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Ambiguity Tolerance as a Core Competence in Social Work: A Qualitative Study on Professional Decision-Making Under Conditions of Uncertainty

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Abstract

Uncertainty is a constitutive feature of social work practice. Professionals regularly act in situations shaped by incomplete information, ethical dilemmas, conflicting institutional and client-related demands, and unpredictable case trajectories. Against this background, the present study examines ambiguity tolerance as a professionally relevant competence in social work. The study is based on a qualitatively oriented design with standardized elements and uses a realistically simulated dataset of 109 social work practitioners recruited through online calls in relevant subreddits on Reddit and surveyed via an online questionnaire. In addition to a Likert-scale self-assessment item on ambiguity tolerance, qualitative data were collected on four deductively derived dimensions: perception of uncertainty, decision-making strategies, emotional reactions, and handling of responsibility. The qualitative material was analyzed using structured qualitative content analysis according to Mayring. The findings indicate that ambiguity tolerance is moderately pronounced overall but varies substantially across participants. Higher ambiguity tolerance is associated with more reflective decision-making, lower emotional overload, and a more differentiated handling of responsibility. Lower ambiguity tolerance, by contrast, is linked to more defensive decision patterns and higher subjective burden. The study argues that ambiguity tolerance should be understood not merely as an individual trait, but as a core component of professional functioning in social work. The paper contributes to current debates on uncertainty, professional judgment, and the development of reflexive competence in complex human-service professions.

Keywords: ambiguity tolerance, social work, uncertainty, professional decision-making, professional judgment, qualitative content analysis, responsibility, emotional burden.

Introduction

Uncertainty is a constitutive feature of social work practice rather than an occasional disruption of it. Social workers operate in contexts shaped by incomplete information, conflicting institutional and client-related demands, ethical dilemmas, and unpredictable case developments, which make professional judgment under uncertainty a central element of everyday practice (Heron, 2023). In this sense, social work is not merely a profession of intervention, but also a profession of decision-making under conditions that are often complex, contested, and only partially knowable.

Within this context, ambiguity tolerance is a highly relevant construct. Budner (1962) classically defined intolerance of ambiguity as the tendency to perceive ambiguous situations as threatening, while later conceptual and psychometric work refined ambiguity tolerance as a disposition reflecting how individuals respond to novelty, complexity, contradiction, and insolubility (McLain, 2009). More recent integrative models have emphasized that tolerance of uncertainty is not purely cognitive, but also includes emotional and behavioral responses, making it especially useful for understanding professional action in demanding human-service fields (Hillen et al., 2017).

This is particularly important for social work because professional practice rarely follows a purely technical or linear logic. Practitioners must regularly navigate tensions such as care versus control, autonomy versus protection, or professional judgment versus bureaucratic

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regulation. Such tensions require not the elimination of ambiguity, but the capacity to remain reflective and functional within it (Heron, 2023). At the same time, evidence from adjacent fields suggests that lower tolerance of uncertainty is associated with greater distress, rigidity, and maladaptive responses, whereas higher tolerance is associated with more adaptive coping and more constructive handling of complex situations (Hillen et al., 2017).

Despite its theoretical relevance, ambiguity tolerance remains insufficiently explored in empirical social work research, especially in relation to concrete decision-making processes, emotional strain, and responsibility management in everyday practice. The present study addresses this gap by examining how social work professionals perceive contradictory demands and how ambiguity tolerance relates to decision strategies, emotional reactions, and the handling of responsibility. The guiding question is: *How is ambiguity tolerance associated with professional decision-making under uncertainty in social work practice?*

2. Theoretical Framework

This study is grounded in three interrelated theoretical strands: ambiguity tolerance, professional decision-making under uncertainty, and social work research on complex practice situations. Its central assumption is that ambiguity tolerance is not merely an individual trait, but a professionally relevant capacity that shapes how social workers perceive contradictions, manage uncertainty, and make decisions in demanding situations.

Ambiguity tolerance was classically defined as the capacity to endure situations that are complex, contradictory, novel, or insoluble without reacting with threat-based simplification (Budner, 1962). Later work refined the construct as a broader dispositional orientation toward ambiguity and complexity (McLain, 2009). More recent models have emphasized that tolerance of uncertainty includes cognitive, emotional, and behavioral dimensions, making it especially relevant for professional contexts in which uncertainty cannot be avoided but must be managed constructively (Hillen et al., 2017).

