staff, and only half of the group find that they are often well taken care of in the organisation—a positive development can be seen over the years. In an earlier analysis of the data in this series collected in 2003, the level of human resource orientation of the work has been shown to be the most important for social workers' intention to remain in or leave the workplace (Tham, 2007a).

Regarding 'innovative climate', the social workers seem to be more content in 2018, especially when it comes to how often staff are encouraged to make workplace improvements. Concerning how the social workers rated the 'social climate', improvements are more modest. However, most of the social workers seem to be satisfied; for example, 84 per cent assess the climate in the work unit as being encouraging and supportive to a large extent, and three out of four also to a large extent find it to be relaxed and comfortable.

Support from superior and colleagues

In 2018 the social workers, as in previous data collections (Tham, 2007a; Tham and Meagher, 2009), seem to be largely satisfied with the support they receive from superiors and co-workers. The vast majority of them answered that they, if needed, often can get help and support from their immediate superior (77 per cent) and from co-workers (88 per cent). The situation seems to have improved over the years here as well, and changes are statistically significant. The importance of peer and managerial support has been highlighted for many years; several reviews have underlined the importance of leadership for outcomes such as social workers' job satisfaction and retention (Landsman, 2007; Elpers and Westhuis, 2008; O'Donoghue and Tsui, 2015; Carpenter et al., 2013), and peer-to-peer support and mutual actions within the team were in a

Table 3. Support, group work, organisational climate and human resource orientation experienced by social workers in 2003, 2014 and 2018

	Social workers 2003 (<i>n</i> = 309)	Social workers 2014 (<i>n</i> = 313)	Social workers 2018 (<i>n</i> = 305)
Human resource orientation (1–5) ^{a,b} (m)	2.59	2.77*	3.02***
Often rewarded for a job well done (%)	9	17**	21***
Staff are often well taken care of by the organisation (%)	35	40	51***
Management are often interested in the health and well-being of the staff (%)	25	31 [†]	41***
Innovative climate (1-5) ^{a,b} (m)	3.40	3.51*	3.64***
Staff are often taking own initiative (%)	57	65 [*]	69**
Staff are often encouraged to make workplace improvements (%)	40	53**	65***
The communication in the work unit is often sufficient (%)	46	45	52
Social climate (1-5) ^{a,b} (m)	3.93	4.05	4.07*
The climate in the work unit is to a large extent encouraging and supportive (%)	65	78***	84***
The climate in the work unit is to a large extent distrustful and suspicious (%)	7	5	11
The climate in the work unit is to a large extent relaxed and comfortable (%)	63	69	74**
Support from superior (1–5) ^{a,b} (m)	3.75	3.80	3.89 [*]
Often get support and help from immediate superior if needed (%)	73	70	77
Immediate superior willing to listen to work-related problems if needed (%)	79	80	81
Work achievements often appreciated by immediate superior	37	46 [*]	47*
Support from co-workers (1–5) ^{a,b} (m)	4.22	4.27	4.32*
Often receive support and help from co-workers if needed (%)	80	77	85
Co-workers often willing to listen to work-related problems if needed (%)	85	89	88
Group work (1–5) ^{a,b} (m)	3.87	4.08***	4.02**
Much appreciate being a member of my work group (%)	83	90*	86
The work in the work unit is often carried out in a flexible way (%)	65	72 [†]	72 [†]
The work group is often good at solving problems (%)	59	77***	78***

 $^{^{}a}1 = very$ seldom or never; 2 = rather seldom; 3 = sometimes; 4 = rather often; 5 = very often or always.

^bThe numbers and percentages in the table show how many who answered 'rather often' and 'very often or always' taken together.

^{*}p < 0.05. **p < 0.01. ***p < 0.001. *p < 0.001. *p < 0.10. p < 0.

recent literature review emphasised as a protective factor for social workers' well-being (Cabiati et al., 2020).

