Exploring the leadership discourse in health-based social work: a scoping review

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Abstract

Social work leadership in the health context is under researched with no clear definition or scope of practice. A scoping review was undertaken, in accordance with the Joanna Briggs Institute (JBI) methodology, to explore key concepts in the literature related to social work leadership in health, to understand how social work health leadership is defined, and to identify research gaps and limitations. A review of EBSCO, ProQuest, Scopus, Web of Science, Informit, SAGE and Cochrane Library databases identified 1499 articles for inclusion, with 17 papers moved through to data extraction alongside 13 articles from a grey literature search on Google. Following thematic analysis, five themes were identified: there is difficulty defining social work leadership overall and in the health context; the unique style of social work leadership is valued in the literature; there is a lack of leadership education in social work qualifying degree programs, and a lack of professional development tailored to the needs of social work; and there are limitations in leadership development opportunities which then constrain the growth of social work leaders. These gaps in the current literature pose a broader risk to understanding leadership within the profession, as well as providing an evidence base for future research.

Keywords

Health leadership; social work leadership; social work education; curriculum; student; scoping review

Introduction

Leadership, within health care organisations, requires the engagement of an individual or individuals who can empower people and produce meaningful change. Social work is recognised as a profession grounded in the capacity to challenge power and promote change, with foundational values of respect, integrity and social justice (Lawler, 2007). Social workers work in a diverse range of practice settings with individuals, families, groups and communities. They work in a variety of roles including counselling, case management, community development, education and research, each with a focus on improving wellbeing as well as understanding and addressing structural and systemic issues contributing to disadvantage (Australian Association of Social Work, 2022). The Australian Association of Social Work (AASW) promotes social works' ability to focus simultaneously on improving individual wellbeing whilst also addressing systemic or structural issues that impact wellbeing (AASW, 2016). This emphasis, coupled with the profession's strengths in advocacy, collaboration, partnership, reflective practice, interpersonal skill and a commitment to continued learning suggests that social workers are well suited to leadership (Davidson, 2016, Sherwood, 2014).

The Australian Association of Social Workers (AASW) note that the terms leadership and management are both broad and interrelated, encompassing a variety of roles including manager, executive, senior, team leader or supervisor (AASW, 2016). Leadership in clinical practice relates to application of leadership skill to support enhancements to service delivery or implementation of a new project or initiative in practice, in comparison to profession leadership and management which relates to leading and coordinating a group of people, efficiently and effectively to achieve a goal (Rank & Hutchinson, 2020). The AASW define leadership as "a process of social influence, which maximises the efforts of others, towards the achievement of a goal. Centring on a vision, where people are endorsed and supported, to be empowered to produce useful change" (AASW, 2016, P3). In contrast, the AASW defines management as "the function that coordinates the efforts of people to accomplish goals and objectives by marshalling and using available resources efficiently and effectively.

Management includes planning, organising, staffing, directing and monitoring an organisation to accomplish the goal or target" (AASW, 2016, P3).

The development of leadership capacity begins in training. Brilliant's landmark work (1986), referred to leadership as a *missing ingredient* in social work education and called for effort to

strengthen leadership education in social work programs. Rank & Hutchinson (2000), Gellis (2001) and more recent research from Bliss et al (2014) and Davidson (2016) criticise the lack of leadership-focused content embedded in social work curriculum, arguing that the gap leaves social workers underprepared for leadership roles and contributes to the undervaluing of their leadership potential. This underrepresentation is reflected in the profession itself, there is limited recognition of the value that social work can bring to leadership (Bliss et al., 2014; Davidson, 2016). Furthermore, in conversations with leaders and managers from other professional backgrounds, the leadership potential of social workers is often overlooked (Cullen, 2012; Sherwood, 2014).

Historically, social work has faced significant criticism from other professions and been required to advocate for itself as a profession. There is commentary dating back to Flexner in 1915 questioning the validity of the profession, stating social work lacked a scientific knowledge base and relied on the knowledge of other professions to practice (Daley & Pittman- Munke, 2021). Into the 1960's and 1970's, Etzioni (1969) and Toren (1971) labelled social work as a semi-profession, claiming it was not a valid profession like medicine or law, with Schon (1983) labelling social work a vagrant profession, claiming social work lacked professional autonomy, structure and control over its domain which are distinct features of established professions (Etzioni, 1969; Daley & Pittman-Munke, 2021). Social workers undervalue their roles and continue to strive for recognition because of the longstanding impact of opinions like these (Daley & Pittman-Munke, 2021) which may impact the ways in which leadership are contextualised.

