



Advancing Social Justice in Field Settings: What Social Work Can Learn from Allied Health Professions

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Overview

The American Academy of Social Work and Social Welfare (2019) has described the *Grand Challenges for Social Work* as representing “a dynamic social agenda, focused on improving individual and family well-being, strengthening the social fabric, and helping create a more just society” (para. 1). To meet the *Grand Challenges*, the social work profession must critically analyze field education programs to ensure that students are receiving training that meets the core values of promoting social justice and social change. Critics of the current model of agency-based field placements encourage social work educators to foster students’ commitment to promoting social justice by thinking outside the existing structure of field education programs (Dominelli, 1996; George, Silver, & Preston, 2013; Preston, George, & Silver, 2014). Moreover, prodding field education programs to evolve has become essential given the numerous service delivery models that are shifting to an interdisciplinary team approach. Therefore, hastening changes in field education models is critical to ensuring social work students are well prepared to apply a team approach to addressing the problems faced by clients.

Social work educators also need to make sure that field education programs are effectively educating students to recognize and dismantle social injustice. The person-in-environment approach is inherent to the fabric of social work practice, and provides a fundamental appreciation for the myriad of individual factors embedded in and affected by clients’ social context. This perspective reifies that field education is uniquely situated to prepare social work students for interprofessional collaboration

and interdisciplinary social justice work with other allied health professionals, with an eye toward inequities seen and unseen (Allen, 2012; Browne et al., 2017).

As members of interdisciplinary teams, research has indicated that social workers make valuable contributions to team dynamics through their abilities to engage in effective communication and their training in understanding group process. In addition, because social workers have an understanding of the training and roles of other disciplines (Bonifas & Gray, 2013), social workers who are members of interdisciplinary teams can promote group cohesiveness. However, social work field educators must also equip their students with the knowledge and practice skills to guide their interprofessional teams in understanding the ways in which privilege, oppression, marginalization, and powerlessness contribute to social injustice. Seizing on the *Grand Challenges* and social work values, social work field educators must foster students' capacity to lead their interprofessional team as agents of social justice. This effort can be strengthened in social work field education by examining the strategies used by medical, public health, pharmacy, and nursing allied health professions to promote social justice in their field education programs.

Strategies Used to Examine Social Justice Concepts

A review of other allied health professions offers insight into evidence-informed practices that promote social justice in their respective professions. For example, health disparities research with medical students has shown providers' unconscious and implicit bias can substantially affect the quality of care a patient receives, ultimately negatively affecting patient outcomes (Haider et al., 2011). This research has prompted opportunities for practitioners to examine their role in treatment outcomes for marginalized groups (Marzán-Rodríguez, Varas-Díaz, & Neilands, 2015; Zestcott, Blair, & Stone, 2016). Allied health professions are using health disparities research to develop and implement strategies for measuring unconscious bias and decreasing implicit bias that students display when caring for patients (Gonzalez, Kim, & Marantz, 2014; Schultz & Baker, 2017; White-Means, Dong, Hufstader, & Brown, 2009).

One strategy used by allied health professions (including medicine, nursing, pharmacy, and public health) to confront implicit bias focuses on increasing each student's awareness of their own biases and then implementing strategies to increase students' commitment to social equity and justice. For example, Sukhera and Watling (2018) examined the use of a bias-awareness pedagogical framework to uncover implicit bias and foster medical students' commitment to social justice. Their 6-point framework consisted of (a) creating a safe, nonthreatening learning context; (b) increasing knowledge about the science of implicit bias; (c) emphasizing the effects of implicit bias on behaviors and patient outcomes; (d) increasing self-awareness of existing implicit biases; (e) improving conscious efforts to overcome implicit bias; and (f) enhancing

awareness of how implicit bias influences others. Sukhera and Watling (2018) posited that as medical school students learned more about their personal implicit associations and biases, they would become more aware of when these biases play out in their service delivery. Notably, Sukhera and Watling (2018) used a series of workshops to explore student bias, with each workshop tailored to help students move through a continuum of awareness of the ways in which biases impact health outcomes.