Work group

When it comes to how different aspects of the 'work group' are perceived, it is obvious that the social workers are to a large extent satisfied. Almost nine out of ten state that they much appreciate being a member of the work group, and around three quarters perceive that work is often carried out in a flexible way and that the group often is good at solving problems. Here, the differences between 2014 and 2018 are minor—the improvements seem to have occurred between 2003 and 2014.

In a recent review on burnout in health social work, Frieiro Padín *et al.* (2021) conclude that the quality of the work environment is essential and underline the importance of communication, teamwork and the relationships and dynamics among colleagues.

Intention to leave

So, then, is this positive development also reflected in the number of social workers who intend to leave the workplace or the profession in 2018? The answer is yes, but mainly in relation to the answers in 2014, and perhaps not to the extent that could have been expected given the positive results described above.

In 2018, still 43 per cent of the social workers answered that they intended to look for a new job within a year and almost four out of ten had often considered changing place of work during the last year (Table 4). As in 2014, still a third of the social workers had often considered changing profession during the last year.

Self-rated health

In relation to what could be expected from the positive developments in other areas, changes in how the social workers rate their health and well-being were moderate.

In 2018, emotional exhaustion is assessed at the same level as in 2003, although an improvement can be seen compared to 2014 (Table 5). Still, in 2018 almost a third of the social workers answer that they a few times a week, several times a week or every day feel emotionally drained from their work, and four out of ten state that they feel used when the working day is over.

The same pattern can be seen regarding how the social workers assess their psychological health (GHQ12): there is a slight improvement in

Table 4. Intention to leave the workplace or the profession among social workers in 2003, 2014 and 2018

	Social workers 2003 (<i>n</i> = 309)	Social workers 2014 (<i>n</i> = 313)	Social workers 2018 (<i>n</i> = 305)
Intend to look for a new job within a year (1–5) ^a (m)	2.92	3.09	2.77
Intend to look for a new job actively within a year (%)	47	54	43
Considered changing place of work during the last year (1-5) ^b (m)	2.72	3.08**	2.88
Have often considered changing place of work during the last year (%)	32	43**	39*
Considered changing profession during the last year (1–5) ^c (m)	2.39	2.75**	2.70**
Have often considered changing profession during the last year (%)	23	32*	32 [*]

^a1 = not likely at all: 2 = not likely: 3 = rather likely: 4 = very likely.

2018 compared to 2014, but overall it is still on the same level as in 2003. For the positively phrased questions—feeling that I play an important role for others, can appreciate positive things in life and feeling rather happy overall—the social workers seem slightly more satisfied in 2018 than in earlier years. However, more than in 2003 report having sleeping problems due to problems and difficulties and feeling that their self-confidence has decreased.

Regarding the mean value of the scale, it is obvious that the social workers report more physical symptoms in 2018 than in earlier years. However, the percentages of those who report that they during the last four weeks often have suffered from pain in the neck or shoulders (around a third), pain in the back (around a quarter) or stomach trouble (around a fifth) are the same in 2014 and 2018.

Discussion

The aim of the study was to investigate how working conditions, intention to leave and self-rated health among child welfare social workers have developed between the years 2003, 2014 and 2018.

In sum, the results show that the social workers in the data collection in 2018 on an overall level rate their working conditions as better than

 $^{^{}b}1 = very$ seldom or never; 2 = rather seldom; 3 = sometimes; 4 = rather often; 5 = very often or always.

^{&#}x27;The numbers and percentages in the table show how many who answered 'rather often' and 'very often or always' taken together.

^{*}p < 0.05. **p < 0.01. ***p < 0.001. †p < 0.10. p-Values for dichotomous variables were based on χ^2 tests. p-Values for numeric variables were based on ordered logistic regressions controlling for age, gender and work experience.

