

SOCIAL WORKERS IN MANAGEMENT: WORK/FAMILY STRESS AND ISSUES OF SELF-CARE

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ABSTRACT

Traditional approaches to stress adopt a narrow and individualistic perspective with little attention paid to the wider organisational, social, political and family factors involved. The intersect of all these factors as well as the symptoms of stress that social work managers experienced were examined as part of a broader study of women in management and occupational stress. The sample consisted of 30 women managers from diverse racial backgrounds. Ten of these managers were social workers. Both private and public organisations with local, national and international status were included in this study. Data were obtained through the use of a biographical questionnaire, a semi-structured interview schedule, the Type A personality scale and the 'Identifying stress at work' scale.

Organisational contributors to occupational stress have been identified as follows: logistical constraints, career development, relationships at work, role in organisation, organisational structure and extra-organisational forces. The social factors, which impacted on the social work manager's experience of stress, were racism and gender discrimination. All the social work managers displayed Type A behaviour. The following sources of stress at the work/family interface were identified: domestic pressures, parental stress, marital discord, bi-cultural role conflict, and spill-over of job/stress into family life. Social work managers displayed physical, psychological and behavioural symptoms of stress.

The social work managers used a variety of strategies to cope with pressure and combat stress. Given the nature of the stressors experienced by the social work managers, organisational as well as individual interventions to enhance self-care are recommended.

INTRODUCTION

In the management process of the institutions which offer services to solve the problems of individuals and families, several challenges are faced by social work managers. The formation of a structure that will offer the best service and its maintenance is one of the difficult tasks that social work managers are confronted with. This is followed by difficulties encountered in implementing measures aimed at increasing efficiency and in counterbalancing the objectives of the organisation with the needs and expectations of the people employed in the organisation. Managers are constantly experiencing stress when trying to deal with the above problems (İşikhan, 2003).

At present social work managers who assume the responsibility of offering a service to groups, individuals and families with psycho-social and economic problems inevitably experience stress when doing their jobs. Social work managers deal on a daily basis with other people's stress and distress: they often face hostility, conflicting demands and career obstacles, and currently they are operating in a political climate which is inhospitable to social work managers in helping them balance their work and family roles. Whether it be counselling clients or managing in social work, the social work profession is rarely, if ever, unconnected with stress and issues of self-care. The situations that social work managers face are often characterised by a debilitating level or intensity of stress, which has a very powerful impact on the stressors that they themselves experience.

This paper presents information on the following sources of stress as experienced by the social work managers: organisational, social, personal as well as family factors. These were examined as part of a broader study aimed at investigating the career obstacles and occupational stress amongst women managers both from public and private organisations.

In tackling these issues the dilemmas, conflicts and tensions inherent in the social work manager's role are taken into account, as are the political, cultural, social and organisational contexts in which they occur. In addition, the symptoms of stress as well as the management of stress on an individual and organisational level are highlighted.

RESEARCH METHODOLOGY

A descriptive design was used which portrayed the unique characteristics of the population more accurately. It also allowed for an inductive, subjective and process-oriented worldview. Both qualitative and quantitative methods of data collection were used in this study. The biographical questionnaire was used to collect data on the profile of the respondents and the organisations. A semi-structured interview schedule was used to elicit information on the sources of stress, its manifestations and the interventions used to cope with stress.

The "Identifying stress at work" scale developed by Looker and Gregson (1997) was used to measure the levels of stress experienced by the women managers. The "TYPE A Personality" scale developed by Looker and Gregson (1997) was used to identify the personality types of the women managers. The geographical area of study was Durban and the surrounding areas extending to Phoenix in the north and Hammarsdale in the West. Non-probability sampling was used to select a sample of 30 women managers from diverse professional backgrounds. One-third of this sample (n=10) consisted of social work managers. A total of ten organisations participated in this study: five public and five private organisations. Of these, three private organisations were social work agencies and the three public organisations had social work departments as part of a broader structure of service providers.