There are compelling examples of social workers in leadership roles within health settings, where their contributions are effective and highly valued (Gillam et al., 2016; Vito, 2020). Capacity to balance high-quality service delivery with a focus on staff wellbeing and organisational culture aligns well with the needs of contemporary healthcare environments (Cullen, 2012; Davidson, 2016). These findings suggest a need to reframe the narrative around social work and leadership, and to better support the development of social workers as future leaders.

There is an absence of Australian research addressing the transition of social workers into leadership roles. Literature centres only on practice innovators as leaders, rather than social workers as leaders (Peters, 2017; Sullivan, 2016). The literature highlights the limited availability of social work specific leadership publications, particularly in comparison to

other disciplines like medicine and nursing (Davidson, 2016; Peters 2018; Payne & Shen, 2019).

A scoping review was undertaken to explore key concepts in the literature related to social work leadership in health, to understand how leadership is defined, specific to the heath context, to identify research gaps and identify limitations.

Methods

A scoping review is a type of systematic literature review which enables researchers to explore a broad range of literature on a specific topic, mapping the extent of the literature and identifying any gaps (Khalil et al., 2016). Scoping reviews are commonly used to explore areas of emerging research to assess the extent of the literature available (Peters et al., 2017). In adopting a scoping review methodology for this literature review we were aiming for an enhanced understanding of the literature relating to social work and their role as leaders in health leaders. This approach supported the research team to assess the extent of available literature, both published and unpublished (grey) literature, in a systematic, transparent and replicable way (Khalil et al., 2016; Peters et al., 2020). Overall, the scoping review framework has supported the research team to summarise evidence and identify gaps with the hope of informing future research.

Using Arksey and O'Malley's (2005) five stage framework for scoping reviews in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al, 2020), the review undertook the following steps:

Stage 1: Identifying the research aim

The objectives of the scoping review were:

- To explore how leadership is defined in current social work literature, specific to the health context, and map the key concepts
- To review the social work discourse of leadership in both learning curriculum and ongoing professional development.

Given the diverse nature of social work and to focus the review, this scoping review concentrated on exploring literature specific to health based social work. The health practice context for social work is quite broad and can include, but is not limited to public health, private health, hospital and community-based health settings. It also covers a variety of

clinical and non-clinical roles working with a broad range of client groups including, but not limited to people accessing mental health, drug and alcohol, maternity, community health, aged care, paediatric, women's health and rehabilitation services.

The research team acknowledge the AASW statement that the terms leadership and management are interrelated (AASW 2016). For this scoping review leadership has been used as an overarching term for the wide range of terms that could be used to describe social workers in roles that include leadership and/or management responsibilities.

Stage 2: Identifying relevant studies

The search strategy aimed to locate both published and unpublished studies. An initial limited search of 'Web of Science' was undertaken in 2022 to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy (see Table 1). Table 2, Search Strategy Strings, demonstrates the search strategy that was employed in 2024 across the following databases. The reference list of each source of evidence was also screened for additional sources.

The databases searched:

- EBSCO- CINAHL Complete
- ProQuest- PsychInfo and PsychArticles
- Scopus
- Web of Science
- Informit Humanities and Social Sciences Collection
- SAGE Social Work and Social Policy Hub
- Cochrane Library

Additionally, a search for grey literature was completed in 2024 in Google using the same search strings utilised for published literature, sorted by relevance and limited to the top 100 hits.

Social Worker	Leadership	Professional Development	Curriculum	Health
Social work*	Leadership	Professional development	Curriculum	* Health
	Leader*	Growth	Program	
	Senior*	Advance*	Course	
	Manag*	Develop*	Teach*	
	Supervis*	Train*	Syllabus	
	Team Lead*		Degree	
	Executive		Educat*	
	Co-ordinator		Learn*	

Table 1: Key Words

#	Query
S1	"social work*" AND (Leader* OR Senior* OR Manag* OR Supervis* OR "Team
	Lead*" OR Executive OR co-ordinator) AND ("Professional Development" OR
	Growth OR Advance* OR Develop* OR Train*) AND *Health
S2	S1 AND (Curriculum OR Program OR Course OR Teach* OR Syllabus OR
	Degree OR Educat* OR Learn*)
S3	"social work*" AND (Leader* OR Senior* OR Manag* OR Supervis* OR "Team
	Lead*" OR Executive OR co-ordinator) AND ("professional development") AND
	* Health
S4	S3 AND (Curriculum OR Program OR Course OR Teach* OR Syllabus OR
	Degree OR Educat* OR Learn*)
S5	"social work*" AND leadership AND ("professional development" OR education)
	AND *Health

Table 2: Search Strategy Strings

Stage 3: Study selection

The PPC (population, concept, context) framework (Peters et al., 2020) has been used to define the parameters of the scoping review to help define the research question, key terms and eligibility criteria. Table 3 provides a summary of the PPC framework utilised.

