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Professional Mistakes and Variables Associated with them in Clinical Social Work Practice

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Abstract:

Professional errors that clinical social workers make in their practice can affect not only the helping process, but also the social workers themselves and their clients. This study aims to explore the variables associated with professional errors in clinical social work practice. The sample (N = 198) used in the study consisted of social workers in Kuwait. The findings of the study revealed a significant relationship between the participants' nationality and the theoretical knowledge errors component. In addition, a significant relationship was found between social work workshops and theoretical knowledge and ethics & values error components. A significant relationship was also found between familiarity with the latest empirical studies in social work and six types of professional errors, excepting terminations errors. However, the findings of the study showed that there are no significant relationships between variables like gender, age, and years of experience of the social workers and all types of professional errors.

Keywords: Professional Errors, Clinical Social Workers, Social Work, Mistakes.

Introduction:

As professionals, clinical social workers assist clients to increase their ability to solve their problems and cope and help them meet their needs. However, during the helping process, clinical social workers may inadvertently forget important information, provide services in a flawed way, or mishandle ethical dilemmas (Reamer, 2008) which are considered "professional" errors or mistakes. Professional errors are common and inevitable among many professions such as psychiatry, nursing, pharmacy, clinical psychology, as well as clinical social work. An unavoidable part of social work practice is making ظ or errors (Sicora, 2017) because of complications at work and social workers' level of knowledge (Munro, 1996).

Several studies have defined "error" and "mistake" (Dillon, 2003; Gallagher, et.al, 2003; Hwang, 2014; Reason, 1990; Sicora, 2017). Reason (1990) defined "mistake" as lack of success in the judgmental processes involved in the choice of a goal to achieve. "Mistake" is also defined in clinical practice as "an attitude, behavior, feeling, response, communication, contextual arrangement, or strategy for work that undermines the stated purpose or specific interest of a given intervention" (Dillon, 2003, pp. 14-15). "Error" covers all the occasions in which a planned series of activities fail to reach the proposed outcomes (Reason, 1990). "Professional error" is defined as failing to complete a planned action as intended, or using the wrong plan to reach the goal (Gallagher et al., 2003). However, errors/mistakes are not beneficial to treatment and therapists must avoid them (Feiner, 1991; Levenson, 1992). Many studies use the terms "mistake" and "error" interchangeably (Hwang, 2014; Reason, 1990; Sicora, 2017), as will be done in this study, as well.

Social work values require social workers to be honest and responsible to their clients. When clinical social workers recognize professional errors during their practice, they must discuss these errors with their clients, express their regret for hurting them, and engage in productive methods to avoid any recurrence (Reamer, 2008). However in reality, this is not the case; professional errors or mistakes are most likely discussed only in

private or are never talked about, which leads to mishandling a situation and missing the opportunity to learn from one's mistake (Hwang, 2014). There are several reasons why clinical social workers do not reveal a professional error they have made. Among them is their emotional reaction to the mistake, where they may feel shame, guilt, regret, and anxiety (Hwang, 2014; Kraman, 2001; Kottler & Carlson, 2013). It is not easy for social workers to admit having made a mistake, because everybody wants to avoid blame and shame (Sicora, 2017). Furthermore, they may fear any confession of making professional errors would be used against them in a lawsuit, licensing board complaint, or ethics complaint (Reamer, 2008). When social workers do not admit having made a mistake or error, it could prevent them from taking action toward fixing or reducing its harmful outcomes (Sicora, 2017).

There are two types of responses that therapists show to their errors: either spending more time thinking about what they could have done differently or forgetting about their mistakes (Kottler & Carlson, 2013). Therapists have reported feeling that their mistakes during therapy haunts them and they use defensive mechanisms to deal with their professional errors or mistakes, like denying having made a mistake, and pretending it never happened (Kottler & Carlson, 2013).

There are several types of professional errors in clinical social work practice. One type is unintentional errors such as revealing confidential information to the client's relatives by accident; another type is intentional errors where the clinical social worker becomes sexually involved with a client; another type is related to the social worker's incompetence such as lacking appropriate counseling skills, being unable to use best practices, or having inadequate training; and yet another type is behaving unethically and impairing the client (Reamer, 2008). Other professional or clinical errors also occur in cognitive-behavior therapy, which includes forgetting to conduct a detailed functional analysis of the current problem, clients not engaging adequately in developing a case formulation for a treatment plan, examining the client's beliefs instead of testing them through behavioral experiments, and not holding clients responsible, for fear of breaking the

therapeutic alliance (Kim et al., 2016). Some of these errors may be "active errors" which have an immediate impact on the situation; and some may be "latent errors" which may have negative consequences but could remain inactive within the system for a long time, so that their impact does not appear until combined with other variables (Reason, 1990).