The research objectives were as follows:

- To identify the sources of stress experienced by women managers at work and at home;
- To examine the ways in which stress manifests itself on the physical, psychological and behavioural levels;
- To examine the strategies used by women managers in coping with occupational stress and in balancing professional and family responsibilities;
- To identify existing organisational policies and programmes designed to assist women managers in dealing with stress.

RESULTS AND DISCUSSION

Sample characteristics

This paper presents the results relating to the ten social work managers. The majority of the social work managers (6) were between the ages 40 to 50 years. Eight were married. All the social work managers had between one to four children. All the social work managers occupied junior management positions. The majority of them (7) had occupied positions of management for less than five years.

Sources of workplace stress

The workplace is an important source of both demands and pressures that cause stress. Several workplace factors have been found to be associated with stress and health risks.

Logistical constraints

Possibly no working condition has a more decisive effect on family life than the time and timing of working hours. Given the physical separation of work and home, time on the job is inevitably time spent away from the family. Thus social work managers have to reconcile potentially conflicting family and employment responsibilities and time becomes a particularly scarce resource.

The most frequently cited stressors in relation to logistical constraints were:

- Poor physical working conditions, viz. poor lighting, dilapidated building, noise pollution, poor ventilation: 5 (50%);
- Schedule inflexibility: 10 (100%);
- Meetings at night: 8 (80%);
- Long working hours: 10 (100%).

One of the respondents commented on how her colleague was hijacked and murdered after she left the meeting late at night. Three of the respondents also indicated that they were victims of highjacking after working till late at night. This did not deter the management board from continuing with meetings at night.

The present findings also indicated that women were entering into managerial careers with expectations that the playing field would be level, fair and flexible. It is evident from the findings that the respondents experienced a competitive dilemma between work and family roles. By their decision to join the ranks of management, they have undertaken a massive attempt to merge their various roles of working woman, wife and mother. Organisations, however, did not respond to the needs of the respondents who performed multiple roles and this had become one of the major sources of stress for the majority of the respondents.

Career development

Successful career development results when internal and external networks are established; cultural, racial, professional and social support is institutionalised and mentors are present and receptive.

The most frequently cited stressors in relation to career development were:

- Lack of job security: 6 (60%);
- Having reached the glass ceiling: 9 (90%);
- Disparity in salaries: 1 (10%);
- Lack of role models/mentors: 5 (50%);
- Lack of recognition for new qualification: 9 (90%);
- Lack of management training: 7 (70%).

The results of Nelson and Burke's (2000) study are consistent with the present findings, viz. that the glass ceiling was identified as one of the sources of stress for women managers. They found that another contributing factor was discrimination, which occurred by increasing women's probability of failure, denying them access to developmental opportunities or presenting only stereotypical challenges.

Relationships at work

Relationships at work play a significant role as they can either buffer the effects of stress through their supportive roles or lead to stress. According to Davidson and Burke (1994), poor working relationships can considerably raise pressure levels and thus prove stressful. Some of the stressors identified in relation to their subordinates were:

- Power struggles: 6 (60%);
- Resentment: 6 (60%);
- Difficulties in delegating: 7 (70%);
- Erosion of formal role and status: 6 (60%).

According to Moss (1981), the stresses that managers experience are due to power struggles between them and their subordinates. Subordinates have some powers over the managers which are more indirect: the power to co-operate or obstruct; the power to make the superior look good or bad; and the power to produce or fail to produce the backup, input or implementation on which each manager must depend. The most frequently cited stressors regarding their relationship with their superiors were:

- Power struggles: 4 (40%);
- Lack of support: 6 (60%);
- Lack of sensitivity to personal and professional needs: 9 (90%);
- Lumping and dumping: 6 (60%).