PCC	Inclusion Criteria	Exclusion Criteria	
Participants	Social Workers with an accredited	Papers not published or translated	
	University qualification in social	into English Language, and paper	
	work, working within a health-based	published before 2012.	
	setting.		
Concept	Leadership as an overarching term	Leadership literature that does not	
	for a wide range of terms used to	name its application or use within	
	describe social workers in roles that	social work, and social work	
	include leadership and/ or	literature not specific to leadership.	
	management responsibilities.		
Context	Literature that relates to health	Literature that does not relate to	
	based Social Work. The term health	health-based social work.	
	is used as an overarching term to		
	encompass the varied health-based		
	practice contexts social work		
	occupies.		

Table 3: PCC Framework

Following the search, all identified citations were collated and uploaded into EndNote X9 (Clarivate Analytics, PA, USA) and duplicates removed. Following a pilot test, titles and abstracts were then screened by three reviewers for assessment against the inclusion criteria for the review. Relevant sources were retrieved in full and their citation details imported into COVIDENCE (JBI, Adelaide, Australia). The full text of selected citations was assessed in detail against the inclusion criteria with reasons for exclusion of sources of evidence at full text recorded. Any disagreement between the reviewers at each stage of the selection process were resolved through discussion.

Stage 4: Charting the data

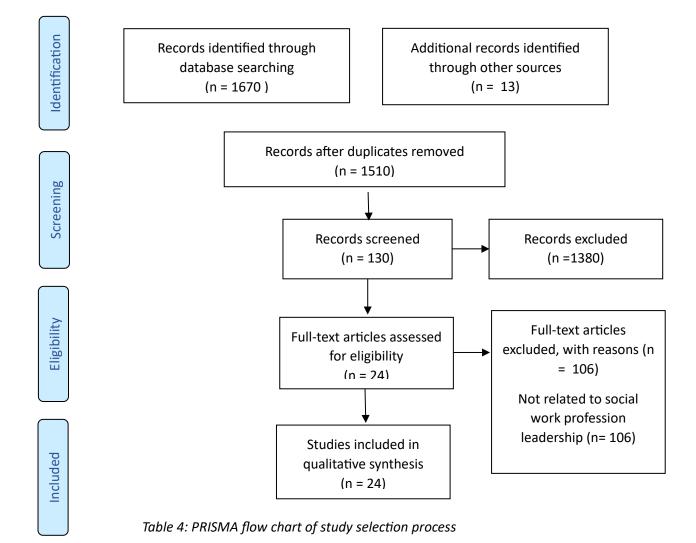
The approach to extracting the information from selected studies was developed in line with the JBI Manual for Scoping Reviews (Peters et al., 2020). As each paper was reviewed key findings and recommendations were summarised. For papers centred around a research study, the aims of the study were noted, along with methodology and the strengths and limitations of the methodology. The year of publication and country of origin were also recorded.

Stage 5: Collating, summarising and reporting the results

The research team used a thematic analysis approach to analysing data collected. This involved a 6-step process of examining the data to identify common themes, ideas and patterns. These steps included getting familiar with the data, coding, generating themes, reviewing these themes, defining and naming them, and then finalising the analysis (Braun & Clarke, 2022).

Results

The scoping review identified 1670 papers, with 1499 after duplicates were removed. The search strategy identified papers published on leadership in the health-based practice setting, specific to the social work profession, and excluded papers published prior to 2012 (to retain focus on current discourse) and those not in English language (or translated into English language). Following title and abstract screening, 119 papers went through to full text review and through this process, 109 were excluded with 17 moving through to data extraction. 13 articles were identified through the grey literature search, however 2 were removed as they had already been captured in the published literature search. Of these 13, 5 were excluded and 7 went through to data extraction. Overall, 24 articles were included in qualitative synthesis. Table 4 demonstrates study selection process.



