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DISSertation

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Robert William Weinbach, B.A., M.S.W.

* * * * *

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CHAPTER I
INTRODUCTION

The Problem and Its Significance

No one is quite sure where to draw the parameters of what can be labeled social work intervention. Social work practice today is characterized by change; it is virtually impossible to predict with precision what tasks social workers will be asked to perform ten or twenty years from now.

Social work educators have recognized the need for training which will be adaptable to the uncertainties of practice. Depending on the degree of positive thinking which they may choose to employ, they stress the need to build in vital flexibility or merely address themselves to the bitter realities of a changing profession in a changing world. One social work educator recently sought to explain the diversity in programs of social work education as "partly a function of the extended needs for social work manpower and partly a result of the ongoing identification of differential roles for social workers."¹

Many of the practice models proposed for social work in recent years reflect not only an emphasis on the need for flexibility in the social worker's role definition, but they also begin to suggest that

there might be considerable individual freedom in the area of professional identification. Through an evolutionary process (described in Chapter II), the interprofessional model has gained current favor among some practice theoreticians. It encompasses the more traditional concept of the interdisciplinary team approach to problem solving, and also suggests the need for an identification with a macro-profession to be shared in common with members of other disciplines. In its operation-alization:

It requires knowledge, values, and skills which transcend the professions. It asks that the professional person put problem ahead of profession and/or institutional auspices and accommodate particular professional knowledge and skills to the collective exercise of professional responsibility in the assessment of the problem to be solved and in the determination and mobilization of relevant treatment modalities.  

Focus of the Research

This research represents, in part, an effort to determine whether those social workers who can be identified as interprofessionals generally experience more job satisfaction than other social workers employed in the same settings and whether they are more highly regarded as to their job performance. In short, how viable is the interprofessional model in relation to two key dimensions of professional practice?

In a broader sense, the research sought to examine the entire concept of multiple professional identification, to determine its prevalence and to compare social workers who possess a dual identification (those assumed to be interprofessionals) with those possessing a single identification (with either social work or mental health profession) or

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an absence of identification. Not only was a comparison made in the areas of job satisfaction and job performance, but an effort was made to determine which personal characteristics or descriptive variables might be associated with the various types of identifications.

Multiple Identification and Reference Group

Theory relating to the concept of reference groups formed an important part of the researcher's assumptions regarding the existence of social workers who may possess a multiple professional identification. Epstein has noted that, "studies . . . generally suggest a range of alternative and often conflicting orientations around which occupational commitments may be organized. Which pattern takes precedence is a function of which group constitutes the professional's primary reference group."^3

The literature of reference groups begins to suggest possible additional implications for single and multiple professional identifications. Hartley has observed that "the acceptance of any group as a reference group is basically a state of feeling: a feeling of being an integral part of a larger unit, if group membership has been consummated; a feeling of wanting to be part of it, if actual membership has not been achieved."^4 Kelley, in discussing the functions of reference groups notes that: "The first of these is that of setting and enforcing


standards for the person. . . . The second . . . is that of serving as or being a standard or comparison point against which the person can evaluate himself and others."5

Blau and Scott and Simon stress the positive function which reference groups perform. "Professional reference groups function to provide standards of judgment and conduct, as well as social support for living up to these standards, for individuals working in varied organizational contexts."6

Simon observes that:

A person identifies himself with a group when, in making a decision, he evaluates the several alternatives of choice in terms of their consequences for the specified group. . . . Through identification, organized society imposes upon the individual the scheme of social values in place of his personal motives.7

### Selection of Mental Health Facilities for Study

The mental health facilities lend themselves to a study of multiple professional identifications and the interprofessional model. The recent increase in multi-discipline, multi-faceted approaches to problem solving in other areas (e.g., income-maintenance, social planning, corrections, civil rights) suggests that the approaches to mental health

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work employed by today's professionals may serve as models for problem solving in other areas in the future.

Mental health professionals were pioneers in the use of the interdisciplinary team approach; it is also reasonable to assume, based on personal observations and the literature, that the interprofessional model has been operationalized in the treatment of mental illness.