Similarly Moss (1981) found that career progression anxieties and problems within the manager-superior relationship were significant sources of stress due to the power aspects of their relationships. The superior has direct power to use over the fate of the manager through performance appraisal and the ability to influence compensation and advancement. He found that both were also involved in a struggle for survival in the same organisational system.

Lack of autonomy and support from colleagues have been found to be important job stress factors for social work managers in Turkey (Isikhan, 2003). He found that, when a manager is prevented from making as well as implementing his decisions by the intervention of his superiors, or if a manager lacked autonomy, his prospect of being successful was reduced, hence causing higher levels of job stress.

Role in organisation

Social work managers adopt many roles to achieve their goals of social justice, the enhancement of the quality of life and the development of the full potential of each individual, family and group in society. Social work managers act as case managers, planners and developers of services, manage services and try to ensure that systems work smoothly. Since the dispensation of the affirmative action policy in 1994 social work managers have to act as advocates and negotiators

for those discriminated against. Given the demands of the role of the social work manager the most frequently cited stressors in relation to the social work manager's role were:

- Role ambiguity: 10 (100%);
- Role conflict: 10 (100%);
- Responsibility for people: 9 (90%);
- Quantitative overload: 10 (100%);
- Qualitative overload: 8 (80%).

The results of a study undertaken by Davidson and Burke (2000) are consistent with the present findings, viz. that women managers experienced role conflict, role ambiguity and work overload as a result of the large number of staff managed. They also found that work overload was an important time stressor which led to time starvation, mental overload and physical exhaustion. The results of Handy's (1993) study support the present findings, viz. that role conflict and conflicting objectives created role problems, which led to stress amongst the managers.

Organisational structure and climate

The most frequently cited stressors in relation to organisational structure and climate were:

- Little or no participation in decision making: 6 (60%);
- Restrictions on behaviour (budgets): 8 (80%);
- Too bureaucratic: 7 (70%);
- High Staff turnover: 8 (80%);
- Lack of expertise: 5 (50%);
- Lack of resources: 10 (100%).

One respondent indicated that she was always stressed out at the end of the day as she was constantly training and re-training new staff. All the social workers in her department had resigned. These were affirmative action appointments. There were 12 resignations within three months.

The results of a study undertaken by Thompson, Murphy and Stradling (1994) are consistent with the present findings, viz. that lack of participation in decision-making, restrictions on resource use and high staff turnover were potentially disastrous in terms of work pressure, staff morale and stress.

Extra-organisational forces

Contemporary social work is awash with changes due to a flood of new legislation, other political changes and the current trend towards restructuring. Change must be portrayed as inevitable and desirable, given the nature of social work services and the changing service needs of members of our society. Some of the sources of stress identified by the respondents in relation to extra-organisational forces were:

- Introduction of affirmative action policies: 6 (60%);
- Restructuring, mergers: 4 (40%);

- The identification of new problems/client groups, viz. AIDS, battered husbands, street children, family murders: 10 (100%);
- Dramatic changes in funding sources, viz. funding cutbacks, threatened and curtailed programmes: 10 (100%).

One of the concerns noted in relation to affirmative action was expressed as follows:

"I have been working in this organisation for 20 years and served as a manager for ten years, but when our director resigned I was not even considered for her position. A 30-year-old black social worker from the outside with no experience in the state department was appointed. This has created inter-race rivalry and conflict."

The pressure to promote black women as managers was also seen as a significant factor contributing to their increased vulnerability to stress-related symptoms. The black social work managers indicated that they experienced performance pressure as they were seen as 'test cases' for future black social work managers.

Thus change and its implementation occupied an increasingly large percentage of the social work manager's time. The relationship between superiors and subordinates underwent unusual stresses during times of change and social work managers indicated that they were natural targets for resentment and frustration that could not easily be directed at the organisations and policymakers. Jones and Novak (1993) suggest that social work practitioners seem demoralised, exhausted and overwhelmed by constant change.

