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Grounding Nephrology Social Worker Supervision in the Ethics-of-Care Meta-Framework

Renata Sledge, PhD, LCSW. Assistant Professor, University of Missouri–St Louis, School of Social Work, St. Louis, MO

Corresponding author: rsledge@umsl.edu

ABSTRACT

Integrating ethics of care into nephrology social work supervision may mitigate the challenges of practice in United States nephrology contexts. In settings with high demands, limited resources, and conflicting goals, clinical supervision reduces workplace stress, burnout, and turnover. Embedding the ethics-of-care meta-framework in supervision promotes relational practice, prioritizes supervisee well-being, and challenges managerial values through humility, connection, and responsiveness. When grounded in ethics of care, social work supervision counters the pressures of managerialism and the medical model and creates the potential for systemic change in the profession.

INTRODUCTION

Nephrology social workers are first responders to the personal and social challenges experienced by people affected by chronic and end-stage kidney disease (CKD; ESKD). While social workers often describe the meaning they find in seeing the resilience and strength of the human spirit, the compounding stressors of high demands, low levels of control, and poor managerial support hurt workers' stress levels, as evidenced by coming to work when sick, lower job satisfaction, and high turnover (Ravalier, 2019). Early-career social workers are particularly vulnerable to the impact of resource limitations, time pressure, and conflicting goals that contribute to burnout and secondary trauma (Radey & Schelbe, 2017). Clinical social work supervision improves the supervisee's level of functioning and well-being (National Association of Social Workers (NASW), 2021). This report proposes the feminist *ethics of care* as a meta-framework for organizing the practice of nephrology social work supervision to improve supervisee well-being and facilitate systemic change. This is meaningful in nephrology social work, where practitioners navigate complex ethical situations, interdisciplinary dynamics, and the emotional toll of supporting patients and families experiencing chronic illness with limited formal support structures.

CHALLENGES OF MANAGERIALISM AND THE MEDICAL MODEL

The neoliberal movement, marked by policies emphasizing individualism, free markets, small government, and fiscal austerity in human service organizations, began after the economic crisis in the late 1970s (Zelnick & Abramovitz, 2020). The nephrology field reflects the three phases of neoliberal practices through *marketization* (e.g., private health insurance industry and billing practices), *financialization* (e.g., growth of large dialysis organizations), and *managerialism* (e.g., principles of market and business in clinic management) (Ratna, 2020; Saeed et al., 2020; Zelnick & Abramovitz, 2020).

Managerialism, in particular, is ubiquitous in nephrology social work practice, as evidenced by the shifts towards competencies in education, risk aversion in ethical discourse, and a focus on evidence-based practice. The managerialism paradigm is promoted as providing productive, efficient, and accountable service to patients through service-user choice and lower programmatic costs (Zelnick & Abramovitz, 2020). The attention to evidence-based standards, measurable outcomes, and value-based payments comes at the cost of individualized services, advocacy, social justice, health outcomes, and access to care (Pascoe et al., 2023).

Managerialism is reflected in the medical model's focus on diagnosis, treatment, and efficiency. Both managerialism and the medical model prioritize measurable outcomes and standardization while downplaying the importance of context, narrative, and relationships (Browne et al., 2017). Together, these frameworks position social workers as peripheral to the primary goals of healthcare, resulting in high caseloads, a devaluation of emotional labor, and the perpetuation of power imbalances. In such environments, relational support, advocacy, and reflective practice are devalued, even though they are essential to ethical, person-centered care.

The emphasis on efficiency rather than effectiveness hurts the social work field by decreasing the workforce and increasing job insecurity and burnout (Browne, 2019; Gehlert et al., 2019; Pascoe et al., 2023). Given the projected shortage of social workers by 2030 and the turnover of early-career social workers, the profession must act at multiple levels to respond to the increasing demand for social work services (Bureau of Labor Statistics (BLS), 2024; Lin et al., 2016; Radey & Schelbe, 2017). In addition to developing competent social work practitioners, social work supervision is essential to the profession's actions for social reform and advocacy (Munson, 2002). The values, principles, and standards of the NASW Code of Ethics (National Association of Social Workers (NASW), 2021) document the profession's ethical obligation to address the negative consequences of practices such as managerialism. Applying an ethics-of-care meta-framework to supervisory practices reclaims the centrality of human connection and interdependence while resisting reductive impacts of managerialism and the medical model, and affirming the complexity and dignity of the people nephrology social workers serve.