There exists in mental health settings a potential for identification with a macro-profession which transcends professional disciplines, the mental health profession. There is also evidence that a social worker can identify with either social work or the mental health profession, or neither. Anyone who has worked as a social worker in a psychiatric setting will attest to the fact that there exists a variety of identifications among practitioners. While the phenomenon is not unique to this practice specialty, the availability of a role model outside the profession (psychiatry) has led some observers to conclude that social workers sometimes tend to see themselves as either social workers or lay psychiatrists. Whether by choice or through power of long association, some social workers appear to possess skills and interests more role-typical of psychiatrists than of social workers. Other social workers seem relatively uninfluenced by employment in psychiatric settings and continue to confine their activities and interests to more traditional social work areas.

Recent research by Taber and Vattano sought to support the existence of a dichotomous identification of mental health social workers with social work or with psychiatry. They observed, however, that while "the
literature of social work identifies two underlying and opposing orientations, the 'clinical' and the 'social' . . . the presumed structure of attitudes . . . did not emerge in the responses of practicing social workers.8

The paradox between the random observations of social workers which suggest a dichotomous identification and the results of the Taber and Vattano study might be explained by the context of the interprofessional model. What may have been mistakenly interpreted as a clinical identification with psychiatry may, in fact, have been an identification with the macro, mental-health profession, an identification which is not necessarily in conflict with social work professional identification. On the contrary, the interprofessional model suggests the necessity of a non-conflicting, dual identification.

Conclusions

There are indications that social workers and other professionals are being asked to accept a broader identification with a community of professionals dedicated to similar goals in order to provide coordination in solving of social problems. If the trend continues, knowledge related to various ways in which social workers have responded to the possibility of a dual professional identification would be valuable. An examination of the relative merits of their solutions might suggest not only the ideal way to resolve the social worker-mental health professional dilemma, but it might suggest an optimal mix for other areas of social problem solving as well.

This research is an effort to answer the question, "What are the relative merits of the various stances in relation to professional and macro-professional identification?" It is hoped that the findings of this research will have relevance for the field of mental health, the field of social work, and for any area where professionals seek to work in a coordinated effort toward the solution of social problems.
CHAPTER II

REVIEW OF LITERATURE

Flexible Roles and Availability of Multiple Professional Identifications

The possibility of the existence of additional professional identifications for social workers has brought mixed reaction. Some writers greet the idea with consternation accompanied by warnings, while still others have welcomed it as a step forward. George Brager suggests the dangers of organizational influence in a way that might also speak to potential dangers for membership in macro professions:

The hallmark of a profession, however, is the discipline of its practitioners — their devotion to client interests (as opposed to organizational ones) and their evaluation by peers (rather than an organizational hierarchy). Although social workers cannot yet command the professional authority these criteria imply, they should at least be able to avoid emotional investments in their organizations. We affirm the need to understand our own personalities, so that personal feelings will not obstruct professional performance. Should we not also understand the subtle and direct influence of agency policy and organizational role on our behavior, so that they too will not obstruct our performance as professionals?\(^9\)

Social workers can and do work at determining their roles within organizations. Several writers focus on the interaction of professionals and organizations in the process of role definition. They affirm the suggestion that social workers possess a considerable amount of power

both in defining their roles and in selection of reference group orientation:

Role creation is a direct consequence of the according of professional status. The professional is the person who has the right to say what should be done and what is necessary to get it done. Professionals thus enjoy considerable success in controlling their working conditions; and characteristically, they attempt to insure the working conditions which they consider necessary to implement their own set of professional values. 10

Bucher and Stelling suggest two primary ways in which roles and professional identity may be affected. The first of these is particularly relevant for this research:

There are some structural conditions which appear, at first, to set limits to role-creation on the part of the professional. ... Interaction in teams not only sets conditions affecting role creation, but also can affect professional identity.