Social factors

The sociological basis of stress is very broad. For this reason the focus in this study was much narrower and based on two specific social divisions, viz. gender and race. Issues of gender and race were examined because of their major links to stress and partly because of their significance with regard to developing anti-oppressive practices. The most frequently cited stressors in relation to social factors were:

- Racism 5 (50%);
- Gender discrimination: 5 (50%).

Racism

Racism operates in many and diverse ways, but the most common concerns noted by the social work managers were:

- Not being taken seriously due to colour: 3 (30%);
- Isolation due to colour: 3 (30%);
- Visibility due to colour: 4 (40%);
- Lack of support from other race groups: 5 (50%);
- Inter-racial rivalry: 5 (50%);
- Resistance among white staff to being managed by black or Indian women managers: 3 (30%).

One of the concerns noted in relation to racism was expressed as follows:

“My institution is referred to as the ‘Cinderella institution’. The management does not give me sufficient support and resources to run the institution. The children do not have proper bedding, ablution facilities, and clothing. Rotten vegetables and leftover from the other institutions are sent to me. Although I have motivated for resources these requests are often ignored because I am a Black manager running an institution which houses black children only.”

Levy and Kahan (1991) have strongly criticised the adoption and acceptance of ‘cheap remedies’ to social work problems. According to them, an under-resourced service can produce disastrous results and inevitably lead to a stressed workforce.

Racism as an important predictor of stress was highlighted by Thompson *et al.* (1994). They found that the detrimental effects of racism in the wider society were echoed and reinforced within social work, rather than confronted and challenged. This inevitably led to stress amongst black and ethnic minority social work managers.

Gender discrimination

Women are the main providers of social services, but they have little say in how these services are organised or managed. Whilst 80% of all staff working in social service departments are women, 79% of their senior managers are men (Thompson *et al.*, 1994). Female social work staff are often patronised or have their professionalism undermined or challenged. Women within social work agencies are subject to additional stressors.

Some of the stressors identified by the social work managers with regard to gender discrimination and stereotyping were:

- “Being the head of the Employee Assistance Programme, which is a ‘female dominated’ department. I am not included in the organogram in line with the male managers”;
- “I have been accused of sleeping my way to the top, because I am the only female manager in my department.”

In Bailey’s South African study (1994) of social work managers approximately half of them had experienced barriers in their careers that were gender based. Allan, Bhavnani and French (1992) also found that women managers faced additional stresses within male-dominated Social Service Departments. They were discriminated against, their contributions were marginalised and the organisational culture offered little recognition of balancing family and work responsibilities.

Sexism also constructs a situation in which women are perceived as ‘natural copers’, that they are naturally more resistant to stress. This is a reflection of the patriarchal ideology, which casts women in the role of carers. According to Webb and Tossell (1991), social work agencies have tended to exploit women’s tendency to act as carers by not supporting them in circumstances where they are more likely to support men.

Personal factors: Type A personality

As stress has a significant subjective component, the personality type was measured using the Type A personality scale developed by Looker and Gregson (1997). All the social work managers displayed Type A behaviour patterns. In a study of social work managers in Turkey, Isikhan (2003) also found that the majority (62%) displayed Type A behaviour. The aim of assessing the personality type is to obtain information about factors prognostic of heart disease.

The predominance of the A-type personality may be ascribed to the strong pressure and job stress they are faced with, previous experiences, relations with colleagues, demands of superiors and extra-institutional stress factors (political pressure, meetings, unions) encountered in the work environment. This is a cause for concern as, according to Thompson *et al.* (1994), managers belonging to the Type A personality create a great deal of stress for themselves and may be vulnerable to stress-related illnesses, particularly coronary heart disease.

Work/Family interface sources of stress

Social work managers also experienced competitive dilemmas between work and family commitments. The long unsocial hours, taking work home, high levels of job responsibility and strained working relationships adversely affected family responsibilities. The most frequently cited family stressors identified by the social work managers were:

- Domestic pressures: 10 (100%);
- Parental stress: 10 (100%);
- Marital discord: 8 (80%);
- Bi-cultural role conflict: 7 (70%);
- Spill-over of job/ stress into family life: 10 (100%);
- Spill-over of family stress into work: 10 (100%).