As defined in the scoping reviews PCC, the majority of exclusion decisions were made where papers emphasised leadership in clinical practice rather than profession-based leadership or leadership/management of people. Of the articles advanced to full text review, 11 papers (65%) discussed studies conducted in North America, with only one paper that was Australian.

Findings

The review highlighted five themes and highlighted the contemporary challenges in defining what constitutes effective social work leadership in health care. While the unique style of social work leadership is valued, the review highlighted a lack of specific leadership content in social work education and professional development. The review also confirmed that limitations in leadership development opportunities constrain the growth of social work leaders, and that the lack of structured pathways may discourage social workers from pursuing or embracing leadership roles.

1. Contemporary challenges of defining social work leadership

There is difficulty defining leadership in social work, made even more difficult by the absence of a social work leadership model (Peters, 2017; Schaub, 2022). Peters (2017) proposes that the difficulty in defining leadership relates not just to the absence of a concrete term, but rather a concept that changes according to time and context. Sherwood (2014) notes that social workers tend to define leaders in a historical sense and are less likely to readily identify themselves as leaders in the present, resulting in a lack of commitment within the profession to defining leadership.

In the absence of definition clarity, the language used to describe leadership in healthcare gave an indication of how leadership is constructed within the profession. The leadership language used, and the values espoused, promoted power imbalance and made assumptions about leaders abilities, that are not compatible with social work values of social justice, professional integrity and respect (Davidson, 2016; Peters 2018; Payne & Shen, 2019). In practice, social work leaders attempt to challenge traditional hierarchical power relationships, instead aiming for shared and balanced power (Payne & Shen, 2019). Given the professional focus of social worker reflexivity on power and privilege, social workers may avoid positions that have power over others or require the use of power in undertaking key duties (Peters, 2017; Sherwood, 2014).

Contemporary discussions have advocated for defining leadership within the context and environment the social worker leader exists (Sherwood, 2014). These discussions mean that leadership is not based on a set of desired traits, rather what is needed from a leader will change according to time and place (Bishop et al., 2018; Peters, 2017). Rank and Hutchinson

(2000), Holosko (2009) and Peters (2018) in their studies of social work leaders, attempted to define key traits of social work leaders and work towards a definition of leadership for social work. Peters (2017) references Flexner, an academic known as a leadership expert at the time, who in 1915 stated that social work did not fit into six prescribed traits for leadership and therefore were not well suited to leadership roles. This opinion continues to be referenced in contemporary leadership discussions (Peters, 2017).

The findings noted agreement that a social work leadership model that incorporates the mission, vison and goals of social work (Peters, 2017; Sullivan, 2016), and crosses the vast array of domains in which social work can lead (Bliss, et al., 2014), is needed to support leadership development of the profession. In the absence of a model or clear definition, social work has adopted business models of leadership which are fundamentally different, with misaligned values (Peters, 2018).

Two articles suggest early-stage ideas for a social work leadership model. Peters (2018) undertook a systematic theoretical and conceptual review of social work literature to generate a working definition of social work leadership. Social work leadership principles were summarised into three categories; organisational (discourse, practical aspects), relational (connection, communication) and individual (vision, accepting individuals, engagement in self-care) and concluded that further work is required to expand on this to achieve an outcome for the profession (Peters, 2018). Stanley and Kelly (2019) developed a leadership framework for social work based on social work values and having a shared vision. Organisation was placed at the centre, surrounded by sociological imagination (questioning influences and institutions that shape practice), followed by history and context, which is then supported by social work values, human rights, and social justice principles (Stanley & Kelly, 2019).

2. The style of leadership of social work is valued

Whilst the literature suggests social work hasn't embraced the concept of leadership as easily as other professions (Bishop et al., 2018; Davidson 2016; Peters, 2017; Peters 2018), there is evidence that supports the value social work has to offer in leadership (Choy-Brown et al., 2020; Davidson, 2016; Gillam et al., 2016; Sullivan, 2016; Sherwood, 2014).

Social Work leaders bring a commitment to integrity using a strengths based, person centred, and recovery focused leadership style (Sanderlin-Nykamp, 2011; Vito & Hanbridge, 2021). The unique practice skills and ethical belief system, ingrained into social workers, makes

social workers well suited to leadership (Sherwood, 2014). Sullivan (2016) describes how social workers demonstrate client centred leadership in the way that they lead, and that this translates to improved outcomes which can be valued in health organisations (Sullivan, 2016). Cullen (2012) comments on social work's strengths in adaptative communication, their genuine commitment to collaboration with others, and the way they can influence the practice of others to achieve a good outcome. The leadership style of social workers tends to be participatory and altruistic which is reported to contribute to a more motivated and effective workforce, and improved outcomes for clients (Bishop et al., 2018; Sullivan, 2016).