There are many causes of professional errors in clinical social work practice, including lack of training and knowledge, insufficiently defined goals for the interventions, or defining goals that are not connected to the clients' problems (Kim et. al, 2016). Misjudging a client's case is considered an unavoidable error due to limited knowledge about the client; however, when social workers receive new information about the same case that challenges their prior judgments, their misjudgment would be considered an avoidable error (Munro, 1996). Recognizing one's errors based on new information and avoiding or correcting them is a sign of good practice and is not something to be ashamed of (Munro, 1996).

Although there is an assumption that professional errors cause significant injury to clients, there are some voices in the field of clinical social work that do not agree (Hwang, 2014; Reamer, 2008; Sicora, 2017). For example, Hwang (2014) illustrated that recognizing and discussing professional errors can be a powerful tool to help the social worker relieve shame, grow as a therapist, have more empathetic understanding, and improve his or her ability to use a mistake to enhance the therapeutic treatment. Moreover, many professional errors do not have negative consequences; they have a limited effect on the therapy or are recognized before any harm has been done (Sicora, 2017).

While there are some theoretical articles about professional errors in general, very few empirical studies have been conducted that investigate professional errors specifically in social work practice. One of these empirical studies was conducted by Mohammed (2014) who investigated professional errors among a sample of 130 clinical social workers who work in the health field in Egypt. Mohammed (2014) illustrated that there are eight main professional errors that can occur during the helping process. He identified them as being related to theoretical knowledge, ethical

behavior, social work skills, goals attainment, society's approval of the practice, assessment process, intervention process, and termination. The most important finding of Mohammed's study showed that a majority of the sample neglected the client's culture, was unaware of the latest theoretical knowledge in social work, and did not use therapeutic intervention when they were working with clients. In addition, most of Mohammed's (2014) sample reported that they did not make an assessment of the case, and even if they did, they did not share the results of the assessment with clients, did not evaluate the intervention, did not plan the termination process, and they did not follow up after termination.

Significance of the Study:

One of the challenges in writing this paper is the shortage of literature, especially empirical studies, on professional errors in clinical social work practice. As a result, there is limited information on this topic. In addition, social workers are too sensitive to discuss this issue with their colleagues or supervisors for many different reasons. Therefore, it is important to investigate professional errors that are commonly made by clinical social workers which help to build our knowledge and improve the practice. This study is the first empirical study conducted in Kuwait that explores social workers' errors in the field of clinical social work practice. The author hopes that the findings of the current study will contribute to improving the knowledge base about professional errors in clinical social work practice.

Purpose of the Study:

The purpose of this study is to investigate whether variables such as the nationality of the social workers, the workshops that clinical social workers attend, their familiarity with the latest empirical studies in clinical social work, gender, age, and year of experience of social workers are associated with the amount and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, termination process errors) that clinical social workers make.

Research Questions

The present study seeks to answer the following research questions:

RQ1: Is there a statistically significant relationship between the participants' nationality and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, termination process errors) that the participants make in clinical social work practice?

RQ2: Is there a statistically significant relationship between the participants' familiarity with the latest empirical studies in clinical social work practice and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, termination process errors) that the participants make in clinical social work practice?

RQ3: Is there a statistically significant relationship between attending workshops about social work practice and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, termination process errors) that the participants make in clinical social work practice?

- **RQ4**: Is there a statistically significant relationship between gender and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors) that the participants make in clinical social work practice?
- **RQ5:** Is there a statistically significant relationship between age and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors) that the participants make in clinical

social work practice?

- **RQ6:** Is there a statistically significant relationship between years of experience of social workers and the total number and types of professional errors (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors) that the participants make in clinical social work practice?

Methodology

A quantitative cross-section survey method was selected to address the research questions.

Data Analysis

This study used the IBM SPSS statistics package v.25. It used descriptive analysis (means, standard deviation, and percentages) to describe the sample of the study. In addition, T-test and ANOVA were conducted to examine the difference that the three variables made in the study.