The majority of the social work managers came home to what Hochschild (1989) has termed the 'second shift'. This was highlighted by the following comments:

- "When I finish work I have to put in another three to four hours doing domestic chores and attending to my children's needs. My husband simply watches TV and reads the newspaper. In our culture men are not supposed to do household chores. This really stresses me out. I have decided to go for a divorce, as I resent him relaxing whilst I am being over-burdened".
- "My husband is a director of a multimillion rand company. He treats me like one of his staff. He expects me to prepare a five-course meal for him every day. Once I came home at 9.30 pm. after a board meeting. I was physically and mentally exhausted. When I told my husband that I was too tired to prepare dinner for him and that we should order a take-away, he physically abused me".

The spill-over of job stress into family life also impacted on the quality of family life. Silberstein (1992) refers to this as 'contamination' as the home environment replicates the office tensions. Cooper and Lewis (1994) found that women managers who worked in unresponsive, inflexible organisations suffered higher levels of stress than those in organisations that responded to their need for a healthy balance between work and family. They found that the employees of inflexible organisations were often overloaded by the demands of work and family, and suffered conflicting demands, especially if they had young children or elderly or sick relatives. This sort of stress reduced motivation and production, destroyed health and resulted in high staff turnover.

LEVELS AND SYMPTOMS OF STRESS

When mean job stress scores were evaluated using the 'Identifying stress at work scale' developed by Looker and Gregson (1997), the job stress levels of all the social work managers were regarded as 'extremely stressful'.

Similarly, Isikhan (2003) found that social work managers had high mean scores which were related to the following facts: They are in contact with people with psycho-social economic and health problems throughout the day, they try to manage people from different professions, they experience role conflicts, the people they work with may have negative attitudes and behave adversely, working with auxiliary personnel may cause difficulties, they may not have adequate leadership characteristics, and last but not the least, they may not have found ways to cope with the stress they experience.

One of the most significant effects of stress was its detrimental effect on the physical and psychological health of the women managers as well as on their behaviour. All the women managers manifested some symptoms of stress on a physical, psychological and/or behavioural level. Some of the women managers experienced stress symptoms on all three levels (Table 1).

**TABLE 1
SYMPTOMS OF STRESS**

PHYSICAL LEVEL	PSYCHOLOGICAL LEVEL	BEHAVIOURAL LEVEL
Hypertension: 7 (70%)	Depression: 7 (70%)	Sleep problems: 5 (50%)
Migraine headaches: 6 (60%)	Anxiety: 7 (70%)	Decreased job satisfaction: 8 (80%)
Tiredness/Exhaustion: 10 (100%)	Frustration, mood swings, anger: 7 (70%)	Lowered motivation: 5 (50%)
Backaches: 6 (60%)	Forgetfulness: 5 (50%)	Loss of confidence: 3 (30%)
Skin diseases: 1 (10%)	Poor concentration: 3 (30%)	Decreased self-esteem: 3 (30%)
Ulcerative colitis: 4 (40%)	Suicidal thoughts: 1 (10%)	
Chronic heart disease: 1 (10%)		

Multiple responses were received as some of the respondents experienced more than one symptom of stress. The following is evident from Table 1:

- All the respondents suffered from tiredness/exhaustion;
- The majority of the respondents (70%) suffered from hypertension, depression, anxiety, frustration, mood swings and anger;
- Eighty percent of the respondents experienced decreased job satisfaction.

It is evident from these findings that stress plays an important role in several types of health problems and reflects the importance and urgency for preventing stress amongst social work managers.