Table 5. Self-rated health among social workers in 2003, 2014 and 2018

	Social workers 2003 (<i>n</i> = 309)	Social workers 2014 (<i>n</i> = 313)	Social workers 2018 (<i>n</i> = 305)
Emotional exhaustion (0–6) ^a (m)	2.73	2.96 [†]	2.74
A few times a week, several times a week or every day feeling			
Emotionally drained from my work (%)	30	39*	31
Used when working day is over (%)	39	47 [†]	39
Tired when I get up in the morning (%)	63	65	61
Work during a whole day is really hard for me (%)	28	39**	36 [*]
I feel burned out from my work (%)	9	17**	16 ^{**}
GHQ 12 (1-4) ^b (m) ^d	3.11	3.03 [†]	3.14
During the last four weeks I have felt			
I can concentrate on what I am doing (%)	54	50	51
I had sleeping problems due to problems and difficulties (%)	12	18*	19*
I play an important role for others (%)	55	59	65 [*]
Capable of making decisions (%)	75	70	75
Constantly under strain (%)	28	38*	24
I cannot cope with the daily problems (%)	5	8	4
I can appreciate positive things in life (%)	76	73	81
I can handle difficulties (%)	74	75	76
Sad and depressed (%)	5	8 [†]	8 [†]
That my self-confidence has decreased (%)	7	13*	11 [†]
Been thinking of myself as a useless person (%)	5	8	6
Rather happy overall (%)	49	51	56 [†]
Physical symptoms (1–4) ^c (m)	1.78	1.89 [*]	1.93**
During the last four weeks often or every day suffered from			
Headache (%)	17	22	26**
Pain in the neck or shoulders (%)	31	36	36
Pain in the back (%)	18	24 [†]	24 [†]
Stomach trouble (%)	15	18	18

 $^{^{}a}0$ = never; 1 = a few times a year or less; 2 = once a month or less; 3 = a few times a month; 4 = once a week; 5 = a few times a week; 6 = every day.

they did in 2014, and in most respects also compared to 2003. The most salient improvements are that work demands are described as significantly lower than in earlier years, whilst organisational climate, group work and support from co-workers and superior are seen more positively.

^b1 = totally disagree; 2 = partly disagree; 3 = agree; 4 = totally agree.

^c1 = never or almost never; 2 = sometimes; 3 = often; 4 = every day.

^dHigh values here mean better health.

^{*}p<0.05. **p<0.01. ***p<0.010. p-Values for dichotomous variables were based on χ^2 tests. p-Values for numeric variables were based on ordered logistic regressions controlling for age, gender and work experience.

However, despite these positive developments, the changes in how the social workers rate their health and to what extent they intend to leave the workplace are still minor. In 2018, self-rated health was mainly on the same level as in 2003, and 43 per cent of the social workers (compared to 48 per cent in 2003) still intended to leave the workplace. More of the social workers in 2018 compared to 2003—and still as many as in 2014, when the working conditions were the worst—had often considered changing profession.

Why has self-rated health not increased despite the improved working conditions?

As the design of this study does not make it possible to draw any conclusions about the causes of the changes observed, the discussion will be tentative, considering possible factors that may lie behind these results. However, the results of this study will also be discussed in relation to the changes in how child welfare work is organised and managed and the possible influence that this has on working conditions and the characteristics of the work.

According to the Demand–Control–Support model, the results of this study showing that the social workers in 2018 describe significantly lower work demands—combined with perceived increased support from superiors and co-workers compared to earlier years—point to a less tense work situation (Karasek and Theorell, 1990). Two of the three questions included with regard to the aspect of 'control'—here measured by 'control of decisions'—point in the same direction. The social workers rate the possibility to influence working methods as higher and the amount of work given as lower in 2018 than in 2014, and almost on the same level as in 2003. With the exception of the item possibility to influence choice of co-workers, which points in the other direction, the results of the present study do not support this model.

So, which other aspects of the social workers' working conditions might be connected to their self-rated health? Are there any other aspects of work content or organisational conditions which might be more important?