Sample and Data Collection

The sample of the current study consisted of social workers who work in public organizations in Kuwait such as the Ministry of Education, Ministry of Social Affairs, Ministry of Health, Ministry of Awqaf and Islamic Affairs, and Ministry of the Interior. The questionnaires were distributed to participants in their work settings. The study used a convenience-sampling method (non-probability sample) to recruit the study participants. The individuals who may be included in the sample must have a bachelor's degree in social work, their job title must be "social worker", they should work in a clinical social work setting, and should have social work experience."

Steps in Data Collection

The research assistants went to organizations that involve clinical settings to distribute the questionnaire after receiving permission. The social workers who were interested and agreed to participate in the study filled out the questionnaire privately and returned it in person to the research assistants. The data collection packet included the following:

- A cover letter that stated the purpose of the study, a request for cooperation, assurances of protection provided to the respondent, freedom to participate in the research, freedom to answer the questions or not, any research risks involved, the benefits of participation, the right to withdraw from the study at any time without any obligation, and appreciation.
- The study questionnaire.

Sample size

The target population for this study was 3,358 social workers who work in the Ministry of Education, Ministry of Social Affairs, Ministry of Health, Ministry of Awqaf and Islamic Affairs, and Ministry of the Interior. However, not all of them work in clinical settings. There is no official statistical report on the number of social workers who work in clinical settings in Kuwait. The Civil Service Bureau issued only a statistical report of the total number of social workers in Kuwait. The sample size for this study was 186 (Confidence Interval = 7, Confidence Level = 95%). The researcher collected the data only from clinical settings in these institutions.

Participants

A total of 198 clinical social workers participated voluntarily in this study. Their ages ranged from 24 to 64 years (mean = 35.35 years old, SD = 7.94). Of the total sample, 78.8% were females and 19.2% were males; 72.2% were Kuwaiti and 27.8% were non-Kuwaiti. A majority of the sample was married (78.4%), followed by those who were single (15.2%),

divorced (5.1%), and widowed (1.5). Regarding their income, 67.2% were in the middle-income range, 24.2% had high income, and 5.6% had low income.

In terms of their years of clinical practice experience, 28.3% of the participants reported they had 5 years or less of practice experience, 32.3% of the participants reported they had between 6 to 10 years of practice experience, 15.7% of the participants reported they had between 11 and 15 years of practice experience, 12.6% of the participants reported they had between 16 to 20 years of practice experience, and 10.1% of the participants reported they had 21 years and above of practice experience.

The Design of the Study

The literature on professional errors in social work practice is scarce, especially on social work practice in Kuwait. To understand and identify professional errors in social work practice from the point of view of social workers, the author discussed the issue with a focus group of 15 social workers in Kuwait who work in different settings such as healthcare, education, mental health, special needs, family, and the elderly and learned about significant professional errors they have made in their practice. The author asked the focus group one open-ended question which was, "In your opinion what are the professional errors that social workers make in clinical settings?" The social workers in the focus groups reported many professional errors in their clinical practice. These professional errors were reviewed and any duplications were removed. The focus group discussion led to identifying some professional errors in social work practice which will be included in the scale below. For the purpose of this study, the author developed a professional errors scale based on a review of the literature and outcomes of the focus group discussion.

Instrument of the Study

The participants in this study completed a questionnaire developed by the researcher to explore the professional errors that social workers may

make in their practice. The questionnaire consisted of two parts. The first part included the demographic questions such as age, marital status, gender, and income. The second part included the professional errors scale (PES) which contains six sub-scales developed by the author. The six sub-scales are based on the types of professional errors, which are theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors. The first sub-scale is theoretical knowledge errors, which included 16 statements about professional errors regarding social workers' theoretical knowledge. The second sub-scale is ethics and values errors which included 17 statements that describe professional errors in social workers' ethics and values. The third sub-scale is planning process errors which included 8 statements that describe the professional errors that occur during the planning process and the goals. The fourth sub-scale is assessment process errors, which included 10 statements which describe the professional errors that arise during the assessment process. The fifth sub-scale is intervention errors, which included 11 statements that describe the professional errors that occur during the intervention process. The last sub-scale is termination errors which include 4 statements that describe the professional errors that appear during the termination process. A five-point Likert scale was used, from Strongly agree = 1, Agree = 2, Neutral = 3, to Disagree = 4, and Strongly disagree = 5.