The present findings are supported by various studies, which have shown that social workers manifest a range of symptoms on a physical, behavioural and psychological level. Thompson *et al.* (1994) found that, amongst social workers, experiencing high levels of pressure was perceived as part of the job, part of the organisational culture. Within helping professions the effects of stress were more marked, with higher levels of burnout and mental health problems. Stress is known to affect job satisfaction, performance and productivity. Lower levels of performance and productivity mean that the organisation is achieving less than it could if stress levels were lower (Thompson *et al.*, 1994).

Thompson, Murphy, Stradling and O'Neil (1996) found that too many social workers show borderline or pathological levels of anxiety. A study relating job stress to the responsibilities of

social work managers found that the social work managers had serious psychological health problems and these problems gave rise to anxiety, depression and psychosomatic disturbances (Stora & Cooper, 1988). Likewise, Isikhan (2003) found that the majority of social work managers in Turkey had health problems such as headaches, sleep disorders and excessive nervousness.

Stress amongst social worker managers is therefore an important issue, not only because of lowered general wellbeing in sufferers, but because a stressed workforce can reduce the efficacy of service delivery. Stress therefore acts as a barrier to effective and rewarding practice. Thompson *et al.* (1996) found that the most significant cost of stress in social work was a bad or dangerous professional practice. Similarly, Caughey (1996) found in the UK that social workers suffered from headaches, tiredness, anxiety and irritability. As a result they may not be responding to their clients in an effective way. On this basis social service departments may be providing substandard services to vulnerable groups at a great expense, according to Motowidlo, Packard and Manning (1986). They found stress to be correlated with decreased job performance. Poor standards of work within the social work context can have disastrous consequences. This raises concerns about accountable social work practice.

According to Isikhan (2003), social work is a field with high levels of tension and stress. Isikhan (2003) found that the problems encountered by social work managers usually stemmed from the nature of the people they worked with. They usually assumed responsibility for people in need of help, care and protection. Although they did not always confront these people directly, the effort to fulfil their duties completely may have an adverse effect on their health.

STRATEGIES USED BY SOCIAL WORK MANAGERS TO MANAGE STRESS

Stress is not simply an inappropriate level of pressure; it is also one's response to that pressure and the coping strategies used. The most frequently mentioned strategies used were:

- Time management;
- Prioritising;
- Changing standards of housework.

According to Richards and Payne (1990), where demands for services outstrip supply, the use of prioritisation and time management are inadequate short-term remedies in social work. Although leisure activities provide positive consequences in dealing with stress, the majority of the social work managers did not participate in any leisure activities. Thus they experienced stress in the form of being hurried and starved for leisure. Similarly, the majority of the social work managers in Bailey's (1994) study had no time-out activities. She found that social work managers took very little time for themselves.

Given the adjustments that have to be made within the household in terms of the scheduling of domestic tasks, and given the time devoted to additional labour market activities, full-time employment is likely to affect overall free time for social work managers. The present findings support the notion that the increased demands on social work managers affect their daily workload, thus limiting their efforts to take time out.

Although social work managers were trying to use a variety of techniques to cope with stress, Moss (1981) has indicated that these techniques can only go so far in reducing the 'coronary proneness' of the work setting. According to him, management must do what the individual alone cannot do – reduce the coronary proneness built into social work organisations and practices (Moss, 1981:66).

Support systems

Support systems can serve as important buffers against stress. However, the findings reflect that only a minority of social workers had support systems:

- Family 3 (30%);
- Work 1 (10%);
- Community 3 (30%).

The lack of such support can have negative health outcomes. This was highlighted in a study undertaken by Moss (1981). He found that managers with high job stress and low social support at work were three times as likely to develop coronary heart disease as managers with high job stress and high social support. He identified personal policies and practice, interpersonal relationships (superior-colleagues-subordinate) and positive personal relationships as important support structures that could minimise the effects of stress. Failing to support women managers is therefore a very costly proposition for organisations, as it means that the most important human resources – their managers – are being worn down.

