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Being 'good enough': Perfectionism and well-being in social workers

Left running head: Gail Kinman and Louise Grant

Short title : Perfectionism and Well-being in Social Workers

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Abstract

[AQ2](#) Perfectionism refers to a tendency to set unrealistically high standards for oneself and others. Although often seen positively, perfectionism can threaten health, relationships and performance. This study examined the effects of three types of maladaptive perfectionism on burnout in 294 UK social workers: self-oriented (having excessively high standards for oneself), other-oriented (having excessively high expectations of others) and socially prescribed (perceiving external pressure to excel). In line with previous research, we predicted that socially prescribed perfectionism would have particularly powerful effects on well-being, but significant relationships with self and other-oriented perfectionism were also expected. We also examined whether maladaptive perfectionism intensified the negative impact of work-related emotional demands on burnout. Significant positive relationships were found between socially prescribed and other-oriented perfectionism and burnout. A higher level of socially prescribed perfectionism was found than self and other-oriented and its relationship with burnout was particularly strong. We found no evidence, however, that perfectionism was an additional risk factor for burnout when emotional demands were high. Early career social workers were found to be at greater risk of dysfunctional perfectionism and burnout. The implications of the findings for the well-being of social workers are considered and potential interventions outlined to reduce maladaptive perfectionism.

Perfectionism is defined as a tendency to set unrealistically high standards of performance for oneself and others. Three different types of maladaptive perfectionism have been identified. *Self-oriented*

perfectionists have exceedingly high personal standards, *other-oriented perfectionists* expect other people to be perfect and *socially prescribed perfectionists* believe that other people have unrealistically high expectations of them. This study examined relationships between the three aspects of perfectionism and burnout (conceptualised as high exhaustion and low engagement) in social workers. Statistically significant relationships between burnout and all aspects of perfectionism were expected but, in line with previous research, we expected socially oriented perfectionism to be particularly damaging to well-being. We also examined whether job experience was related to maladaptive perfectionism. Whether maladaptive perfectionism placed social workers at greater risk of burnout in response to work-related emotional demands was also considered. Questionnaires were completed online by 295 UK social workers. The level of socially prescribed perfectionism was higher than for self and other-oriented perfectionism, and its relationship with burnout was particularly strong. The risk of burnout was greater among social workers who reported higher levels of socially prescribed perfectionism, but other-oriented perfectionism was also a significant predictor. Early career social workers were found to be at greater risk of dysfunctional perfectionism and burnout. We found no evidence, however, that perfectionism increased the risk of burnout when emotional demands were high. The practical implications of the findings are considered and interventions outlined to reduce maladaptive perfectionism.

Keywords: burnout, emotional demands, perfectionism, well-being

Introduction

There is evidence that social workers are particularly vulnerable to work-related stress and burnout due to the organisational structure and culture and the complex and emotionally demanding nature of the work (McFadden *et al.*, 2015; Gómez-García *et al.*, 2020). Organisational hazards stem from how an organisation operates, and studies have found high workload, low job control and social support, role conflict and overload, bureaucracy, funding cuts and poorly managed change to be particularly challenging (Lloyd *et al.*, 2002; Stanley *et al.*, 2006; Grant and Kinman, 2014; McFadden *et al.*, 2015; Wilson, 2016; Ravalier, 2019; Barck-Holst *et al.*, 2021). Occupational hazards relate to the nature of the work, with unmanageable caseloads, tension between personal values and organisational constraints and interprofessional conflict being among the main risk factors for social workers' well-being (Lloyd *et al.*, 2002; Wooten *et al.*, 2011; Grant and Kinman, 2014; Ravalier, 2019). Another psychosocial hazard commonly experienced by social workers is emotional labour, which is the process of managing and regulating feelings to meet the emotional requirements of their role (Grandey, 2000; Hochschild, 2012). Studies have found that fulfilling the emotional demands of practice can deplete workers' emotional resources and increase the risk of burnout (Taris and Schreurs, 2009; Andersen *et al.*, 2017; Kinman and Grant, 2020).