Content Validity

To ensure the validity of the instrument, the researcher developed a questionnaire with items based on the focus group and on what the literature suggests as professional errors that social workers tend to make in practice settings. A field-test of the instrument was conducted, using a panel of judges consisting of four faculty members from the Department of Sociology and Social Work at Kuwait University who are familiar with the study. The judges assessed a draft of the questionnaire and gave their opinions. The researcher made the suggested changes on the draft based on feedback from the judges.

Internal Consistency

Internal consistency was calculated using Cronbach alpha. Internal consistency for the professional errors scale (PES) was α = 0.89. The reliability alpha scores of the subscales was found to be as follows: theoretical knowledge errors (α = 0.65), ethics and values errors (α = 0.74), planning process errors (α = 0.76), assessment process errors (α = 0.72), intervention process errors (α = 0.64), and termination process errors (α = 0.61), all of which are considered satisfactory.

Table 1. Coefficient α, Mean Score, and Standard Deviation for the Entire Professional Errors Scale and its Subscales (N = 198)

Scale (# of Items)	Coefficient α	Mean Score	*SD*
Theoretical knowledge errors (16)	0.65	38.40	5.98
Ethics & values errors (17)	0.74	34.37	7.12
Planning process errors (8)	0.76	16.26	4.71
Assessment process errors (10)	0.72	25.44	4.88
Intervention process errors (11)	0.64	26.81	4.75
Termination process errors (4)	0.61	9.23	2.25
Total professional errors (66)	0.89	150.5	20.7

Results

Nationality

A t-test was conducted to find differences between Kuwaiti and non-Kuwaiti nationality with regard to the professional errors scale (PES) and its six subscales (theoretical knowledge errors, ethics and values errors, planning process errors, assessment process errors, intervention process errors, termination process errors). The results showed that nationality made a significant difference in the amount of theoretical knowledge errors ($t = 2.51$, $p = 0.01$) the participants made, with a mean of 39.0 for Kuwaiti social workers and a mean of 36.5 for non-Kuwaiti social workers. However, the analysis indicated that the means of PES, ethics and values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors did not differ significantly, at $p < 0.05$ (see Table 2).

Table 2: T-test of Nationality Associated with the Entire Professional Errors Scale and its Sub-Scales

Scales	Kuwaiti		Non-Kuwaiti			
	M	*SD*	*M*	*SD*	*`df*	*T*
Theoretical knowledge errors	39.0	5.9	36.5	5.8	182	**2.51
Ethics & values errors	34.8	6.9	32.9	7.4	183	1.63
Planning process errors	16.0	4.7	16.7	16.7	188	-0.89
Assessment process errors	25.8	5.0	24.4	4.2	179	1.71
Intervention process errors	26.5	4.6	27.5	5.0	184	-1.40

Termination process errors	9.1	2.2	9.3	2.1	193	-0.43
Total professional errors	151.6	19.7	147.2	23.33	149	1.14

*p < .05, **p < .01, ***p < .001, (2-tailed)

Workshops

The main focus of the current study was to investigate whether there was a difference in professional errors between social workers who reported that they attended workshops that provided social work knowledge and those who did not attend these workshops. The results showed that attending social work workshops resulted in significant differences in the amount of theoretical knowledge errors ($t = -3.20$, $p = 0.01$) that the social workers made, with a mean of 37.9 of social workers who attended workshops and a mean of 43.0 for social workers who did not attend workshops. In addition, attending workshops or not resulted in significant differences in the amount of ethics and values errors ($t = -1.97$ $p = 0.05$) that the social workers made, with a mean of 33.9 of social workers who attended workshops and a mean of 37.8 of social workers who did not attend workshops. However, the analysis indicated the means of PES, planning process errors, assessment process errors, intervention process errors, and termination process errors did not differ significantly, at $p < 0.05$ (see Table 3).

Table 3: T-test of Attending Workshops Associated with the Professional Errors Scale and its Sub-Scales

Attending Workshops							
Scales	Yes		No				
	M	*SD*	*M*	*SD*	*`df*	*T*	
Theoretical knowledge errors	37.9	5.8	43.0	5.5	174	-3.20**	
Ethics & values errors	33.9	7.1	37.8	6.7	176	-1.97*	
Planning process errors	16.2	4.7	17.0	3.9	179	-.67	
Assessment process errors	25.2	4.9	27.0	4.9	170	-1.34	
Intervention process errors	26.8	4.8	26.6	4.3	177	.18	
Termination process errors	9.2	2.2	8.9	2.1	193	.47	
Total Professional errors	149.7	20.9	159.5	20.9	145	-1.54	