ETHICS OF CARE IN SUPERVISION AS A CRITICAL RESPONSE

Ethics of care is a meta-framework rooted in the feminist perspective and places the interdependence of people and their responsibilities to each other at the center of moral decision-making. Ethics-of-care theorists describe care as a process-oriented moral activity that recognizes the fallibility of humans and systems (Hamington, 2024). Caring practices include a conversation between two people where one comforts the other through concrete actions learned through formal and informal training, such as supervision (Engster, 2007; Karlsson & Pennbrant, 2020). Hamington (2024) defines humble inquiry, inclusive connection, and responsive action as competencies in ethics of care. These skills, characterized by empathy, curiosity, rationality, emotion, responsiveness, proactivity, and self-regulation, are embodied practices that are damaged by social structures (e.g., managerialism) that inhibit their use (Groenhout, 2019).

While initially interpreted as an interpersonal and maternal ethic, ethics-of-care discourse has broadened to incorporate ideas of justice and social structures (Tronto, 1993). An ethics-of-care approach to supervision can disrupt the managerialism expectations of efficiency and self-reliance, recognizing the universal need for care while emphasizing the need for social structures that enable close, supportive human relationships. Recent attention to loneliness emphasizes the need for dialectic processes like supervision to protect and nurture care while redesigning social structures (Brown et al., 2021; Groenhout, 2004, 2019; Office of the Surgeon General (OSG), 2023). An ethics-of-care approach to supervision is revolutionary in that it normalizes interdependence, promotes solidarity, and undermines the "one-size-fits-all" approach of managerialism (Desroches & Poland, 2023; Morley, 2022; Power & Bergan, 2019)

Clinical supervision is a process, a relationship, and a set of activities that facilitate professional development. Supervision is a specialty practice considered a "cornerstone" of good social work as evidenced by its frequent reference in the NASW Code of Ethics (2021) and practice literature (Ashley-Bing & Cousins, 2020; Hair, 2013; Ingram, 2013; Kadushin & Harkness, 2014; Nickson et al., 2020; Wonnacott, 2012). A well-balanced supervisory process addresses administrative, educational, and supportive domains, facilitates an environment that cares for the carer, and allows the supervisee to develop clinical wisdom, practice effectiveness, and helps with self-regulation and clinical decision-making (Chiller & Crisp, 2012; National Association of Social Workers (NASW), 2013; Newcomb, 2022; Nickson et al., 2020). An ethics -of-care perspective on supervision shares accountability for social worker wellness with organizations and contextual factors that shape supervision (Goldberg, 2023).

The social work supervision environment is set within the context of state regulation and social work science, and the social context of the supervisory dyad. Supervision activities include individual and group experiences that move between personal reflection and case consultation to broaden perspectives. The relationship between the supervisor and social worker is nuanced, requiring nimble transitions between empowering personal reflection and growth and the dyad's ultimate accountability to the patient system.

When applying the ethics-of-care meta-framework to nephrology social work supervision, the *relationship, isomorphism, power and hierarchy, self of the social worker*, and *anti-oppressive practices* deserve special attention. Doing so also requires attending to the ways supervision can decenter the medical model, support non-linear and collaborative evaluation, and frame professional ethics as a relational and contextual practice.