One of the few aspects of the working conditions which had not improved since 2003 but had rather deteriorated, especially since 2014, is how the social workers rate 'positive challenges in work'. In 2018 significantly fewer of the social workers answered that their work often contains positive challenges compared to the earlier years. Fewer of them also perceived their work as often being meaningful or that their skills and knowledge often were useful in their work. These answers also raise questions as to what might lie behind the social workers' changed perceptions. In Sweden as in most of the Western world, the influence of

NPM has led to changes in the organisation and management of social work, where the development towards using more manuals and electronic information systems is described as having impacted the work (White et al., 2010; Huuskonen and Vakkari, 2015; Devlieghere et al., 2022). One reflection is to what extent the changes in the contents of child welfare work after the implementation of the Swedish version of the Integrated Children's System (ICS) (Shaw et al., 2009)—Barns Behov i Centrum (BBIC [Children's needs in focus]) (National Board of Health and Welfare, 2009)—may have contributed to a changed professional role of social workers. Whilst managers in social work described positive aspects of BBIC, such as leading to higher quality in child welfare investigations and giving newly qualified social workers a structure for their work, the increased documentation requirements were described as disproportionate (Tham and Strömberg, 2020). Could the use of manuals and forms included in the BBIC have led to a more narrow and more formalised professional role, focusing only on processing referrals, and thus be a reason behind the child welfare social workers' assessment of their work role as less meaningful and less positively challenging, where skills and knowledge less often are useful in work? The 'core activity' in human service organisations is often described to be the relationship between social worker and client (Hasenfeld, 1983, 2009). In this perspective, these social workers' descriptions of their job content as involving less time for meetings with clients might be an important reason for assessing the work as less meaningful and less positively challenging.

The fact that the number of ongoing cases still is approximately the same from year to year—even though the demands are described as significantly lower in 2018—could be understood as being a result of a more narrow role where the investigations need as much time and effort as earlier. That the use of manuals and forms may lead to deprofessionalisation was highlighted already decades ago (Healy and Meagher, 2004). These questions would be important to address in future studies.

Still signs of high turnover

Another confusing result is that the proportion of social workers who intend to leave the workplace or have often thought of changing profession remains high. Although the proportion of social workers who in 2018 answer that they intend to actively look for a new job within a year has decreased and is lower than in 2003, still more than four out of ten of the social workers in 2018 state that they have these intentions. The proportions of those who have often considered changing place of work and those who often have considered changing profession during the last year are still higher in 2018 than in 2003, and almost as high as

in 2014 when the working conditions, according to the social workers, in most respects were the worst. Another result indicating high staff turn-over is that the social workers in 2018 also to a greater extent than in 2003 and almost as frequently as in 2014 reported often having to change the plans of the working day due to staff shortages. Other factors pointing in the same direction are that the social workers in 2018 had been working for their current employer a shorter time and were less experienced. In sum, the improved working conditions reported by the social workers in 2018 do not seem to lead them to want to stay in the profession.

In a previous study (Tham, 2007a), it became clear in the analyses that the working conditions related to the intention to leave were connected to the organisational climate, that is the 'human resource orientation' (to what extent the workers were rewarded for a work well done, were taken care of, and the management showed interest in the workers' health and well-being) and the 'social climate' (to what extent the climate was perceived as encouraging and supportive, relaxed and comfortable, and less suspicious and distrustful). Based on these previous results and considering that the social workers in 2018 are significantly more satisfied with all of these aspects of the organisation, a lower proportion of social workers who intend to leave the workplace or had thought of changing profession could have been expected.

Concluding comment

Whilst the design of this study does not allow us to draw any conclusions about the reasons behind the results, questions that would be interesting to address in future studies are raised. In sum, the results of this study differ from previous studies among the same professional group and raise questions as to whether other aspects of the work and the working conditions today compared to earlier studies are the reasons behind ill-health and are driving the social workers away from their jobs? Another important question raised by the results is how service users perceive the help and support they receive. To what extent do the social workers' assessment of the work as less meaningful and positively challenging spill over to the service users' perceptions of their contact with the social services and the help they receive? These questions deserve perhaps to be further analysed in future studies.

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