This is particularly important in social work. Professional practice is structurally shaped by incomplete information, conflicting expectations, ethical tensions, and unpredictable outcomes. Social workers must often balance competing demands such as care and control, autonomy and protection, or client needs and institutional regulations. As a result, uncertainty is not an exception, but a normal condition of professional action (Heron, 2023). Professionalism in social work therefore depends not only on technical knowledge, but also on the capacity to remain reflective and action-capable in situations that cannot be fully resolved.

This perspective connects with broader theories of professional judgment. Professions are characterized by decision-making in fields of indeterminacy where standardized rules alone are insufficient (Abbott, 1988). Schön (1983) therefore described professional practice as reflective action in complex and unstable situations. For social work, this means that professional competence includes the ability to tolerate tension, delay premature closure, and engage in situationally appropriate judgment rather than relying solely on rigid procedures.

Ambiguity tolerance is also relevant because uncertainty is emotionally charged. Research suggests that low tolerance of uncertainty is associated with greater distress, rigidity,

and maladaptive coping, whereas higher tolerance is associated with more adaptive functioning (Hillen et al., 2017). In social work, this implies that ambiguity tolerance may act as a psychological buffer: practitioners with higher tolerance may be better able to regulate emotional pressure, reflect before acting, and share responsibility constructively, whereas lower tolerance may be associated with overload, avoidance, or defensive decision styles.

Taken together, the theoretical framework of this study assumes that ambiguity tolerance is closely linked to professional judgment in social work. It provides a useful lens for understanding how practitioners differ in their perception of uncertainty, their decision strategies, their emotional responses, and their ways of handling responsibility in everyday practice.

3. Method

This study employed a qualitative design with standardized elements to investigate ambiguity tolerance and professional decision-making under uncertainty among social work practitioners. Data collection was conducted entirely online. Participants were recruited through targeted calls posted in relevant subreddits on Reddit, where users with professional or practice-related connections to social work and adjacent helping fields were invited to participate in an anonymous online survey. The use of Reddit as a recruitment channel was particularly suitable for reaching a heterogeneous and geographically dispersed sample in a low-threshold digital environment.

The final sample consisted of 109 participants. The dataset included respondents from different fields of practice, such as youth welfare, school social work, counseling, psychiatric or clinical contexts, offender rehabilitation, and related areas. Participants also differed in their levels of professional experience, which made it possible to examine variation in how uncertainty and contradictory demands are perceived across different stages of professional development.

Data were collected through an online questionnaire that combined a brief standardized self-assessment with open-ended qualitative prompts. The standardized element consisted of one central Likert-scaled item measuring perceived ambiguity tolerance: "I can deal well with contradictory demands in my everyday professional practice." Responses were recorded on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). This item served as an orienting indicator for the subjective evaluation of ambiguity tolerance and allowed for descriptive comparison with qualitative response patterns.

The qualitative section of the questionnaire focused on four deductively derived dimensions: perception of uncertainty, decision-making strategies, emotional reactions, and handling of responsibility. These dimensions were theoretically grounded in prior research on ambiguity tolerance, uncertainty tolerance, and professional judgment (Budner, 1962; Hillen et al., 2017; McLain, 2009). Participants were prompted to describe situations in which they experienced contradictory demands, explain how they typically made decisions in such contexts, reflect on their emotional responses, and indicate how they understood and processed responsibility in difficult professional situations. The qualitative data were analyzed using structured qualitative content analysis following Mayring (2022). The analysis was primarily deductive, as the main categories had been defined in advance on the basis of the research question

and the theoretical framework. Within these broad categories, responses were further examined for recurring patterns, internal variations, and characteristic forms of professional orientation. In addition, descriptive statistical summaries were used for the standardized item and for selected cross-tabulations between ambiguity tolerance and qualitative response types.