Choy- Brown, et al. (2020) explored associations between social work training, leadership style and organisational factors. A survey of 49 leaders and 224 staff, with an average of 10 years' experience, noted 38% identified as a social worker. Leaders with social work backgrounds rated higher in transformational leadership which is associated with improved organisational culture and increased staff wellbeing (Choy- Brown et al., 2020). Choy-Brown et al., (2020) conclude that social work leaders offer great value in human service organisations including a stronger commitment to recovery-oriented practice, improved communication and staff wellbeing, and a better learning environment. In addition, Davidson (2016) interviewed social work leaders to understand opportunities and barriers. Through this study, an appreciation for the perspective social work brings, specifically related to social issues, and the ability to think strategically was identified.

3. Pre-service education and continuing professional development

The analysis highlighted a critique of lack of leadership specific content embedded into social work curriculum and a perception that social workers are under prepared for leadership roles, (Countee-Gillam et al., 2016; Lachini, 2015; Peters, 2018; Vito & Hanbridge, 2021; Watson & Hoesfer, 2016). University education was seen to focus on developing direct practice skills rather than macro or administrative skills (Bliss et al., 2014; Sherwood, 2014), which can limit career awareness of social work leadership or administration (Payne & Shen, 2019; Watson & Hoesfer, 2016). Sanderlin-Nykamp (2011) compared social work postgraduate qualifying degrees with other post-graduate degrees and found that the social work degrees lack training in leadership skills, making these graduates less competitive for executive roles.

Countee-Gillam & Chipungu (2016) describe the content on social work administration and leadership in the social work curriculum as "inadequate", with Davidson (2016) noting no improvement since Brilliant's critique of the lack of formal leadership development

opportunities for social work in 1986. The trend towards building skills in direct service provision only was common in the findings (Peters, 2017; Peters, 2018, Vito & Hanbidge, 2021). Vito and Hanbidge (2021) reviewed two Canadian schools of social work who incorporated mandatory leadership and social work supervision components into their curriculum and found that students who were exposed to leadership training within their studies demonstrated an increase in confidence in their ability; had an increased value of leadership as a core part of social work practice, had an increased recognition of the value of supervision; and had increased interest in pursuing leadership roles (Vito & Hanbridge, 2021).

This lack of preparedness results in limited leadership opportunities being available to social workers (Bliss et al., 2014; Davidson, 2016). Peters (2017) references a study conducted by Patty in 2003 who found between 25% and 50% of social workers occupying management roles did so with little to no training. Additionally, social workers who aspire to leadership are competing against other professions with a range of more advanced training (Gillam et al., 2016). Watson and Hoefer's (2016) exploratory research focused on the "joy" of administration positions, hoping that this may help to overcome the reluctance of students to become leaders. The study included social workers in administration roles, all with a variety of experience and in a variety of roles within the human services field. In addition to identifying elements of these roles that bring joy, they found that only talking about the challenges of leadership impacts people's interest in pursuing this as a career pathway, and that talking about the joy in their work had a positive impact (Watson & Hoefer, 2016). They concluded that educators need to balance descriptions of leadership to include challenges as well as the joys of the work (Watson & Hoefer, 2016).

4. Limitations in development opportunities for social work leaders

Both Countee-Gillam & Chipungu (2016) and Davidson (2016) identified a lack of blueprint or model for social workers to follow to support development into leadership, unlike other professions. The limited literature exploring professional development for social work leaders highlighted that mentoring and exposure to learning opportunities, as part of higher education programs, is a key strategy. Utilising this approach supports social workers in establishing their professional identity as a leader (Bishop et al., 2017; Bliss et al., 2014; Hernandez, 2022; Pecukonis et al., 2013; Sanderlin-Nykamp, 2011; Vito & Hanbridge, 2021). Cullen (2012) and Vito & Hanbridge (2021) extend this point by suggesting that having social work role models in leadership that are clearly identified promotes leadership as a pathway and

supports the development of other social workers. Sherwood (2014) interviewed 18 Master Social Work (MSW) students, who all reported they learn from observation and experiences of other leaders, particularly people they admired. A challenge with this however is that social workers in leadership roles don't often have a title that easily identifies them as a social worker (Sherwood, 2014). A combination of academic training and leadership practice in the field is seen as a potential way to combat this (Bishop et al., 2017; Schaub, 2022).