In another study that examined unconscious bias among nursing students, Schultz and Baker (2017) described a teaching framework to increase students' awareness of their biases and to proactively implement strategies to correct such bias, thereby improving patient outcomes. These researchers used the *Implicit Association Test* (IAT) as a tool for increasing students' awareness of their own biases. Beyond simply administering this assessment, the pedagogical framework also included educational content on unconscious bias and impact on patient care, guided debriefing regarding the students' experience completing the IAT assessment, and incorporating perspective-taking exercises into ongoing clinical coursework. Additionally, the nursing curriculum challenges students to identify strategies to address their biases, and students are taught how to implement these anti-bias strategies in their clinical practice. Ultimately, nursing students create an accountability structure to continually reflect and monitor their patient care through a lens that highlights their own implicit biases.

The approaches described by Sukhera and Watling (2018) and Schultz and Baker (2017) both point to the importance of providing multiple pedagogical interventions across time to help students become aware of their unconscious biases and assumptions. A multi-faceted approach is essential given that the literature agrees that a "one-time" approach to bias-awareness training is unlikely to yield sustained changes in outcomes for marginalized groups. Bias-awareness training starts with using a nonjudgmental approach to raise the student's awareness of their biases and assumptions, and then presents ongoing opportunities to discuss and consider the harmful, insidious impact of implicit bias. To effect real, persistent change in health outcomes of marginalized groups, professional schools must invest resources and instruction time to ensure their students are exposed to anti-oppressive practices and content such as bias-awareness training throughout the curriculum, but especially during their field internships (Hall et al., 2015; Zestcott et al., 2016). Moreover, based on research with medical students, the interventions used for bias-awareness training must also be evaluated for effectiveness and the outcomes assessed on multiple levels, ranging from the personal to the organizational level.

Conclusions and Implications for Social Work

As social work education moves toward the *Grand Challenges'* vision of "a dynamic social agenda," the focus on improving individual and family well-being,

strengthening the social fabric, and helping create a more just society must include assessing the strategies used in field education programs to equip students to combat social injustice. Within all field education practice settings, educators must explore how the social worker's role on interprofessional teams can be opportunities to be leaders and change agents. Just as allied health partners have clearly focused on the correlation between health disparities and provider bias to improve student/practitioner education, social workers must also acknowledge their role in perpetuating the status quo. The strengths of the allied health partners' interventions offer useful strategies to build upon. Allied health professions have instituted a clear framework, a method of measurement and evaluation that allows data collection on how bias in practice might change in students over time, and continual evaluation of curriculum effectiveness in addressing these biases. These efforts not only encourage students' self-awareness but also promote efforts to overcome bias and increase equity. Additionally, these efforts encourage ongoing accountability throughout a professional's practice career.

Social work field education is aligned with the goal to increase students' self-awareness and efforts to overcome bias. However, social work is empirically balanced on a person-in-environment framework that exposes the limitations of focusing solely on the personal bias of the student (or practitioner) versus a framework that incorporates institutional and structural oppression. Social work field education must align its strategy of micro-level change with systems- and policy-level change. Systemic policies and practices that promote social injustice must be dismantled along with promoting individual clinician change to combat implicit bias. Although strategies to promote social justice might not be widespread in the allied health curricula, the emergence of innovative changes should be lauded; greater focus on these issues is warranted in all programs.