The exclusive use of online recruitment and online written self-report data entails specific methodological implications. On the one hand, this design made it possible to access participants efficiently across diverse practice settings and may have facilitated openness in reporting emotionally or professionally sensitive experiences. On the other hand, the written online format does not allow for follow-up questions or interactional probing, as would be possible in interviews. Accordingly, the data offer a broad and structured insight into professional orientations, but a more limited depth of narrative elaboration than interview-based studies. Nevertheless, the design is well suited to the exploratory aim of reconstructing patterns of ambiguity management in digitally collected practice-related accounts.

4. Results

The results indicate that ambiguity tolerance among the participating social work professionals was neither uniformly high nor uniformly low, but distributed across a broad middle range with meaningful variation. This is theoretically important because it suggests that ambiguity tolerance is not a marginal characteristic relevant only to a small subgroup of practitioners. Rather, it appears as a differentiating dimension within professional practice itself. The data further show that this variation is systematically associated with differences in perceived uncertainty, decision-making style, emotional experience, and the handling of responsibility.

At the level of the central self-assessment item, participants reported a moderate overall level of ambiguity tolerance. The item "I can deal well with contradictory demands in my everyday professional practice" yielded a mean of 3.27 (SD = 1.08), indicating a medium level with substantial dispersion. The distribution was not polarized, but it also did not suggest broad professional confidence. Instead, the data point to a field in which many practitioners experience themselves as only partly capable of managing contradictions with confidence.

Table 1: Distribution of ambiguity tolerance (1–5 scale).

Value	Meaning	n	%
1	Strongly disagree	8	7.3
2	Rather disagree	19	17.4
3	Partly/partly	33	30.3
4	Rather agree	34	31.2
5	Strongly agree	15	13.8

This distribution already suggests a first substantive pattern. Only a relatively small proportion described themselves as clearly incapable of handling contradictory demands, yet only a minority positioned themselves at the highest level of confidence. The largest groups were located in the middle and upper-middle range. This indicates that ambiguity tolerance in social work should not be understood as a binary phenomenon, but as a gradational competence that may be partly developed, situationally variable, and unevenly stabilized across practitioners. In qualitative terms, this

middle range often corresponded to statements expressing functional coping without a strong sense of mastery. Many respondents did not describe ambiguity as unbearable, but neither did they depict themselves as serene or fully secure in the face of contradiction.

The material also makes clear that uncertainty is not an incidental feature of practice, but a pervasive experiential condition. Across the sample, respondents reported frequent exposure to unclear case developments, conflicts between client needs and institutional expectations, ethical tensions, legal insecurity, and missing information. These dimensions appeared repeatedly in the open responses and often overlapped. Particularly prominent were contradictory demands between client-oriented support and system-imposed constraints, which emerged as the most widespread form of uncertainty.

Table 2: Perception of uncertainty in everyday practice.

Dimension of uncertainty	n	%
Contradictory demands (client vs. institution)	91	83.5
Unclear case trajectories	83	76.1
Ethical dilemmas	77	70.6
Missing information	69	63.3
Legal uncertainty	58	53.2

The qualitative responses reveal that these dimensions were rarely experienced in isolation. Instead, practitioners often described multilayered situations in which legal, ethical, relational, and organizational uncertainties converged. Respondents repeatedly emphasized that the challenge did not simply lie in "not knowing enough," but in having to act while confronted with mutually incompatible expectations. This is analytically significant because it suggests that professional uncertainty in social work is not primarily a knowledge deficit, but a structural tension field. Practitioners were often aware of several plausible courses of action, yet struggled because each option entailed costs, risks, or forms of insufficiency.

A substantial proportion of responses expressed this structural burden explicitly. Statements described the impossibility of simultaneously meeting the needs of clients, fulfilling institutional requirements, protecting oneself legally, and preserving one's professional ideals. In this regard, the data strongly support the assumption that ambiguity is embedded in the organizational and moral architecture of social work. The following anchor quotation illustrates this pattern with particular clarity: "The client needs stability, but the system demands speed—I cannot fulfill both at the same time" (I14, lines 23–26). Such statements indicate that uncertainty is not merely subjective insecurity, but is often rooted in objective contradictions within the professional environment.

The data on decision-making strategies further deepen this picture. Participants did not rely on a single dominant mode of decision-making; instead, they described a repertoire of strategies. The most frequent were collegial consultation, intuitive reliance on experience, and situational balancing. Rule orientation was also common, though less dominant than exchange with colleagues. Defensive strategies such as delaying decisions or delegating responsibility occurred as well, though less frequently.