ETHICS-OF-CARE ACTIVITIES IN SUPERVISION

Relationship

The supervisory relationship is foundational to any activities of supervision (Shurts, 2015). Supervisees describe effective supervisors as knowledgeable, respectful, approachable, transparent about power differences, warm, trustworthy, and available (Hair & Fine, 2011). A co-constructed relationship informed by humble inquiry, inclusive connection, and responsive action facilitates the mutual generation of ideas, ultimately giving voice to historically marginalized narratives and drawing out additional learning opportunities (Bobele et al., 2014). The dialogical activities of ethics-of-care supervision facilitate a positive relationship that promotes the supervisee's clinical wisdom and decision-making necessary for clinical development (Bobele et al., 2014; Ravalier et al., 2023). A non-expert stance and curiosity of the supervisor mirrors the relatedness and unconditional positive regard necessary for patient care. A further emphasis on relationships reinforces the importance of creating communities of concern for the social worker, fostering networks with other clinicians (Carlson & Erickson, 2001; Shurts, 2015). Connecting supervisees with groups such as the Council of Nephrology Social Workers (CNSW), National Association of Social Workers (NASW), and facilitating groups may address feelings of isolation that can occur in medical social work (Martin et al., 2021). The administrative responsibility of the supervisor should be explicitly addressed in the relationship so that directives concerning ethical practice and patient safety can be provided, while encouraging collaboration and the exchange of ideas (Ungar, 2006).

Isomorphism

Isomorphism refers to the replication of patterns across different system levels, from the social work supervisor/supervisee dyad to the social worker/patient relationship and through to patient/family interactions (Lowe et al., 2007). For example, when a supervisor models the value of human relationships through warmth, encouragement, and curiosity, that dynamic can be mirrored in the social worker/patient relationship and carried forward into the family system (Whiting, 2007). Affirming and positive relationships, an atmosphere of discovery, and congruence between patient and social worker goals are predictors of patient satisfaction within the helping relationship. A supervisory relationship that centers the managerialism priorities of accountability and risk management (e.g., travel, transportation, and insurance) puts the patient/social worker relationship at risk by conflating performance with clinical development. An ethics-of-care approach that recognizes human interdependence and normalizes care can offset the managerial principles that threaten relational practice while facilitating clinical development (Morley, 2022).

Power and hierarchy

Supervision's training, legal, and ethical contexts create a hierarchy within the supervisory relationship. To a certain degree, the supervisee expects this hierarchy, as they acknowledge the supervisors' clinical and ethical responsibilities (Bobele et al., 2014). However, hierarchy and rigid structure that mirrors managerialism create a coercive environment that undermines the potential of a collaborative process, resulting in inhibited growth and curiosity (Morley, 2022; Shurts, 2015). Supervisory relationships grounded in ethics of care are not universally symmetrical; in fact, the nature of giving and receiving care may establish asymmetry in the relationship. A caring hierarchy in a supervisory dyad, as in an organization, is flexible and responds to supervisees' and patients' needs and perspectives (Groenhout, 2019). Reflexive practice, as evidenced by attention to what is known, how it came to be known, and how that knowledge is used, is imperative in helping supervisors understand the roles of power and hierarchy in developing relationships. This process is isomorphic in that it prepares the supervisee to challenge the practices of managerialism that benefit the organization at the patients' expense (e.g., higher profits and lower patient satisfaction) (Ratna, 2020).

Strategies to manage hierarchy and power should focus on flattening the hierarchy rather than dismantling it. Recognizing that organizational culture informs the interpretation of hierarchy, the supervisor can invite the social worker to explain their hierarchy experience from a cultural perspective (Bobele et al., 2014). This reflection should identify external and internal cultural resources contributing to confidence and autonomy. Together, the dyad can critically reflect on the assumptions and practices intertwined with power. The supervisor should use the social worker's reflections to facilitate communication styles, speech, and language that encourage relational connection. The supervisor provides structure by reflecting on challenges and providing transparent feedback about competence. Modeling and facilitating a reflexive practice of the relationship between personal goals, values, and outcomes supports self-exploration of the social worker.