Several individual level factors have been found to moderate the negative effects of workplace psychosocial hazards on well-being. Studies of social workers show that internal features such as

compassion fatigue, difficulties detaching from work, overinvolvement and poor self-care may intensify the risks (Grant and Kinman, 2014; Ashley-Binge and Cousins, 2020; Collins, 2021), whereas personal resources such as emotional literacy, appropriate empathy, resilience and optimism can have protective effects (Collins, 2008; Grant and Kinman, 2014). Another individual-level variable that has implications for the well-being of employees is perfectionism. To date, however, research on perfectionism has typically focused on clinical, student and sporting populations, with little attention paid to the workplace and whether any particular occupational group is at greater risk. Very little is known about the nature and effects of perfectionism among social workers, which is the focus of this study.

Perfectionism

Perfectionism is a personal disposition characterised by a tendency to set unrealistically high standards of performance, to evaluate one’s behaviour critically, and to fear being evaluated negatively by others (Frost *et al.*, 1990). In the workplace, perfectionism is often seen in a positive light and considered a personal strength or even a virtue (Baer and Shaw, 2017). Perfectionist standards and associated behaviours may be encouraged and reinforced by approval and other more tangible reward systems. Nonetheless, although perfectionists may be more motivated, engaged and conscientious (Stoeber and D’Amian, 2016; Harari *et al.*, 2018), they can be at greater risk of a range of work-related stress, burnout and mental health problems (Childs and Stoeber, 2010; Moate *et al.*, 2016; Harari *et al.*, 2018). Perfectionists typically feel that their value is based on their ability to deliver results and are therefore prone to self-criticism, difficulties dealing with feedback, procrastination and unrealistic goal setting (Ferguson and Rodway, 1994). Their tendency to work longer hours and ruminate about their performance and their shortcomings can also foster workaholism or excessive commitment to work that, in turn, will limit opportunities for recovery and threaten work–life balance (Clark *et al.*, 2010; Mitchelson, 2009; Newman, 2017).

Although perfectionism can be damaging, there is evidence that some aspects may be more threatening to well-being than others. Adaptive perfectionism refers to a tendency to fixate on and demand excessively high standards for oneself, whereas maladaptive perfectionism involves an obsessive concern with failing to achieve these standards of performance (Enns and Cox, 2002; Bieling *et al.*, 2004; Childs and Stoeber, 2010). Another conceptualisation distinguishes between three types that reflect the role played by intrapersonal and interpersonal factors in underpinning maladaptive perfectionism: *self-oriented perfectionists* have exceedingly high personal standards and are highly self-critical if they are not met; *other-oriented perfectionists* expect other people to be perfect and are critical of those who fail to meet their expectations; *socially prescribed perfectionists* believe that others have unrealistically high expectations of them that must always be maintained (Hewitt and Flett, 1990).

Whilst self- and other-oriented perfectionism have been linked with a range of negative outcomes, perfectionists who are overly concerned with the evaluation of others may be particularly at risk (Mitchelson and Burns, 1998; Stoeber *et al.*, 2009). Research with different occupational groups has found that

socially prescribed perfectionism is significantly related to feelings of inadequacy and social alienation as well as stress and burnout (Childs and Stoeber, 2010; Kleszewski and Otto, 2020). Longitudinal research also provides some evidence for causality, as socially prescribed perfectionism has been associated with increased role stress, cynicism and exhaustion over time, as well as heightened feelings of inefficacy (Childs and Stoeber, 2012).

Research has highlighted several mechanisms that can potentially influence the relationship between perfectionism and well-being. First, it is argued that people with more perfectionist tendencies are more inclined to appraise situations as being stressful and potentially threatening, evaluate their ability to manage them negatively, and engage in maladaptive coping strategies (Flett *et al.*, 1995) making them more vulnerable to distress. Secondly, there is evidence that perfectionists are particularly prone to perseverative cognition, which is a tendency to engage in repeated and intrusive thoughts about a problem (Brosschot *et al.*, 2006). Perseverative cognition is more likely after perceived ‘failure’ which, given perfectionists’ high personal standards, will be more frequent than non-perfectionists (Flett and Hewitt, 2002). This tendency to ruminate on one’s failures and inadequacies is thought to increase the risk of psychological distress (Grant and Kinman, 2014).