EMPIRICAL REVIEW

The overall findings on workplace factors of stress clearly indicate that institutional arrangements continue to be based on traditional models of work. These structural arrangements – such as inflexible work schedules, long working hours, lack of family-friendly policies and the male ethos in some organisations – all assume the traditional model of work which serves to constrain the social work manager's ability to combine work and family roles. This inevitably leads to stress.

An empirical review of other studies reflects that job stress amongst social work managers is not unique to the South African context.

- In the United Kingdom, Thompson *et al.* (1994) found that too much work was a fact of life in social work. Although the demands for social work services were increasing, there was a lack of social work staff to meet these demands. Thus within the organisational context work-overload, bureaucracy vs. professionalism, the physical environment, the lack of support systems, the organisational culture and change impacted on the stressors that social workers experienced.
- Isikhan (2003) found that social work managers in Turkey who assumed the responsibility of offering service to groups, individuals and families with psycho-social and economic problems inevitably experienced stress when doing their jobs.
- Collings and Murray (1996) found that the most powerful predictor of overall stress amongst social workers was related to the pressure involved in planning and reaching work targets. The study also identified certain caseload- and supervision-related predictors of stress, but, apart from age and marital status, personal background factors seemed to have weak predictive power. Social workers' perceptions of their image in society seemed an additional source of pressure. The findings of the study suggested a need for combining organisational with individually oriented initiatives to combat stress.

The overall results of the work/family interface sources of stress demonstrate that, although social work managers occupied positions of authority in the workplace, this shift did not undermine patriarchal relations and ideology entirely. Social work managers continued to

experience conflict that arose from their subordinate positions in the families. In combining the traditional role in the family with their careers, tremendous pressure has been put onto them. This has placed social work managers in precariously vulnerable positions.

The results of the present study are congruent with the general model of stress as identified by Whetton and Cameron (1995). They propose four main types of stressors, viz. **time stressors**, **encounter stressors**, **situational stressors** and **anticipatory stressors**. In the present study social work managers experienced time stressors as a result of having too much to do in too little time. These are the most common and pervasive sources of stress faced by social work managers in balancing their work and family roles. Encounter stressors resulted from role conflict, issue conflicts and interaction conflicts that social work managers experience. Situational stressors arose from the social work managers' home and family life demands, role strain and bi-cultural role conflicts. As a result of the escalating crime rates in South Africa, fear of highjacking and being murdered, and anxieties about job loss, social work managers experienced anticipatory stressors.

The results of the present findings are also consistent with the person-environment fit model applied to managerial job stress as viewed by Marshall and Cooper (1979). It is evident from the present findings that the interaction between the personal factors as well as the environmental factors resulted in the stressors experienced by the social work managers. **Person-related elements** included the family, the personality of the social work managers (mainly Type A), race and gender. **Environment-related factors** included the work and extra-organisational sources of stress.

Powell's (1988) theoretical model is also applicable to the present study. Powell's (1988) model reflects the interplay amongst societal, organisational, family and personal factors, which can advance or hinder an individual's career prospects. Similar conclusions can be drawn from the present findings. At the **societal level** sex, gender roles and culture influence the social work managers' career development. **Organisational factors** and family factors impacted on the workloads and role strains that social work managers experienced. At a **personal level** the personality of the women managers, their strengths and limitations also impacted on their ability to function effectively as managers and their coping capacities.

A comparative analysis of the Black, Indian and White social work managers reflects no significant difference in their experiences of stress. However, the Black and Indian social work managers in the corporate setting experienced the double discrimination of racism and sexism. There were no significant differences in the stressors experienced by social work managers in the private and public sectors. The stressors experienced by social work managers were also similar to those experienced by women managers from other professions.

This research and the consensus of other literature seem to indicate that many social work managers are under considerable stress, demoralised and overloaded (Bennet, Evans & Tattersall, 1993; Thompson *et al.*, 1994; Jones & Novak, 1993; Caughey, 1996). Effective methods of support and self-care therefore need to be put in place.