Professional identities and values may be altered as a result of participation in a team. 11

The second way of affecting role definition and identity relates to role negotiation. An important constraint is noted:

The professional typically builds his own role in the organization rather than fitting into present roles, and role creation proceeds through negotiation with relevant figures in the organization.

In the process of trying to control his working conditions, the professional engages in open negotiation and bargaining. The arena involved is usually the professional's own department or sector of the institution. 12

Schiff has suggested that social workers not only should remain flexible and receptive to new practice methods but that, at least in his observations, they most often are:

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11 Ibid., p. 6, 14.

12 Ibid., p. 12, 5.
The social worker . . . must expand his knowledge as well as consider his attitudes and values with regard to the privacy or efficacy of different forms of intervention. Overall, there appears to be a rough inverse correlation between the position of the professional in the traditional hierarchy — psychiatrist, psychologist, social worker, and nurse — and the willingness to reassess his values and potentials for involvement. There are some indications, also, that social workers may do this with the greatest interest and ease.13

The belief that social workers possess both a capacity and a willingness to reassess and restructure their roles and their professional identities could suggest a potential danger. Solomon has written that:

The daily informal associations of employed professionals are often mainly with nonprofessionals or with other isolated professionals; and consequently, professional norms and the professional self-conception lack the support of both formal and informal interaction with colleagues.

The professional is driven or tempted to abandon his professional identity.14

Moore fears that too much peer influence can result in an unhealthy collective autonomy which can lead to a lack of attention to individual professional responsibility. He observes that "relations with colleagues are by no means untroubled . . . They start with common interests, and may proceed to diverse and even divisive interests."15

Moore is also concerned that collective decision making has a way of absolving one from individual responsibility for his actions. He


warns that, "identification with peers may become subservience to peers, and that ends the effective sense of personal responsibility."16

**Emergence of the Interprofessional Concept**

A number of writers in social work are stressing the positive aspects of a flexible role for social workers in professional coordination. Horwitz has observed that, "the range of tasks a particular worker should expect to perform properly varies from job to job; and that there is more than one way for a group to plan its work and make decisions."17 Emergent developments in community mental health have fostered the need for practitioners who can provide expertise to coordinated efforts and who can perform a variety of tasks as required. In a 1967 article advancing a new role model for social workers in mental health work, Brotman and Livenstein present a model which, while focused on community organization, may have relevance for other areas of mental health work as well. The practitioner described by the authors could perform effectively only if he were to possess both social work expertise and a thorough understanding of the entire spectrum of mental health intervention knowledge and skills — a combination suggested by the interprofessional model:

One vital element in the organizer-educator's role is selection — the choice of the appropriate clinical and analytical materials for use with the appropriately selected target in order to achieve a specific goal. His strategic position as the 'practitioner-at-large' — knowledgeable in and drawing on both clinical and analytical experience — permits him to do this, and the achievement of a specific objective requires it.


He represents and projects a synthesis of clinical and analytical thought and action related to a specific substantive problem area and aimed at objectives of change in case-delivery systems and seeks comprehensive approaches to such problems.\(^{18}\)

In an historical review of the role of social work in mental health work, Schulberg and Baker regret the fact that "although the social worker's background should make him particularly aware of the need to ensure . . . community activity, it is ironic to note that many psychiatric social workers have no greater understanding or desire to relate to the community than their traditionally intrafacility-focused mental health colleagues."\(^{19}\) The suggestion is that many individuals chose mental health work because it offered them the opportunity to emulate psychiatrists; they began to become more community oriented only as psychiatrists began to move in this direction. "Social workers are becoming clearer about the generic nature of their abilities and less invested in the specialized aspects of psychiatric casework."\(^{20}\)

A sizeable number of social workers, particularly those involved in the organization of the newer community mental health agencies established under federal subsidy, have begun employment with the expectation of performing in a generalist role. Because they are frequently hired to a position which lacks a clearcut job description, they find themselves with considerable freedom to move in various directions commensurate with

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\(^{20}\)Ibid.
their interests and skills and the needs of the community. A social worker might, e.g., function chiefly as a planner, a developer of resources, in budgeting, in evaluation, in research or, under current mandates, as an administrator.