Perfectionism and social workers

This study examines relationships between self-oriented, other-oriented and socially prescribed perfectionism and burnout in a sample of social workers working in the UK. Being perceived positively and feeling valued are important for the well-being and effectiveness of social workers (Reid and Misenner, 2001; Legood *et al.*, 2016; Mitchell *et al.*, 2021), whereas believing that their profession is perceived negatively can be a source of stress (Graham and Shier, 2014; Legood *et al.*, 2016). Although studies have highlighted positive public attitudes towards social workers and widespread sympathy for the pressures they face (Davidson and King, 2005; McCulloch and Webb, 2020; Social Work England, 2020) practitioners themselves tend to have more negative views about how their profession is perceived by others. For example, a recent study found that more than three-quarters of the practitioners surveyed (76 per cent) believed that social workers were not respected by society (YouGov, 2019). Moreover, research that examined perceptions of social work in New Zealand found that most (87 per cent) considered their profession to be stigmatised by others. Some evidence of self-stigma was also evident, with fewer than four respondents in ten (39 per cent) agreeing that the public saw them as trustworthy (Staniforth *et al.*, 2016). The failure to live up to expectations (one’s own as well as others) for ‘ideal’ standards of practice can engender a sense of inadequacy and shame among social workers that has negative implications for their well-being and performance (Gibson, 2014). Moreover, research findings suggest that ‘imposter syndrome’, a psychological pattern linked to maladaptive perfectionism where people doubt their skills and accomplishments, is also common among practitioners, particularly those who are less experienced (Urwin, 2018).

These factors may increase the pressure for practitioners to perform to an unrealistically high standard in a job where outcomes can be constrained by circumstances largely outside their control. This pressure could be a particular problem for people with perfectionist tendencies, whether self or other-oriented. We therefore expect all three types of perfectionism to be positively associated with burnout but, considering previous research findings and concerns about meeting the high expectations of others discussed above, we predict that the effects of socially prescribed perfectionism will be particularly strong. In light of research findings that early career social workers are particularly vulnerable to feelings of self-criticism and self-doubt (Urwin, 2018), this study also considers links between job experience and maladaptive perfectionism.

As maladaptive perfectionism might exacerbate the negative effects of job demands on well-being, this study also examines whether the three aspects of perfectionism moderate any relationships found between emotional demands and burnout. More specifically, we aim to identify whether perfectionist tendencies among social workers intensify the negative effects of the emotional demands they experience. As perfectionism has the potential to impact on job attitudes as well as well-being (Maslach, 1998), we conceptualise burnout as a combination of high exhaustion and cynicism towards work and low engagement. Engagement is a positive motivational state of vigour, dedication and absorption (Demerouti and Bakker, 2008).

Method

Participants

Data were obtained from 295 social workers (79 per cent female) with most of the sample (67 per cent) being forty-five years or above and 41 per cent at least fifty-five years. Respondents worked across different areas of social work practice. Most (75 per cent) had been qualified for at least ten years, with 8 per cent between one and five years, 17 per cent between six and ten years, 12 per cent between ten and fifteen years and 63 per cent more than fifteen years. The online survey was distributed by a professional body that represents social workers in the UK, with a link made available via a bulletin to members.

Measures

Perfectionism was assessed by the fifteen-item short-form of the Hewitt–Flett Multidimensional Perfectionism Scale (Hewitt *et al.*, 2008). This measures self-oriented perfectionism (e.g. ‘I strive to be as perfect as I can be’), other-oriented perfectionism (e.g. ‘If I ask someone to do something I expect it to be done flawlessly’) and socially prescribed perfectionism (e.g. ‘people expect nothing less than perfectionism from me’). Items were rated on a seven-point scale ranging from 1 = ‘strongly disagree’ to 7 = ‘strongly agree’. Higher scores on all three sub-scales represented higher levels of perfectionism.

Emotional demands were measured by the seven-item emotional workload scale (Van Veldhoven, 1994). An example item is ‘Do other people require you to get personally involved in your work.’ Items were assessed on a four-point scale ranging from 1 = ‘never’ to 4 = ‘always’ with higher scores denoting higher levels of emotional demands.

Burnout was measured by the sixteen-item Oldenburg Burnout Inventory (Demerouti and Bakker, 2008). This conceptualises burnout as high levels of exhaustion (physical, affective and cognitive) and disengagement (low vigour, dedication and absorption). An example of an exhaustion item is ‘there are days when I feel tired before I arrive at work’ and a disengagement item ‘After work I usually feel worn out and weary.’ Participants were asked to respond to the items by using a scale ranging from 1 = ‘strongly agree’ to 4 = ‘strongly disagree’. High scores represented higher levels of burnout.