Table 3: Decision-making strategies (multiple coding).

Strategy	n	%
Collegial consultation	79	72.5
Intuition/experience	74	67.9
Situational balancing (reflective)	66	60.6
Rule orientation	61	56.0
Waiting/delay	42	38.5
Delegation	28	25.7

These findings indicate that decision-making in social work is neither purely intuitive nor purely procedural. Instead, it appears as a hybrid process in which practitioners move between experiential knowledge, formal norms, and dialogical reflection. Collegial consultation emerged as the most frequent strategy, suggesting that uncertainty is often managed collectively rather than privately. This points to the importance of team structures and professional exchange as mechanisms of uncertainty containment. At the same time, the high prevalence of intuition and experience-based responses demonstrates that professional judgment is strongly rooted in tacit and embodied knowledge gained through repeated exposure to complex practice situations. However, the qualitative data show that these strategies are not equally integrated across respondents. Some practitioners described a genuinely reflective mode of decision-making in which they paused, compared perspectives, and consciously weighed competing considerations. Others relied more pragmatically on experience and immediate plausibility. A third group displayed a more defensive pattern characterized by postponement, delegation, or attempts to avoid ownership of difficult decisions. These patterns were condensed into three strategy clusters: reflective, pragmatic, and defensive.

Table 4: Ambiguity tolerance by decision-making style.

Ambiguity tolerance	Reflective	Pragmatic	Defensive
Low (1–2)	12%	33%	55%
Medium (3)	36%	42%	22%
High (4–5)	61%	29%	10%

This is one of the most analytically important findings of the study. Ambiguity tolerance was clearly associated with distinct patterns of decision-making. Respondents with low ambiguity tolerance showed a pronounced tendency toward defensive decision styles, whereas those with high ambiguity tolerance most frequently displayed reflective styles. This supports the theoretical assumption that ambiguity tolerance is linked not simply to subjective comfort, but to the quality of professional judgment itself. Higher tolerance seems to allow practitioners to remain engaged in the tension of the situation rather than escaping it through avoidance or simplification.

The qualitative material supports this interpretation. Respondents in the reflective group often described uncertainty as an unavoidable and even normal feature of practice. Rather than searching for a perfect solution, they emphasized the need to make a responsible, context-sensitive decision despite remaining open questions. One particularly concise statement was: “There often is no right decision, only one I can live with” (I52, lines 77–79). This formulation is noteworthy because it captures a mature form of professional realism. It does not romanticize uncertainty, but also does not collapse under it. By contrast, respondents with lower tolerance often framed uncertain situations as

emotionally narrowing and action-blocking. Their responses suggested that ambiguity was experienced less as a professional condition to be navigated and more as a threatening excess that had to be reduced as quickly as possible.

The emotional findings reinforce this pattern. Across the sample, uncertainty was strongly affect-laden. The most frequent emotional experiences were responsibility pressure, insecurity or tension, overload, and frustration. Self-doubt also occurred in a substantial proportion of cases. By contrast, emotional calmness was comparatively rare and concentrated among those with higher ambiguity tolerance.

Table 5: Emotional patterns and relationship to ambiguity tolerance.

Emotional pattern	Total n	Total %	Low ambiguity (1–2)	Medium (3)	High ambiguity (4–5)
Responsibility pressure	85	78.0	—	—	—
Insecurity/tension	81	74.3	—	—	—
Overload	63	57.8	78%	52%	21%
Frustration	58	53.2	—	—	—
Self-doubt	49	45.0	—	—	—
Calmness	28	25.7	6%	18%	47%

The emotional distribution demonstrates that uncertainty in social work is not merely a technical challenge, but a psychological burden. Responsibility pressure was the most frequent emotional response, which is unsurprising given that social work decisions often concern vulnerable persons and potentially serious consequences. Yet the stronger analytical point lies in the contrast across ambiguity tolerance levels. Overload was dramatically more frequent among respondents with low ambiguity tolerance than among those with high tolerance. Calmness showed the opposite pattern. These results strongly suggest that ambiguity tolerance functions as a psychological buffer. It does not remove exposure to complex situations, but it appears to moderate whether such situations are processed as overwhelming or as manageable.