Importantly, two American social work leadership programs have been evaluated. Gordon, et al. (2018) reviewed the Mount Sinai Social Work Leadership Program in New York in 2016, looking specifically at whether students met the following learning objectives: enhanced leadership capabilities; the ability to reflect on the intersection of practice, policy and the leadership role; and demonstrated strengthened skills in management and research. 33 participants were interviewed with the median age of participants being 45 years old, and with an average of 20 years of professional experience. Participants reported the program supported a broader view of social work and a greater passion for learning and increased their understanding of the leadership capabilities of the profession (Gordan et al., 2018).

Bishop et al. (2018) interviewed 8 Fellows that participated in the 10-month Social Work Management's Policy Fellows Program in 2015. The program paired an emerging leader with a volunteer mentor with the aim of strengthening leadership and management competencies though working collaboratively on a policy or project (Bishop et al., 2018). They found the program supported the development of a leadership identity and mastery of leadership competence, but acknowledge the study was limited and recommended the profession does more to support the development of emerging leaders (Bishop et al., 2018).

Finally, Bliss, et al. (2014) proposed 'the principled leadership development model', a generic framework that can be used in social work education, customisable based on the learning and development needs of the social worker. There are six integrated components that include content specific to the learning needs of that social worker and their requirements in their specific leadership role (Bliss et al., 2014). As part of their evaluation, they interviewed 5 graduates and their findings suggest leadership development is an experiential process and should be a combination of development of competency in real life situations, paired with mentoring and support that is tailored to each situation (Bliss et al., 2014).

5. There is an impact for the profession if social workers don't choose leadership

The potential for social work as leaders is under researched (Davidson, 2016; Peters, 2018), however it is proposed that the development of emerging leaders can be achieved by nurturing leadership identity through action (Bishop et al, 2018; Gilliam et al, 2016; Goldkind et al, 2013). In many social services fields, social work dominates the workforce in direct practice roles, however this is disproportionate to representation of social work in executive roles (Choy-Brown et al., 2020). Leadership in direct practice allows social workers to demonstrate expertise and built practice wisdom which then enhances service delivery (McDermott & Bawden, 2017). It is argued that social workers can demonstrate leadership in practice by engaging in research, particularly in the health setting where evidence-based practice is highly valued (McDermott & Bawden, 2017; Payne & Shen, 2019).

Social workers undervalue their leadership potential and there is concern that the perception of other disciplinary leaders of social work's leadership aspirations may further impact the opportunities and mentoring made available (Davidson, 2016; Sullivan, 2016; Vito & Hanbridge, 2021). The values of the profession are what make social workers well suited to leadership, yet it could also be the same values that prevent social workers from embracing leadership (Davidson, 2016). Failure to develop leaders from within leaves the profession with managers from outside social work, whose values and ethics are not consistent with social work values and ethics. In these situations, social work is also limiting their ability to influence and lead decision making (Sullivan, 2016; Vito & Hanbridge, 2021). Davidson (2016), Goldkind (2013), Sullivan (2016) and Vito & Hanbridge (2021) share a concern that without investing in the development of social work leaders, social work is leaving the door open for other professions to take over leadership roles in human service organisations. Preference may be given to other professions with more overt leadership training, which may lead to limited exposure to opportunities for social workers to develop skills and demonstrate capability in these roles, and then to be successful in securing them (Davidson, 2016; Sullivan, 2016).

Countee-Gilliam & Chipungu (2016) surveyed 267 human services professionals with over 2 years' experience. They found the demand for social work leadership far outweighs the supply and argue there is danger in seasoned leaders departing without succession planning

as they take their institutional knowledge and experience with them (Countee-Gillam & Chipungu, 2016). They suggest services need to establish pathways into leadership for social work as well as succession plans to replace an aging workforce which involves investing in development of new leaders (Countee-Gillam & Chipungu, 2016).