Procedure

The study was conducted in accordance with the British Psychological Society’s Code of Ethics (BPS, 2018) and approved by the University of Bedfordshire’s Research Ethics Committee. Social workers were invited to participate in the study by email and completed questionnaires online using a password-protected website maintained by a professional design organisation. Participants gave full informed consent and were assured of their anonymity and their right to withdraw from the study.

Results

Table 1 shows the descriptive statistics and correlations and Cronbach alpha coefficients for the study variables. As can be seen, the mean score for socially prescribed perfectionism (4.48, $SD = 1.42$) was higher than the means for other-oriented (3.55, $SD = 1.16$) and self-oriented perfectionism (3.54, $SD = 1.47$). The difference was found to be significant, $F(1.861, 545.155) = 111.040, p < 0.001$. Significant positive relationships were found between burnout and other-oriented ($r = 0.24, p < 0.001$) and socially prescribed perfectionism ($r = 0.42, p < 0.001$), but not self-oriented perfectionism ($r = 0.11, p < 0.056$). A significant negative association was found between length of experience and socially prescribed perfectionism ($r = -0.17, p < 0.01$) and a weaker but nonetheless significant relationship observed with self-oriented perfectionism ($r = -0.13, p < 0.05$). Job experience also had strong negatively associations with emotional demands ($r = -0.30, p < 0.001$) and burnout ($r = -0.29, p < 0.001$).

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Table 1. Descriptive data, Cronbach’s alpha and correlations between study variables 

AQ9	Mean (SD)	Cronbach's alpha	1	2	3	4	5	6
1. Self-oriented perfectionism	3.54 (1.47)	0.89	0.00					
2. Other-oriented perfectionism	3.55 (1.16)	0.81	0.64***	0.00				
3. Socially prescribed perfectionism	4.48 (1.42)	0.84	0.54***	0.62***	0.00			
4. Emotional demands	2.25 (0.52)	0.83	0.16**	0.23***	0.36***	0.00		
5. Burnout	2.25 (0.43)	0.86	0.11	0.24***	0.42***	0.54***	0.00	
6. Job experience	3.30 (1.01)	-0.13*	-0.09		-0.17**	-0.30***	-0.29***	0.00

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

Hierarchical multiple regression equations tested the main and moderation effects of emotional demands and the three aspects of perfectionism (i.e. self-oriented, other-oriented and socially prescribed) on burnout (see Table 2). Gender, age and job experience were entered as control variables in step 1 of each equation, as they have been previously found to increase the risk of burnout (Marchand *et al.*, 2018). The main effects of emotional demands and each of the three perfectionism variables were tested at step 2 and the two-way interaction term (emotional demands \times (1) self-oriented, (2) other-oriented and (3) socially prescribed perfectionism) were added in the third steps to examine their potential moderating effects.

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Table 2. Main and moderating effects of emotional demands and perfectionism on burnout



AQ9	Burnout		
	ΔR^2	<i>B</i>	95% CI
Self-oriented perfectionism			

AQ9		Burnout		
		ΔR^2	<i>B</i>	95% CI
Step 1		0.10 ^{***}		
Gender			0.00	-0.11 to 0.12
Age			-0.09	-0.84 to 0.18
Job experience			-0.25 ^{***}	-0.16 to -0.05
Step 2		0.21 ^{***}		
Emotional demands			0.49 ^{***}	0.31 to 0.48
Self-oriented perfectionism			0.03	-0.21 to 0.39
Step 3				
a × b		0.00 [*]	0.27	-0.03 to 0.08
Total R^2	31			
Other-oriented perfectionism				
Step 1		0.10 ^{***}		
Gender			0.00	-0.11 to 0.12
Age			-0.09	-0.84 to 0.18
Job experience			-0.25 ^{***}	-0.16 to -0.05
Step 2		0.23 ^{***}		
Emotional demands			0.47 ^{***}	0.30 to 0.47
Other-oriented perfectionism			0.12 ^{**}	0.01 to 0.08
Step 3				
a × b		0.00	-0.01	-0.07 to 0.06
Total R^2	33			
Socially oriented perfectionism				
Step 1		0.10 ^{***}		
Gender			0.00	-0.11 to 0.12
Age			-0.09	-0.08 to 0.02
Job experience			-0.25 ^{***}	-0.16 to 0.05
Step 2		0.27 ^{***}		
Emotional demands			0.41 ^{***}	0.25 to 0.42
Socially oriented perfectionism			0.26 ^{***}	0.05 to 0.10
Step 3				