*p < .05, **p < .01, ***p < .001, (2-tailed)

Familiarity

One-way ANOVA was conducted to test differences between groups in terms of the participants' familiarity or lack of familiarity with the latest empirical studies in the field of social work, and professional errors that they made in social work practice There were statistically significant differences between familiarity and lack of familiarity in terms of theoretical knowledge errors, $F(4,179) = 14.8$, $p = 0.000$; ethics and values errors, $F(4,180) = 3.03$,

p = 0.01; planning process errors, F(4,185) = 3.52, p = 0.01; assessment process errors, F(4,176) = 5.50, p = 0.000; intervention process errors, F(4,181) = 3.15, p = 0.01, and total professional errors, F(4,146) = 9.47, p = 0.000. However, the analysis indicated that the means of termination process errors did not differ significantly, at p < 0.05 (see Table 4).

Table 4. One-way ANOVA of Familiarity Associated with the Professional Errors Scale and its Sub-Scales

	Very Much		*Much*		*Not so Much*		*Little*		*Not at All*			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*df*	*F*
Theoretical knowledge errors	33.6	5.6	35.8	6.2	40.5	4.3	42.2	3.9	44.5	5.8	183	14.8***
Ethics & values errors	33.5	7.0	32.2	6.6	35.7	6.7	37.0	9.1	33.6	4.8	180	3.0**
Planning process errors	13.1	3.7	16.1	5.1	17.2	4.0	16.4	5.7	14.5	2.3	189	3.5**
Assessment process errors	22.3	5.0	24.3	4.5	27.1	4.3	24.7	5.7	26.5	4.5	180	5.5***
Intervention process errors	24.0	5.3	26.3	4.9	27.8	4.1	26.6	4.6	28.6	4.1	185	3.1**
Termination process errors	9.0	2.0	9.6	2.3	8.8	2.3	9.6	1.9	9.3	1.6	194	1.2
Total Professional errors	130.9	12.8	143.8	22.3	158.7	14.8	157.5	23.0	155.6	10.5	150	9.4***

*p < .05, **p < .01, ***p < .001, (2-tailed)

Gender, Age, Years of experience

A t-test and One-way ANOVA were conducted to find differences between the participants' gender, age, and their years of experience as social workers with regard to the professional errors scale (PES) and its six subscales (theoretical knowledge errors, ethics and values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors). The results showed that the means of PES and its six subscales did not differ significantly, at $p < 0.05$ with the gender, age, and years of experience (see Tables 5, 6, & 7).

Table 5: T-test of Gender Associated with the Entire Professional Errors Scale and its Sub-Scales

Scales	Male		Female		*df*	*T*
	M	*SD*	*M*	*SD*		
Theoretical knowledge errors	38.2	5.9	38.4	6.0	184	-0.14
Ethics & values errors	34.9	8.9	34.1	6.6	179	0.61
Planning process errors	17.1	4.8	15.9	4.6	184	1.35
Assessment process errors	25.7	4.5	25.2	4.9	175	0.52
Intervention process errors	27.2	4.1	26.5	4.8	180	0.74
Termination process errors	9.0	1.9	9.2	2.3	189	-0.46
Total professional errors	153.2	21.0	149.3	20.5	146	0.91

*p < .05, **p < .01, ***p < .001, (2-tailed)

Table 6. One-way ANOVA of Year of Experience Associated with the Professional Errors Scale and its Sub-Scales

	5 years or less		*6-10 years*		*11-15 years*		*16-20 years*		*21years & above*			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*df*	*F*
Theoretical knowledge errors	37.4	6.4	38.3	5.4	38.8	5.5	39.6	6.4	39.3	6.2	181	0.73
Ethics & values errors	33.5	6.3	35.4	8.5	33.5	6.2	32.6	6.0	37.2	5.0	182	1.67
Planning process errors	16.0	5.4	16.7	4.2	15.1	4.2	15.6	4.5	18.0	4.5	187	1.40
Assessment process errors	25.8	4.8	25.1	5.1	24.7	4.5	25.3	5.1	26.7	4.3	178	0.66
Intervention process errors	26.9	4.6	26.6	5.1	26.3	4.0	25.5	4.8	29.2	4.5	183	1.63
Termination process errors	9.0	2.2	9.4	2.3	8.8	2.1	9.1	2.3	9.3	2.0	192	0.51
Total Professional errors	147.8	21.6	153.5	20.3	148.6	18.3	144.0	21.5	163.4	16.4	148	2.29