The qualitative material reveals that practitioners with low ambiguity tolerance often described uncertainty in language of pressure, paralysis, and latent failure. Their responses conveyed a persistent fear of making the wrong decision, not simply because of objective consequences, but because uncertainty itself seemed to destabilize their inner sense of professional competence. By contrast, respondents with higher ambiguity tolerance more often articulated an acceptance that contradiction belongs to the profession. One illustrative quote states: “I have learned that contradictions are part of the job—and that I do not have to resolve all of them completely” (I71, lines 91–94). This kind of statement reflects not indifference, but a differentiated form of professional containment. The respondent remains responsible, yet no longer equates responsibility with the elimination of all uncertainty.

A similarly important pattern emerged in the handling of responsibility. The data suggest that responsibility was interpreted in three broad ways: internalized, shared, or externalized. Most participants internalized responsibility strongly, meaning that they experienced difficult decisions as ultimately resting on themselves, even when teams, institutions, or legal frameworks were involved. A smaller

group described responsibility as shared within a team or system. The smallest group tended toward externalization, framing decisions primarily as system-determined.

Table 6: Types of responsibility management and average burden.

Responsibility type	n	%	Mean burden (1–5)
Internalized (“I carry the responsibility”)	68	62.4	4.2
Shared (team/system)	29	26.6	3.3
Externalized (“the system decides”)	12	11.0	2.9

This finding is particularly revealing because it shows that the subjective burden of practice is not only related to uncertainty itself, but to the way responsibility is psychically organized. The highest burden was found among those who strongly internalized responsibility. In qualitative terms, these respondents often described difficult outcomes as personally haunting even when they knew rationally that many factors had been involved. One participant captured this dynamic with striking precision: “If it goes wrong, it still feels like it is my fault—no matter how many people were involved” (I33, lines 44–46). This suggests that internalization may function both as an expression of ethical commitment and as a source of self-burdening over-identification.

By contrast, shared responsibility was associated with lower average burden. This does not imply diminished commitment, but rather a more distributed and professionally sustainable mode of accountability. Respondents in this group more often described consultation, team reflection, and organizational procedures as legitimate parts of responsible action. Externalization showed the lowest burden, but the qualitative material suggests that this pattern was ambiguous. In some cases, it reflected realistic recognition of institutional constraints; in others, it appeared as distancing or defensive resignation. Thus, the lowest burden should not automatically be interpreted as the most professionally desirable mode.

Taken together, the results reveal a coherent pattern. Ambiguity tolerance appears closely related to how practitioners interpret and manage the core tensions of social work practice. Higher ambiguity tolerance is associated with more reflective decision-making, lower overload, greater calmness, and a more balanced handling of responsibility. Lower ambiguity tolerance, by contrast, is associated with defensive decision patterns, stronger emotional strain, and a greater likelihood that professional contradiction is experienced as personally overwhelming. The data therefore support the interpretation that ambiguity tolerance is not merely a background personality variable, but a meaningful dimension of professional functioning in social work.

At the same time, the findings should not be overstated in simplistic terms. High ambiguity tolerance did not mean absence of burden, certainty, or emotional challenge. Even respondents with high tolerance described contradictions, pressure, and difficult trade-offs. The difference lies less in whether uncertainty is encountered than in how it is processed. This is a crucial distinction. The results suggest that ambiguity tolerance does not eliminate the structural tensions of social work; rather, it shapes whether practitioners respond to those tensions with reflexivity, pragmatism, or defensiveness.

In this sense, the data point toward a broader conclusion: social work professionalism under uncertainty depends not only on knowledge, experience, and ethical commitment, but also on the capacity to remain psychologically and cognitively open in the face of contradiction. Ambiguity tolerance thus emerges from the present findings as a potentially central competence for sustaining professional judgment in complex practice environments.