AQ9		Burnout		
		ΔR^2	<i>B</i>	95% CI
a × b		0.00	0.16	-0.04 to 0.07
Total R^2	37			

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

The variables entered in step 1 of each equation accounted for 10 per cent of the variance in burnout, with only job experience making a significant contribution in a negative direction ($\beta = -0.25, p < 0.001$). Equation 1 (with self-oriented perfectionism as a potential moderator) explained a total of 31 per cent of the variance in burnout, with the main effects of emotional demands ($\beta = 0.49, p < 0.001$) contributing 21 per cent. No significant main and moderating effects were found. Equation 2 (with other-oriented perfectionism as a potential moderator) explained 33 per cent of the variance in burnout, with the main effects of emotional demands ($\beta = 0.47, p < 0.001$) and other-oriented perfectionism ($\beta = 0.12, p < 0.01$) together contributing a total of 23 per cent. The moderation term made no significant contribution to the variance. Equation 3 (with socially oriented perfectionism as a potential moderator) explained 37 per cent of the variance in burnout, with emotional demands ($\beta = 0.41, p < 0.001$) and socially oriented perfectionism ($\beta = -0.26, p < 0.001$) explaining a total of 27 per cent. As with the other two perfectionism dimensions, the moderation term made no significant contribution to the variance. To summarise, the main effects of emotional demands were a significant predictor of burnout, but no evidence was found that any of the three aspects of perfectionism intensified their negative effects.

Discussion

This study has highlighted the potential risks of maladaptive perfectionism for the well-being of social workers. Although no significant relationship was found with self-oriented perfectionism, practitioners who reported a greater tendency towards other-oriented and socially prescribed perfectionism were found to be at greater risk of burnout. These findings have implications for the well-being and job performance of social workers, indicating that interventions are needed at individual and organisational levels to raise awareness of the hazards of maladaptive perfectionism and how they might be reduced.

Findings showed that socially prescribed perfectionism—believing that other people have unrealistically high expectations of oneself—is particularly common among social workers. The level of socially prescribed perfectionism found in this study was not only significantly higher than for perfectionism directed towards the self and others, but it also had a particularly strong relationship with burnout. This study utilised Demerouti and Bakker’s (2008) conceptualisation of burnout as a combination of high physical and mental exhaustion and low engagement, characterised by low levels of vigour, dedication

and absorption. As these are all elements of high-quality practice, the risks of perfectionism for the job performance as well as the personal well-being of social workers give cause for concern.

Socially prescribed perfectionism involves the expectations for performance held by ‘other people’ in general (Hewitt and Flett, 1990)—for social workers, this might include managers, colleagues, people who use services, family and the public at large. To gain more insight into the risks of socially prescribed perfectionism for social workers, future research might examine the relative importance of the expectations of them held by different groups and the implications for their well-being and attitudes towards the job. Nonetheless, previous research findings show that the public has a more positive view of social workers than practitioners themselves believe (e.g. YouGov, 2019; McCulloch and Webb, 2020). Initiatives to raise awareness of positive attitudes towards social workers and reassure them of their value might therefore help reduce their unrealistic self-expectations and potentially improve well-being. Suggestions for interventions are provided later in this section.

Other-oriented perfectionism (i.e. the belief that other people should strive for perfectionism and a tendency to be highly critical of people who do not do so) was also significantly related to burnout, increasing exhaustion and reducing engagement. These findings suggest that the risks of perfectionism should be recognised for the well-being and functioning of the wider organisation as well as for individual employees. It has been observed that perfectionists do not ‘play nicely with others’ (Sherry *et al.*, 2016). As dysfunctional perfectionism is characterised by a tendency to set unrealistic standards of performance for other people and be overly sensitive to cues that might signify negative evaluation by them, it has potential to threaten a positive team climate (Kleszewski and Otto, 2020). This is also likely to impede the functioning of a social work team as a secure base that can help practitioners cope with the emotional demands of the role (Biggart *et al.*, 2017). Future research should therefore examine the implications of dysfunctional perfectionism related to self and others for the functioning of social work teams.