Self of the social worker in supervision

People within the supervisory dyad must maintain awareness of the impact of self on their various roles. A posture of humble inquiry facilitates a reflection of how values, beliefs, and life experiences influence the supervisory relationship and processes. The developmental, biological, sociocultural, gender, and family-of-origin narratives of the supervisor

influence how they experience the supervisee's motives, expectations, and evaluations (Lee & Everett, 2004). Inclusive connection with the supervisee, informed by reflexive practice, facilitates synergy between practice, theory, and the self. In nephrology settings, where high patient acuity, large caseloads, and emotionally charged environments are common, reflexive practice must extend into the informal spaces where, together, staff process grief, frustration, and ethical dilemmas. Supervisors should support clinicians in recognizing and utilizing these interactions as part of their professional development and care of self.

A focus on developing the humble inquiry, inclusive connection, and responsive action skills of ethics of care enables the supervision dyad (or group) to explore new possibilities and broaden their worldview (Hamington, 2024). The skills and knowledge of the supervisee are developed with a focus on critical consciousness through remaining decentered, aware of subjectivity, and grounded in culture and context (Quek & Storm, 2012). By developing these ethics-of-care skills, the dyad balances the medical language needed for interdisciplinary collaboration with the value of multiple perspectives and ways of knowing. While teams and groups provide the most obvious experience for hearing multiple stories, the supervisor can offer questions encouraging appreciation of diverse possibilities. D'Arrigo-Patrick et al. (2016) provided possible questions to promote alternative perspectives. These included:

- What do you think the patients' understanding is?
- How do you understand the patients' situation?
- What possible new understandings might be useful?
- What other questions could have been asked that you didn't ask?
- How is this family or individual different from what the research and theories tell us?
- Who might have a different explanation?
- Ask "what," "where," "when," "who," or "how" questions.

In nephrology social work, where long-term patient relationships and existential decision-making are frequent, the supervision process must also attend to themes of moral distress and clinical and ethical uncertainty. The dyad or group should be attuned to the impact of the work on the social worker and the necessary psychological supports. This can help promote clinician stress management and well-being. Ethics of care reinforces the restorative process to mitigate stress and burnout by providing personal support that optimizes motivation, morale, and commitment, and minimizes work-related stress, burnout, and mental health problems (Howard, 2008).

Anti-oppressive practices

Ethics of care emphasizes multiplicity through seeking diverse views, possibilities, and voices. The emphasis of humility within an ethics-of-care meta-framework in supervision prioritizes the consideration of multiple and critical voices. The supervisory dyad can model inclusive connection and responsive action with joint exploration of social justice concerns that are restorative and collaborative. With isomorphism, this process situates the social worker as a learner who partners with the patient system to understand the societal discourses of power. Together, the supervisory dyad and the helping dyad overcome harmful discourses by asking questions that make explicit the implicit limiting discourses and introducing alternative ideas (D'Arrigo-Patrick et al., 2016).

Given the impact of culture on narrative, belief systems, and meaning, the considerations of culture and social justice deserve specific focus from an ethics-of-care perspective. Supervisors should be mindful of the myriad ways that culture influences relationships, specifically regarding the power and hierarchy of supervision. Maintaining the primacy of culture in exploring the narratives of meaning makes the impact of power in the supervisor/supervisee and social worker/patient relationships visible. It prevents historically marginalized voices from being silenced based on professional status, worry and fear, and perceptions of obedience influenced by cultural narratives (Markham & Chiu, 2011). The supervision discourse can use humility through curiosity to invite the social workers into empowered positions. Markham and Chiu (2011) provide examples of questions that can challenge narratives perpetuating White supremacy, including:

- Do you have a sense of what the patient is experiencing as helpful?
- I appreciate the way you are conceptualizing this; can you say more about how you have organized your thinking?
- In what ways does Whiteness threaten Persons of Color's identities and values?
- How does Whiteness show up in each of our lives?
- How does it influence our thinking toward ourselves and others?
- How does it influence the way we think about our patients who are White or People of Color?

The dyad should cultivate a stance in which they intentionally consider how the social worker situates themselves ethically, particularly in terms of activism, beyond personal biases, legal issues, and the delivery of care (D'Arrigo-Patrick et al., 2016). While cultivating ongoing conversations about power, the dyad should explore the connection between the social worker's ethical stance and clinical choices. This explicit discussion of how power is used within the supervisor/

supervisee and social worker/patient relationships facilitates intentional confrontation of critical social issues in supervision and in practice.