As social work practitioners and students claim a seat at the table with the other allied health professions, social work educators must enhance their efforts to promote social justice as a critical component of field education. Other allied health professionals are aggressively tackling social injustice, finding avenues to foster their students' commitment to social justice work by raising their consciousness about implicit bias and its systematization in our society. Social work is not delivered in a silo, and – as research with other allied health professions has indicated – current practices might actually perpetuate the inequities that social work claims to work against. Therefore, social work field education programs must increase their vigilance to find effective strategies to equip students with the knowledge and skills for social justice work. As continuums of service evolve, it becomes ever-more apparent that social work field education must use evidence-informed practice to prepare students for collaborative, interdisciplinary teamwork to meet the needs of the clients that we serve – which include advancing social change and improving social equity.

References

- Allen, H. (2012). Is there a social worker in the house? Health care reform and the future of medical social work. *Health & Social Work, 37*(3), 183–186. doi:10.1093/hsw/hls021
- American Academy of Social Work and Social Welfare. (2019). *12 challenges*. Retrieved from <http://grandchallengesforsocialwork.org/grand-challenges-initiative/12-challenges>
- Bonifas, R. P., & Gray, A. K. (2013). Preparing social work students for interprofessional practice in geriatric health care: Insights from two approaches. *Educational Gerontology, 39*(7), 476–490. doi:10.1080/03601277.2012.701137
- Browne, T., Gelhert, S., Andrews, C. M., Zebrack, B. J., Walther, V. N., Steketee, G., . . . Merighi, J. R. (2017). *Strengthening health care systems: Better health across America* (Grand Challenges for Social Work Initiative Working Paper No. 22). Retrieved from <http://aaswsw.org/wp-content/uploads/2017/11/WP22.pdf>
- Dominelli, L. (1996). Deprofessionalizing social work: Anti-oppressive practice, competencies, and postmodernism. *The British Journal of Social Work, 26*(2), 153–175. doi:10.1093/oxfordjournals.bjsw.a011077
- George, P., Silver, S., & Preston, S. (2013). Reimagining field education in social work: The promise unveiled. *Advances in Social Work, 14*(2), 642–657. Retrieved from <https://journals.iupui.edu/index.php/advancesinsocialwork/article/view/2440>
- Gonzalez, C. M., Kim, M. Y., & Marantz, P. R. (2014). Implicit bias and its relation to health disparities: A teaching program and survey of medical students. *Teaching and Learning in Medicine: An International Journal, 26*(1), 64–71. doi:10.1080/10401334.2013.857341
- Haider, A. H., Sexton, J., Siram, N., Cooper, L. A., Efron, D. T., Swoboda, S., . . . Cornwell, E. E. (2011). Association of unconscious race and social class bias with vignette-based clinical assessments by medical students. *JAMA, 306*(9), 942–951. doi:10.1001/jama.2011.1248
- Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., . . . Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health, 105*(12). doi:10.2105/AJPH.2015.302903a

- Marzán-Rodríguez, M., Varas-Díaz, N., & Neilands, T. (2015). Qualitative contributions to a randomized controlled trial addressing HIV/AIDS-stigma in medical students. *Qualitative Report, 20*(12), 2012–2024. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4739842/>
- Preston, S., George, P., & Silver, S. (2014). Field education in social work: The need for reimagining. *Critical Social Work, 15*(1). Retrieved from http://www1.uwindsor.ca/criticalsocialwork/field_education_SW
- Schultz, P. L., & Baker, J. (2017). Teaching strategies to increase nursing student acceptance and management of unconscious bias. *Journal of Nursing Education, 56*(11), 692–696. doi:10.3928/01484834-20171020-11
- Sukhera, J., & Watling, C. (2018). A framework for integrating implicit bias recognition into health professions education. *Academic Medicine, 93*(1), 35–40. doi:10.1097/ACM.0000000000001819
- White-Means, S., Dong, Z., Hufstader, M., & Brown, L. T. (2009). Cultural competency, race, and skin tone bias among pharmacy, nursing, and medical students: Implications for addressing health disparities. *Medical Care Research and Review, 66*(4), 436–455. doi:10.1177/1077558709333995
- Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Processes & Intergroup Relations, 19*(4), 528–542. doi:10.1177/1368430216642029