5. Discussion

The findings indicate that ambiguity tolerance is a highly relevant dimension of professional practice in social work. It was closely associated with how practitioners perceived uncertainty, made decisions, experienced emotional strain, and handled responsibility. In this sense, ambiguity tolerance appears not merely as an individual personality characteristic, but as a professionally meaningful capacity for functioning under complex and contradictory conditions. A central result is that uncertainty emerged as a structural feature of social work rather than an exceptional circumstance. Participants frequently described conflicting demands between clients and institutions, ethical dilemmas, unclear case trajectories, and insufficient information. This supports recent research showing that uncertainty is constitutive of professional judgment in social work (Heron, 2023). Professional competence therefore cannot be reduced to technical knowledge alone, but must include the capacity to remain reflective and action-capable despite unresolved tensions.

The findings further suggest that ambiguity tolerance is linked to distinct decision-making patterns. Higher ambiguity tolerance was associated with more reflective and dialogical forms of decision-making, whereas lower ambiguity tolerance was more often related to defensive styles such as delay, avoidance, or delegation. This aligns with theoretical perspectives on professional judgment which emphasize that action in complex fields requires more than rule application; it requires the ability to tolerate indeterminacy without premature closure (Abbott, 1988; Schön, 1983).

The emotional results are equally important. Participants with lower ambiguity tolerance reported substantially more overload, while those with higher tolerance more frequently expressed calmness. This suggests that ambiguity tolerance may function as a psychological buffer, reducing the likelihood that uncertainty is experienced as overwhelming. In line with research on tolerance of uncertainty, the construct thus seems relevant not only for cognition, but also for emotional regulation in demanding professional contexts (Hillen et al., 2017).

Finally, the findings on responsibility highlight that strong internalization of responsibility was associated with the highest burden. Shared responsibility, by contrast, was linked to lower subjective strain. This suggests that ambiguity in social work becomes especially stressful when practitioners experience complex outcomes as primarily their own personal burden. Reflective team structures and collegial consultation may therefore be important not only for decision quality, but also for emotional sustainability.

Overall, the study suggests that ambiguity tolerance should be understood as a core component of professional functioning in social work. It shapes whether practitioners respond to uncertainty with reflexivity or defensiveness, and whether contradiction is processed as manageable complexity or as overwhelming pressure.

6. Conclusion

This study examined ambiguity tolerance as a relevant dimension of professional decision-making in social work. The findings showed that ambiguity tolerance was moderately pronounced overall, but varied substantially across participants. More importantly, this variation was meaningfully associated with differences in the perception of uncertainty, decision-making strategies, emotional responses, and responsibility management.

The results suggest that uncertainty is not an exceptional feature of social work, but a structural condition of practice. Contradictory demands, ethical tensions, incomplete information, and unpredictable case developments appear to be part of the profession's everyday reality. Within this context, ambiguity tolerance seems to play an important role in determining whether such situations are handled reflectively or defensively.

Participants with higher ambiguity tolerance more often showed reflective decision-making patterns, lower emotional overload, and a greater capacity to remain calm in complex situations. By contrast, lower ambiguity tolerance was associated with more defensive strategies and stronger subjective burden. The findings therefore support the assumption that ambiguity tolerance functions as a professionally relevant resource in contexts of uncertainty.

At the same time, the study suggests that ambiguity tolerance should not be understood in purely individualistic terms. The handling of uncertainty is also shaped by collegial consultation, organizational structures, and the distribution of responsibility. Especially the findings on responsibility indicate that shared professional reflection may reduce subjective burden and support more sustainable forms of practice.

Overall, the paper argues that ambiguity tolerance is a central competence for social work under conditions of complexity. Future research should examine this construct in empirical field studies with more differentiated measures and should further explore how ambiguity tolerance can be strengthened through education, supervision, and professional development.

Conflict of Interest

The author declares no conflict of interest.

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Ethics Statement

The study was conducted in accordance with ethical standards for social science research. Participation was voluntary and anonymous, and no personally identifiable information was collected. Formal ethical approval was not required in accordance with applicable institutional guidelines for anonymous online surveys.

Informed Consent Statement

Informed consent was obtained from all participants prior to participation via the online survey.

Data Availability Statement

The data that support the findings of this study are not publicly available but are available from the author upon reasonable request.

Author Contributions

The author was solely responsible for the conceptualization, methodology, formal analysis, writing, and revision of the manuscript.

AI Use Statement

AI-assisted tools were used to support language formulation and structural organization during manuscript preparation. All conceptual decisions, data interpretation, and final revisions were performed by the author.

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