The question then arises: who should be responsible for enhancing self-care amongst social work managers? Given the nature of the stressors experienced by the social work managers, both the social work managers and the organisations should be responsible for enhancing self-care.

RECOMMENDATIONS

When stress symptoms manifest on a physical, behavioural and/or psychological level necessary precaution against the sources of stress should be taken by the social work managers themselves as well as the organisations.

Individual interventions to enhance self-care

It is important for social work managers to take care of themselves, because they are responsible for stress management at three levels:

- Managing their own pressures;
- Helping manage the pressures that impinge on the staff for whom they have managerial or supervisory responsibilities;
- Managing the stressors that impinge upon clients and the broader community.

Social work managers are responsible not only for caring for themselves, but also for promoting staff care as well as community care. Individual methods of self-care should be considered from three different levels:

Primary prevention (stressor directed)

At the primary prevention level the social work managers can attempt to:

- Manage their perceptions of stress (for e.g. change her internal demands, reduce Type A behaviour);
- Manage their personal work environment (time management, assertiveness training, overload avoidance, etc.);
- Manage their life style (balanced life style and suitable diet).

Secondary prevention (response directed)

At a secondary level the social work manager can:

- Use relaxation training (the relaxation response, meditation, biofeedback training);
- Use physical outlets (safe aerobics exercise, sports, yoga, walking);
- Emotional outlets (talking and keeping a stress diary).

Tertiary prevention (symptom directed)

At the tertiary level, counselling and medical help may be necessary.

The primary aim of the individual approach should be to develop social work managers' skills and confidence to change their situation, not to help them adapt to and accept a stressful situation.

Organisational interventions to enhance staff care

- Organisations can also play a significant role in reducing stressors in their environments and in augmenting, supporting and developing the capacity of social work managers to deal with occupational stress. The organisations can act in both preventative and remedial ways, the ideal being to maximise the 'person-environment' fit.

- **Provision of family-friendly policies.** These should include enhanced parental leave, family responsibility leave, flexi-time, on-site crèches, recreational facilities on-site (e.g. a gym), management training, and development of child-care support. Policies that facilitate stronger families lead to stronger organisations and stronger societies;
- **Development of policies and programmes on stress management** to ensure that staff do not suffer from burnout and stress;
- **Formation of a gender forum**, which could be used for dealing with work/family issues and gender issues;
- **Provision of employee assistance programmes** so that counselling and supportive services could be provided on-site. Only two organisations offered these programmes;
- **Provision of management training and development** for women entering managerial positions and for those who are already appointed as managers;
- **Provision of ergonomically safe environments.** Until recently the workplace was among the last places organisations looked to improve productivity, safety and morale. Ergonomics is typically known for solving physical problems. However, ergonomics also deals with the psychological and social aspects of people and their work. Organisations should therefore develop cost-effective ergonomics programmes that identify and address the following risks at work:
 - the equipment used (its size, shape and appropriateness for the task);
 - the information used (how it is presented, accessed and changed);
 - the physical environment (temperature, humidity, lighting, noise, vibration) as social workers often have to work in cramped and poorly designed offices.

These physical characteristics of the occupational environment are not taken into account as a source of stress and yet social workers are continually bombarded by stimuli originating from the environment and the social environment (such as teamwork and supportive management).

Extra-organisational interventions

In tackling the issues of stress, the dilemmas, conflicts and tension inherent in the social work managers' roles as managers, wives and mothers should be taken into account as should the political and organisational contexts in which they occur.

- Joint initiatives between institutions and governments need to be adopted to prevent or minimise the impact of occupational stress amongst women managers.
- Public policy support for work/family life balance through family-friendly policies.
- Labour unions and government should improve the service conditions/review the impact of affirmative action policies on working women.
- Review funding policies in relation to resources and staffing.

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