This study examined whether perfectionism moderated the effects of emotional demands on burnout. In accordance with previous research findings that emotional labour can threaten the well-being of helping professionals (e.g. Taris and Schreurs, 2009; Kinman and Grant, 2020), social workers who reported more emotional demands tended to be at greater risk of burnout. No evidence was found, however, that maladaptive perfectionism intensified the negative effects of emotional demands on well-being. Future studies might examine whether perfectionism exacerbates the risk of other types of demands experienced by social workers, particularly those related to workload. It is recognised that social workers can become exhausted or demoralised from striving to reach goals that are made unachievable by situational constraints or inadequate resources (Collins, 2007). Struggling to meet one’s own standards of performance (and the standards expected by others), is likely to be particularly challenging if a worker is prone to self-oriented and socially prescribed perfectionism. Other-oriented perfectionism could be a further risk factor for well-being where social workers are experiencing work overload; as discussed above, excessively high expectations of colleagues for managing their workload are likely to impair

working relationships and professional collaboration.

Limitations

This study has examined a novel issue: the nature and impact of maladaptive perfectionism in social workers and how this might be managed. Also highlighted are some areas where future research might be of value. Nonetheless, this study has limitations. First, the design is cross-sectional and longitudinal research would provide more conclusive evidence of the implications of perfectionism for well-being and practice over time. The study also relies exclusively on self-reported data, but clearly the variables measured (i.e. perfectionism, burnout and emotional demands) are only accessible via subjective experience. It should be acknowledged, however, that perfectionism—even maladaptive forms—can be perceived as socially desirable (Stoeber and Hotham, 2016) so participants may have been motivated to over-estimate their perfectionist tendencies. This might be a particular concern in contexts such as social work where a high level of dedication to one’s job is expected, or even normalised.

A further shortcoming of our study is that the sample may not reflect the characteristics and experiences of the wider social worker population. The ability to extend the findings more widely may be limited, as it is not possible to establish a response rate or consider the characteristics of social workers who did not respond. Those who responded to this study were mostly experienced practitioners and, given the evidence provided that early career workers may be more at risk of maladaptive perfectionism that in turn can lead to burnout, future research should target this group specifically to inform interventions to reduce its negative effects. Finally, it is recognised that some ethnic and cultural groups may be more vulnerable to the negative effects of maladaptive perfectionism on mental health (Stoeber, 2018). Future research should therefore utilise a larger, more demographically and geographically diverse sample of social workers, both within the UK and internationally, to examine this issue.

Implications for practice

Our findings have several implications for practice, particularly for the development of interventions to reduce dysfunctional perfectionism among social workers at individual and organisational levels. At an individual level, mindfulness and cognitive behavioural strategies might reduce maladaptive perfectionism by addressing core irrational beliefs and critical self-evaluations, reducing rumination and fostering self-compassion (Egan *et al.*, 2016; James and Rimes, 2018). Guided Internet-based self-help and face-to-face counselling can also help people manage perfectionism and minimise any negative effects on mental health (Pleva and Wade, 2006; Egan *et al.*, 2016; Kothari *et al.*, 2019). It should be recognised, however, that perfectionism can be resistant to change and some people undergoing interventions might experience increased anxiety and distress when attempting to reduce their high standards (Flett and Hewitt, 2008). Recent research findings suggest that perfectionists can struggle to be mindful in their daily lives and relaxation techniques might be particularly useful where this and other individually focused interventions are implemented (Flett and Hewitt, 2020). Strategies to increase self-

compassion are also likely to be helpful, particularly those focusing on ‘common humanity’ that aim to raise awareness that feelings of inadequacy are ‘part of the shared human experience’, together with interventions that encourage self-kindness, challenge critical self-talk and negative self-judgement and reduce overidentification and feelings of isolation (Neff, 2003, 2012). As well as helping reduce dysfunctional perfectionism, enhancing self-compassion and self-acceptance is likely to have wider benefits for the mental health of social workers at different stages of their career (Kinman and Grant, 2020; Kotera *et al.*, 2020).