*p < .05, **p < .01, ***p < .001, (2-tailed)

Table 7. One-way ANOVA of Age Associated with the Professional Errors Scale and its Sub-Scales

	24-34		*35-45*		*46-64*			
	M	*SD*	*M*	*SD*	*M*	*SD*	*df*	*F*
Theoretical knowledge errors	38.4	6.0	38.3	5.6	37.9	7.6	178	0.05
Ethics & values errors	34.6	7.9	33.7	5.9	35.2	6.3	179	0.48
Planning process errors	16.0	4.5	15.8	4.4	18.3	4.7	183	2.13
Assessment process errors	25.6	5.2	24.8	4.5	26.1	4.7	176	0.60
Intervention process errors	26.6	4.9	26.7	4.7	28.4	3.7	181	0.98
Termination process errors	9.2	2.3	9.2	2.2	9.1	2.2	188	0. 00
Total Professional errors	151.3	21.1	148.4	20.5	156.4	19.9	148	0.72

*p < .05, **p < .01, ***p < .001, (2-tailed)

Discussion

Making professional errors in clinical social practice can affect the helping process, as well as social workers and their clients. Social workers do not like to discuss these errors with their colleagues or supervisors for many different reasons. However, not addressing mistakes they make may lead to making more mistakes and being unable to resolve them. Building knowledge about this issue would help to deal with professional errors and reduce their harmful consequences.

The current study investigated whether clinical social workers' nationality (Kuwaiti and non-Kuwaiti) made a difference in the amount and types of professional errors (theoretical knowledge errors, ethics & values

errors, planning process errors, assessment process errors, intervention process errors, termination process errors) they make in their practice. The findings of the study found a relationship between the participants' nationality and theoretical knowledge errors. The Kuwaiti social workers had a higher score in the theoretical knowledge errors subscale than did the non-Kuwaiti social workers. This finding indicated that Kuwaiti social workers made more theoretical knowledge errors than did the non-Kuwaiti social workers, which means that Kuwaiti social workers depend less on theoretical knowledge and more on their experience when they work with clients than non-Kuwaiti social workers do. The non-Kuwaiti social workers' lower score on the theoretical knowledge errors subscale may be because non-Kuwaitis feel they need to improve themselves in order to keep their jobs, unlike Kuwaiti social workers who have job security. The findings showed no differences between the Kuwaiti and non-Kuwaiti social workers with regard to the six subscales such as ethics and values errors, planning process errors, assessment process errors, intervention process errors, and termination process errors.

This study also investigated any differences between attending or not attending professional workshops for clinical social work with regard to the amount and types of professional errors the social workers made. The findings showed that there is a relationship between social workers attending workshops and the theoretical knowledge errors subscale. The clinical social workers who attended workshops related to social work topics showed a lower score in the theoretical knowledge errors subscale than did clinical social workers who did not attend these workshops, indicating that clinical social workers who attended workshops made fewer theoretical knowledge errors than those who did not attend these workshops. In addition, the finding showed that there is a relationship between social workers attending workshops or not and the amount of ethics & values errors they made. The clinical social workers who did not attend workshops had a higher ethics and values errors score than the clinical social workers who attended these workshops. These findings indicated that social work workshops help in reducing theoretical knowledge errors and ethics & values errors. Clinical social workers who did not attend workshops in social work made more

professional errors in ethics and values than clinical social workers who attended these workshops. The findings also showed that clinical social workers who attended social work workshops did not differ in the amount and types of professional errors they made, such as planning process errors, assessment process errors, intervention process errors, and termination process errors, than clinical social workers who did not attend workshops.

In addition, the current study examined any differences between familiarity or lack of familiarity with the latest empirical studies in clinical social work with regard to professional errors and the six subscales. The findings showed that there is a relationship between familiarity with the latest empirical studies in clinical social work and the professional errors scale and five of the subscales (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, intervention process errors). The findings indicated that clinical social workers who reported being familiar with the latest empirical studies made fewer professional errors in theoretical knowledge, ethics & values, planning process, assessment process, and the intervention process than did the clinical social workers who reported that they were unfamiliar with the latest empirical studies in social work. These findings imply that familiarity is an important variable that could reduce the number of professional errors made in social work practice, as keeping up to date with the latest studies in the field of specialization helps to develop and build one's theoretical and practical knowledge and skills, which increases the efficiency of social workers' performance. However, the findings showed that clinical social workers who are familiar with the latest empirical studies in social work did not differ from clinical social workers who are familiar with the latest empirical studies with regard to making mistakes in the termination process.