DECENTERING THE MEDICAL MODEL

In nephrology practice, supervision is a protected space where social workers can explore the emotional and ethical dimensions of their work, providing a counterbalance to the clinical detachment of the medical model by foregrounding story, meaning, and moral complexity. From an ethics-of-care perspective, supervisors legitimize the value of narrative, affirming the emotional labor of social workers holding difficult stories and helping articulate their role as relational practitioners. This not only protects the integrity of social work but also contributes to a more humane and integrated model of care.

Supervisors should create space for social workers to critically examine how the medical model shapes their clinical practice, including exploring how institutional priorities may pressure supervisees to prioritize compliance over connection or minimize the importance of psychosocial care. Reflective questions may include:

- How does the medical model influence how I view my role?
- When do I feel most in conflict with dialysis organization/hospital expectations?
- How can I honor relational care even in spaces dominated by the medical model?

Case consultations are often the starting point for supervisory discourse. The consultation offers an opportunity to amplify the strengths of the social worker and ecosystem of the patient. Facilitating the consultation with strengths-based language helps the social worker overcome problem-dominated stories of social work practice, patient care, and interdisciplinary team needs. (Howard, 2008). For example, the social worker and supervisor can assume a position of humility to look for alternative stories of patient non-adherence. Exploring exceptions to problem-dominated narratives through structural reframing that considers systemic barriers, shifting patient priorities, and competing demands facilitates externalizing frustration, anxiety, and other factors that prevent inclusive connection and responsive action (Lee & Everett, 2004). The ethics-of-care case consultation helps the social worker develop their understanding of patient experience by increasing the wholeness of the patient context. Together, the dyad can identify strategies to respond to the needs of the patient while balancing organizational demands to encourage positive work flow (Howard, 2008).

EVALUATION

The reflexive practices necessary to manage the supervision relationship, isomorphism, power and hierarchy, self of the social worker, and anti-oppressive practices, mean that the social worker development is non-linear and cannot be measured against developmental benchmarks. Evaluation of supervision should result from collaboratively identified developmental needs with frequent check-ins on the progress clinical growth (Bobele et al., 2014). The supervisor and social worker should pay careful attention to the social workers' narratives about their progress, acknowledging new stories that emerge about self through all the developmental stages (MacKay & Brown, 2013). An evaluative checklist can facilitate collaborative discussions about progress and goals, while promoting transparency.

Regardless of transparency, the nature of evaluation means that supervisees manage what they say to meet the evaluation requirements (Gaete & Strong, 2016). The dyad should negotiate critical areas for the social worker's professional development and the plan for interpreting competency to prevent self-censoring. The social worker's development should be a measure rather than another standard as social workers continue their professional development.

Ethical Considerations

The ethics of care offers a path to navigate the balance between professional ethics and the moral relativism that comes with being open to multiple perspectives. The supervisory dyad should acknowledge the ability to see, experience, and confirm another for whom they are within their relational network with respect, reverence, and honor (Carlson & Erickson, 2001). As a result, the supervisory dyad takes an ethical stance to honor and extend privilege to the patients' knowledge and lived experiences. From this relational perspective, the dyad and the patient system can explore the impact of professional ethics on decision making and strategies for maintaining relationships within the dominant priorities of institutions.

CONCLUSION

Grounding nephrology social work supervision in an ethic of care offers a transformative pathway for enhancing the well-being of social workers and the quality of care they provide. Prioritizing relational practice, fostering supportive supervisory relationships, and advocating for a patient-centered approach enables social work supervisory dyads to counteract the negative impacts of a system that prioritizes efficiency over compassion. Embracing the ethics-of-care meta-framework allows the supervisory dyad to attune to relationships, isomorphism, power, self, and social justice to counteract the limitations of the managerialism and the medical model. As

social workers strive to navigate the tensions between managerial demands and the core values of the social work profession, adopting an ethics-of-care supervisory model promotes more holistic and effective care for patients facing chronic illness and a healthier work environment for social workers.

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