

Profiles in Social Work

Episode 29 – Sheila Neuburger

Intro - Hi, I'm Charmaine Williams, Associate Professor and Associate Dean, Academic, for the University of Toronto, Factor-Inwentash Faculty of Social Work. Welcome to Profiles in Social Work. This podcast series is produced by our Faculty and Alumni Association. In 2014 the Factor-Inwentash Faculty of Social Work is celebrating 100 years of contributing to Social Work Practice and Education. You can find out more about us by visiting us online at www.socialwork.utoronto.ca We're glad you could join us today. The series Profiles in Social Work highlights how social workers are making a positive difference in our communities by presenting stories of how social work graduates are using their degrees. We hope you will enjoy this series. Especially if you are thinking about a career in social work or interested in hearing about what social workers do.

Profile - Sheila Neuburger

My name is Sheila Neuburger and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 1979.

I wanted a career in healthcare. Like most young idealistic people I had a notion that I would be able to help people. I liked to talk. I didn't like highly technical things and everybody told me I was a good listener, so I think that, and my interest in undergraduate psychology and sociology drew me to apply to the Faculty of Social Work. I also got into teaching that year and I'm so grateful that I was accepted here because it was absolutely the right career for me. Being very young at the time, had the opportunity to sort of realize what I didn't know. I think at that age when you have an undergraduate degree you might think you know more than you know. University education even at the post graduate level teaches you how to learn and the importance of learning.

I remember trying to focus all of my theoretical study and placements in healthcare and was placed in mental health during my second year. They asked me to go to a large urban hospital's in-patient mental health unit and I wound up loving it and subsequently after I graduated for the first eight years I actually worked in mental health. I know I was really surprised that I liked it as much as I did. I really enjoyed working with the patients

and the families. I also had a very strong interest in systems, and systems theory was the theoretical framework that we used at that time and I enjoyed applying it within the placement. I also enjoyed working, what is now called the inter-professional team and very much enjoyed working with other healthcare professionals. So when I graduated I tried very hard and was successful to obtain my first job in healthcare as a frontline social worker.

I absolutely loved it and I always in some ways think of as my favourite time during my career. I remember a number of clients. I can remember a young girl that came into the hospital quite ill and quite depressed and her family was more or less telling her to pick up her socks and go back to school and get better. And I remember meeting with her and the family to help them gain an understanding of what her depressive illness was like and then as she got better connecting her to various services. I can recall taking her out to a supervised group home so that she could live away from her family and get away from the conflict there and assisting her through that life transition. I remember connecting her with vocational services and going with her so that she would be coached around employment opportunities.

Social work in the hospital certainly does expand outside the boundaries of the physical setting. I think that's particularly so in mental health settings. But certainly as our healthcare system has evolved and changed it's very much the case in many, many settings such as homecare, supportive housing. Social workers often meet their clients in their homes or in other natural settings even they may be coaching their clients as they help the client deal with all of the social determinants that are impacted by their illnesses.

I became interested in management and probably more so the leadership aspect of management and one of the things that I am proud of is that I have had opportunity to coach a number of social workers to hopefully either become better social workers or some of them are actually also working in middle management or senior management roles in organizations. I'm also proud of the fact that I have been able to go into areas that are considered non-traditional for social work and to push the boundaries of what would have been considered fifteen years ago I think outside of the scope of social work leadership in a healthcare setting.

I also had an interest in broader healthcare management so I applied to be a patient care manager on an in-patient medical unit. This is very much a traditional nursing job, and there are a lot of good reasons perhaps why it should be, but I was the successful candidate. And it was a very difficult road because I was the first social work manager of

about sixty nurses on a medical unit. Initially they had a hard time coping with that and they certainly weren't necessarily wrong – I had never worked a night shift in my life and I hadn't dealt with some of the issues that they were dealing with on a day-to-day basis, but I think over time I hope I was able to gain their respect and bring a different approach. And certainly that same organization has a number of social workers that are in frontline management positions as patient care managers. And I am very proud that that barrier is no longer there.

The MSW program is very broad reaching and social work provides a very unique set of skills for leadership: Good active listening skills, negotiation skills, conflict resolution skills, being able to see things from a number of sides, all those have stood me in very good stead throughout my career, whether it was frontline or in my current role because all of these roles are really about understanding people and motivating people, it's just taking it into different contexts.

Currently I'm the vice president of clinical services at a large specialty mental health hospital. The hospital has three hundred and fifty beds and several satellite outpatient locations. I am responsible for the day-to-day clinical operations of the organization and part of the senior management team. As such I have a group of program directors that report to me that I work with to ensure that programs are appropriately developed and planned and implemented and then evaluated. Our overall goal of course is to provide exemplary patient care. In this role I coach and mentor both director level staff as well as frontline managers and contribute to the strategic planning and sort of the health system planning of the organization.

Every day I try to think about a patient and every day I try to interact with a patient in some way. Whether that's having a quick conversation in the hallway or personally speaking to a patient about an issue that they may have, small or large, but I try to ensure that I personally am close enough to what's happening to the patients in some small way that I'm not so far removed that you really lose sight of what the organization is about because you can get very caught up in the planning and the requirements of the health system in terms of reporting and understanding how things flow. I am also responsible, as is everybody else on the senior team, for the quality of care and under the Excellent Care For All Act we have very clear parameters about what it is that we're supposed to focus on every year. I try to make it real for myself by ensuring that I have a connection to the patient.

I never use the word 'I' in my role. It's always 'we' in a senior role. If you start using the word 'I' and you believe that you're personally responsible for things, well one thing

you're kind of fooling yourself and the other is that you could become sort of on a power trip that is extremely dangerous in these jobs. So you have to be very focused on the fact that in senior roles you're really doing things through other people and you have to acknowledge that and appreciate that. I have a less than hands-on role at the present time; very much into the planning. Having said that, when there are key issues I certainly do get involved very closely in the day to day operations.

For me it's always about the people. It's never about the paperwork. I never find that rewarding. So it's about seeing my director team grow in their roles and get ready to take on even more senior roles if that's what they want. It's about seeing changes in patient programming and seeing patients comment either through surveys or through interviews about positive change and knowing that the changes that were initiated at the senior level made it down and actually made a difference in patient care.

Stay practical. That would be my biggest piece of advice. Sometimes when new grads come into the organization they are very entrenched in the theory that they've learned, and there is no doubt that that theory is important, but if they want to work in a healthcare setting or any other setting they have to be practical and they have to be ready to do what the setting needs them to do. The major role for social workers in healthcare settings is frankly discharge planning. And some of the new graduates come in and they want to do family therapy and other types of group therapy that particularly in acute care are not really what the organization needs. I have actually participated over the years in reviews of social work departments where they have decimated the social work department and replaced them with another discipline for that very reason. Like in any other discipline you have to be relevant and you have to be practical, and you have to do what the system needs you to do or you have to figure out what you want to do and then go after the job where that's a match; But you're not going to be able to twist the organization into doing what you would like to do. That, in our economic times isn't really possible.

Social work is a great career and a masters of social work is a wonderful foundation. There's also great opportunities to take an MSW combined with other degrees such as law or healthcare administration. I very much encourage people that may want to look at social work in a broader way to take advantage of those opportunities because really once you have that type of a foundation I would say that the sky is the limit.



FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

Outro - This is Charmaine Williams from the University of Toronto Factor-Inwentash Faculty of Social Work. Thank you for listening to our podcast. In 2014 our school is celebrating 100 years of social work research, teaching and community service. For more information about the faculty and our programs we invite you to visit our website at www.socialwork.utoronto.ca