The findings of the current study reveal that there is no relationship between gender, age, and years of experience and the professional errors scale and five of the subscales (theoretical knowledge errors, ethics & values errors, planning process errors, assessment process errors, and intervention process errors). These findings indicate that variables such as gender, age, and years of experience were not associated with the professional errors

made in the field of social work in Kuwait.

Implications for Clinical Social Work

There is a need to identify the variables that can impact professional errors made by clinical social workers because these errors could have harmful consequences for the social workers, clients, and the whole helping process. The aim of the current study was to investigate professional errors and the variables associated with them. The findings of the study can help to increase and develop knowledge about these errors in clinical social work practice. Variables such as nationality, attending social work workshops, and becoming familiar with the latest research in the field can impact the amount and types of professional errors social workers make. Being aware of these variables could decrease the professional errors made by the clinical social workers. Clinical social workers who attend social work workshops and who are familiar with the latest research in the field are likely to make fewer professional errors than those who don't keep up with workshops and the latest research in social work, because they would recognize their mistakes and try to avoid making them in the future.

Limitations, Recommendations, and Future Research

A limitation of the current study is the use of a convenient sample, which limited the study's generalizability. Another limitation of the study is the use of a self-report measure. Although this kind of measure saves time and effort in data collection, it could be subject to social desirability bias. To reduce the disadvantage of this measure, the author designed the study instrument with a variety of questions relevant to the topic, so that the survey asked about the same subject from different angles.

Future research can investigate the effect of professional errors on the outcomes of the intervention in clinical social work practice. In addition, future research can explore other variables that could be associated with professional errors, such as the education level of the social workers, the sector (private or public) in which the social workers work, and the social

workers' educational background (whether they graduated from a local college or an international college). Future research can also examine the extent to which social workers are willing to discuss their professional errors with others.

The author would like to make some recommendations for the field of clinical social work based on the findings of this study. One recommendation would be to offer more workshops in the social work field in Kuwait and to improve their quality, especially in the practice of social work. Another recommendation would be for social work organizations to secure access to Arabic translations of articles published in international journals in languages other than Arabic and encourage their social workers to keep up to date with research in their field.

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الأخطاء المهنية والمتغيرات المرتبطة بها في ممارسة الخدمة الاجتماعية الإكلينيكيه

هند باتل المعصب

كلية العلوم الاجتماعية - جامعة الكويت

مدينة الكويت - الكويت

ملخص البحث:

إن الأخطاء المهنية التي يرتكبها الأخصائيون الاجتماعيون الإكلينيكيون في ممارستهم يمكن أن تؤثر ليس فقط على عملية المساعدة ، ولكن أيضا على الأخصائيين الاجتماعيين أنفسهم وعملائهم. تهدف هذه الدراسة إلى استكشاف المتغيرات المرتبطة بالأخطاء المهنية في ممارسة الخدمة الاجتماعية الإكلينيكيه. تكونت العينة المستخدمة في الدراسة (ن=198) من أخصائيين إجتماعيين إكلينيكيون يعملون في دولة الكويت. وكشفت نتائج الدراسة عن وجود علاقة هامة بين جنسية المشاركين ومكون الأخطاء المعرفية النظرية. بالإضافة إلى ذلك ، تم العثور على علاقة ذات دلالة إحصائية بين ورش العمل التي تقدم في مجال الخدمة الاجتماعية و كل من الأخطاء المعرفة النظرية و الأخطاء القيمية و الأخلاقية. كما تم العثور على علاقة هامة بين الإلمام بأحدث الدراسات التطبيقية في الخدمة الاجتماعية وستة أنواع من الأخطاء المهنية ، باستثناء الأخطاء الخاصة بعملية الإنهاء. كذلك بينت نتائج الدراسة أنه لا توجد علاقة ذات دلالة إحصائية بين كل من المتغيرات التالية: الجنس، العمر، سنوات الخبرة للأخصائيين الإجتماعيين و جميع أنواع الأخطاء المهنية.

الكلمات الداله: الأخطاء المهنية ، والأخصائيين الاجتماعيين ، الخدمة الاجتماعية الإكلينيكية، الأخطاء.