A concept of interprofessional workers involved in mental health work is beginning to evolve. It is proposed that he be "maximally integrated with other professional groups while at the same time retaining his own professional identity and skills." The need for new and comprehensive approaches to treatment has resulted in "overlapping functions and role blurring . . . in line with the rationale that staff potential is maximized when disciplinary barriers are minimized."

Dana and Sheps present additional clarification of the interprofessional model as it relates to social work. They emphasize the qualities of the model which distinguish it from the more established "team treatment" approach:

The traditional health team concept — in reality an adaptation of the old game of "follow-the-leader" to the purposes of medical care — is not a model that stands up . . . to the demands of comprehensive health care.

Interprofessional behavior . . . is an entity of its own that does not require members of related professions to think alike, but rather to act together.

The interprofessional model seems to suggest an individual who is both a competent social worker and a knowledgeable member of the mental health profession. "He is required to have not only a secure

\[\text{\textsuperscript{21} Ibid., p. 650.}\]
\[\text{\textsuperscript{22} Ibid., p. 652.}\]
\[\text{\textsuperscript{23} Op. cit., p. 40, 37.}\]
hold on his own professional knowledge, but on the ability to communicate it to others, and to acknowledge the limitations as well as the possibilities within his own professional armamentarium." He must, in short, be able to meet the standards set by both his colleagues and other members of the broader mental health community. He has, in a sense, committed himself to identifying with two "professions".

**Job Involvement and the Professional**

If an individual is to achieve one or more professional identifications he must possess a certain level of involvement in his work, defined as, "the degree to which a person is identified psychologically with his work, or the importance of work in his total self-image." It is possible, of course, to view social work or mental health work as a job and little more, and to achieve little or no identification with either profession, i.e., to be only a social work employee. High job involvement, however, may increase the "ease with which the person can be further socialized by an organization." It increases the likelihood of his attaining one or more professional identifications and, therefore, evolves as a prerequisite to assumption of the interprofessional model.

**Research Related to Typologies of Professional Identification: Administrative Science and Sociology**

The field of administrative science has been concerned with the stance which individuals select in relation to their job involvement and

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their outside professional identities. Since World War II, a number of studies have been conducted which have attempted to classify types of individuals as to both their professional and organizational identification. In one of the most well-known of the early studies, Reissman examined the social role of civil servants. Individuals were classified into one of four categories based primarily on the degree of their identification with the employing organization and from whom they sought recognition for their work. The four part typology which stressed an individual's bureaucratic identification was viewed, at the time, as a major contribution to knowledge. In retrospect, Reissman's most significant contribution may have been his recognition that, "too often the personalities are overlooked as important data in the analysis of bureaucracy." 27

Merton applied the terms "local" and "cosmopolitan" to describe the life styles of Americans. In a 1957 article he reported that the major difference between the two types was that "if the local type is parochial, the cosmopolitan is ecumenical." 28

At about the same time, Gouldner published the results of his classical study using college faculty members. It was the first time that the local-cosmopolitan typology had been used to describe the identification of professionals with their profession and with the organization where they were employed. Gouldner emphasized: "the importance of three


variables for analyzing latent identities in organizations: (1) loyalty to the employing organization, (2) commitment to specialized or professional skills, and (3) reference group orientations.\textsuperscript{29}

What Gouldner described was a dichotomous, either-or typology. The two categories were described as:

1. Cosmopolitan: those low on loyalty to the employing organization, high on commitment to specialized role skills, and likely to use an outer reference group orientation.