Self-compassion is a fundamental aspect of self-care, both personal and professional (Miller *et al.*, 2019; Kinman and Grant, 2020). Organisations should encourage social workers to prioritise self-care and engage in recovery activities inside and outside of work that replenish their mental and physical resources (see Grant and Kinman, 2022) for some useful strategies. This is likely to be particularly important for practitioners with a tendency towards maladaptive perfectionism. Social work leaders might consider whether their organisational climate and practices inadvertently reinforce perfectionism. Research findings suggest that a culture that encourages or overlooks overwork will intensify maladaptive perfectionism, increasing the risk of an unhealthy overcommitment to work (Mazzetti *et al.*, 2014). Alternatively, organisational cultures that carefully monitor and control the extent and complexity of workload are likely to discourage overcommitment to work, even among employees who are high in maladaptive perfectionism. It is also important for organisations to recognise the impact of a ‘blaming’ and a ‘shaming’ culture on the well-being of social workers (Gibson, 2014), regardless of whether they have perfectionist tendencies.

Managers also have a role to play in identifying and reducing maladaptive perfectionism in their organisation. The risks of managers closely monitoring the performance of employees high in maladaptive perfectionism should be noted, however, as this might reinforce such behaviour. As proposed by Harari *et al.* (2018), taking a regulatory role by encouraging people to avoid trying to perfect their work to their own detriment is likely to be more effective. Managers should therefore set out their expectations for performance clearly and ensure that tolerance for errors is communicated. It is also crucial for managers to be aware of the risks of role modelling perfectionist attitudes and behaviours and avoid reinforcing them in staff via praise and reward. Supervision can also help social workers recognise the difference between striving for excellence and dysfunctional perfectionism by identifying the unrealistically high standards, self-recriminations and feelings of shame that can impair rather than enhance practice. The use of Appreciative Inquiry techniques in team discussions can also help challenge a drive for perfectionism by focusing on strengths and discouraging self-criticism.

This study provides evidence that early career social workers may be more vulnerable to dysfunctional perfectionism and were at greater risk of burnout. Interventions are needed to raise awareness of the risks of maladaptive perfectionism at an early stage in social workers’ careers that should also be reinforced in post-qualification training. There is evidence that perfectionism is increasing, possibly due to changes in cultural norms at the societal level. A study of more than 40,000 college students found

that perfectionism, particularly socially prescribed, increased significantly between 1989 and 2016 (Curran and Hill, 2019). A recent study of social science students also gives cause for concern, where students training for a career in social work reported fewer ‘healthy’ aspects of perfectionism than those from other disciplines (Beck *et al.*, 2021). The finding that imposter syndrome, linked to maladaptive perfectionism, is common among inexperienced social workers (Urwin, 2018) reinforces the need for initiatives that might involve discussing and normalising feelings of self-doubt and unworthiness, fostering a sense of belongingness, focusing on personal strengths and connecting with supportive people including mentors (Huffstutler and Varnell, 2006; Bravata *et al.*, 2020).

The [AQ3](#) COVID-19 pandemic has caused considerable disruption to life and work that, at the time of writing, is ongoing. Along with other frontline staff, social workers have experienced major challenges that many believe have tested their resilience, diminished the capability of their service and adversely affected the people they support (Community Care, 2020; Harrikari *et al.*, 2021). It has been argued that perfectionism might increase among the general population, as people strive to regain a sense of control (Flett and Hewitt, 2020). Social workers were already vulnerable to work-related stress, burnout and trauma before the crisis and attempting to meet excessively high standards of performance (whether self or other generated) in such turbulent times can only intensify this risk. Flett and Hewitt (2020, p. 14) provide some guidance for perfectionists during the pandemic that is likely to be beneficial for all; this includes a focus on ‘being rather than doing’ in daily life, rebalancing work and life, being authentic with other people, and being open about personal imperfections and insecurities.

In conclusion, this study has highlighted the risks of dysfunctional perfectionism for the well-being of social workers and the need to enhance knowledge and understanding of its risks to well-being and practice. A range of interventions at organisational and individual levels has been identified with potential to attenuate dysfunctional perfectionism to support the well-being and optimum practice of social workers throughout their careers.

References [AQ4](#) [AQ5](#)

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