Discussion

Social workers demonstrate leadership in practice by leading quality improvement initiatives to address an identified gap. However, this review highlights a reluctance within the profession for individuals to identify as a leader which may inadvertently enhance opportunities for leadership from other professions (McDermott & Bawden, 2017; Sullivan, 2016; Vito & Hanbridge, 2021). Criticism as to the lack of leadership specific professional development and education opportunities for social work, including content embedded in the social work curriculum (Davidson, 2016; Bliss, et al., 2014; Sherwood, 2014;) appears to be a key factor. More specifically, there is criticism of the social work curriculum for being too heavily focused on direct skills training and not enough on macro or administrative skill development which leaves social workers underprepared for leadership roles as well as unaware of leadership as a career pathway (Davidson, 2016; Peters, 2018). Whilst limited, the research exploring development of social work leaders demonstrates that mentoring from another social work leader, combined with role models, may be effective in supporting leadership as a career progression pathway (Bliss, et al., 2014; Countee-Gilliam & Chipungu, 2016; Cullen, 2012).

The findings from this scoping review indicate there is growing support from within the social work profession to nurture and invest in the develop of social work leaders, but the available research is limited, with no direction as to the operationalisation of strategies that support the development of social work leaders. The significance of the use of business models of leadership, without a co-designed social work leadership model, will continue to conflict with social work values as the profession moves ahead. One of the ways in which this evidence can contribute to change relates to a shift in the discourse of the benefits of social work leadership. The evidence base highlights an emphasis on the challenges of leadership rather than the enjoyment of being a social work leader. Ongoing support and nurturing for social work leaders is therefore required (Sullivan, 2016; Vito & Hanbridge,

2021). This support is required in pre-service training and in continuing professional development.

It has been found that childhood and young adulthood experiences act as an incubator for leadership, along with mentors, ethics, family and political values (Sanderlin-Nykamp, 2011). This experience, paired with exposure to leadership opportunities, builds skills and establishes support networks that led to emerging social work leaders (Sanderlin-Nykamp, 2011). Despite this positive start to a leadership identity, the failure to embed leadership focussed programs in qualifying social work education delays opportunities to strengthen the value of later professional development. Embedding content into curriculum could be a great opportunity for social work leaders to train future social work leaders, and to promote leadership as a professional development pathway. This has been acknowledged by other professions like nursing and radiography who are reformatting existing curriculum to integrate leadership development (Costa et al, 2025; Nuzzo et al, 2022). However, with limited literature informing what supports the development of social workers into leadership, it is hard to know what content to embed or what education and skills development would be helpful in the early stages.

Overall, the literature regarding the value social work brings to leadership is still limited, which may be reflective of the perception social workers have about their own potential in leadership. Comparatively, there were a number of papers identified that predictably spoke about social workers as leaders in practice, given direct practice skills are the primary focus of social work qualifying degrees. Practice leadership may be the foundation for building leadership skills and confidence that later supports social workers to transition into profession or organisational leadership (Andreau, et al., 2019), however this has not yet been explored in the research.

The consequence of not embedding leadership into social work curriculum is that fewer social work graduates will enter the workforce prepared for leadership roles and these positions will be quickly occupied by other professions. This then has a subsequent impact for social workers working within the organisation and the service users accessing it (McDermott & Bawden, 2017; Sullivan, 2016). An additional consequence is that social workers will find themselves in leadership roles without the knowledge and skills they require to meet the expectations of the role. This will then impact their success in the role, their reputation as a suitable leader, and their job satisfaction and wellbeing (Choy-Brown et

al, 2020; Pecukonis et al, 2013). The flow on effect then is that there will be fewer social work leaders as role models and mentors for new graduates into the future.

Limitations

In undertaking the scoping review, the research team utilised Arksey and O'Malley's (2005) five stage framework for scoping reviews in accordance with the JBI methodology (Peters et al., 2020). Whilst the search strategy was developed comprehensively, there may be other terms that could be used to define leadership that were not included, and the time period could have been expanded to include papers published prior to 2012.

Conclusion

The value base of social work means that social workers can be effective leaders, however a lack of targeted curriculum content and professional development education specific to social work leadership, is required. There is limited research available on leadership within the profession of social work specific, and specifically in the health context. Whilst there is literature that explores, describes and informs clinical practice for social workers, and research that presents non-social work leadership models in healthcare, there is a gap when it comes to a model of social work leadership.

Future research that aims to learn about and from the professional experiences of social workers in leadership, to understand what supported their transition into leadership and the challenges and enablers they faced alongside career progression will serve to further develop the literature base that promotes social work in leadership and support the development of recommendations regarding the professional development of future social work leaders.

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