2. Locals: those high on loyalty to the employing organization, low on commitment to specialized role skills, and likely to use an inner reference group orientation.\textsuperscript{30}

In 1958, Bennis published the results of his study of nurses in a hospital out-patient department. His findings were one of the first indications that the Gouldner typology may not be adequate. He found numerous cases of professionals who possessed both high professional and high organizational identifications; some possessed neither. He observed, for example, that "membership . . . in a famous eye-and-ear clinic may have both high professional commitment as well as high loyalty to the local structure."\textsuperscript{31} Bennis proposed that a more complete typology might retain the local and cosmopolitan classifications (which he observed to be present), but should also include two additional categories to accommodate the other types he found. He suggested "interested" and "uninterested".\textsuperscript{32}


\textsuperscript{30} \textit{Ibid.}


\textsuperscript{32} \textit{Ibid.}, p. 496.
A research report published in 1965 cast additional doubt on the validity of the dichotomous local-cosmopolitan typology. The researchers studied individuals in a research and development laboratory in a leading business organization. They concluded that, at least in the organization which they studied, "professional and organizational orientations seem to be essentially independent." They observed that:

The personnel in this laboratory did not choose between organizational and professional rewards, as has been suggested in the literature, but that they were varied in the extent which they sought after personal gratification in general, whether these came from the organization or the profession.33

Kerr, in his discussion of the early classification systems, suggests that an explanation for the "ambiguous and inconclusive results" in research performed using the Cosmopolitan-Local model may lie in the attempts of researchers "to label as Cosmopolitan-Local theory what is in actuality a number of conceptually different, if related, variables."34 Significantly, two of the variables which Kerr mentions are satisfaction and identification.

Conflict Among Employed Professionals

Much of the rationale for the dichotomous local-cosmopolitan typology had its origins in a belief in the inevitability of conflict where professionals are employed in bureaucracies. The rapid staff


34 Ibid.


36 Ibid.
turnover, lack of involvement in company politics and insistence on interprofessional supervision led researchers like Gouldner to conclude that an employed professional was forced into a conflict situation where he must choose where to rest his loyalty and to identify his reference groups either within the organization or within his profession.

Much of the conflict theory was based on valid observations. Scott observed that "professional workers are likely to perceive a discrepancy between the standards promulgated by their occupational groups and those adhered to by the host organization." Green, in a discussion of professional social workers in bureaucracies, isolated what may have been a major source of conflict:

For the social worker, autonomy means maintaining professional standards, developing a creative and resourceful approach to practice and finding opportunity for professional development and research activity. For the organization, integration involves maintaining administrative standards and the rational co-ordination of activities, together with the development of responsibility and loyalty in the employees.

In the case of the professional social worker, his allegiance to the organization is a relative matter, dependent on his professional identification and the nature of the conflicts he experiences with the organization's policy and procedure.

Those writers who suggest the inevitability of conflict for employed professionals seem to assume that the organization's goals differ from those of professionals, that the organization is basically hostile to attainment of professional goals. Blau and Scott might explain the inevitability of conflict as resulting from a lack of agreement on who

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is the prime beneficiary of the organization; the professional might e.g. believe that he should be the client, while the organization might insist that the beneficiary is the public-at-large.39

During the past few years, a number of authors have begun to question the assumption that conflict is inevitable. Hall states simply that "an assumption of inherent conflict between the professional or the professional group and the employing organization appears to be unwarranted."40 Thornton observes that:

Professional and organizational commitments can be compatible under certain conditions. Generally, the extent to which the organizational professional experiences and perceives an organizational situation as reaffirming and exemplifying certain principles of professionalism determines the compatibility of the two commitments.41

In an unpublished document, Kerr argues that both the inevitable conflict between professionals and organizations and the local-cosmopolitan dichotomy are not valid concepts.

There is no inevitability to the conflict which typically arises between professional and organization because the concept of Cosmopolitan-Local (or professional-bureaucrat) is not a bipolar one.

Such labels are neither mutually exclusive nor collectively exhaustive. In fact, it is interesting to note that many of those who criticize the "simplistic" assumptions behind the either-or approach are the same authors who continue to insist upon the inherent conflict between organizational and professional goals . . . there would seem to be no reason why an organizational-professional conflict need inevitably exist.42

42 Steven Kerr, untitled and unpublished manuscript, on the need for a four way classification of professional identification. The Ohio State University, 1971, pp. 39, 34-35.
Thornton suggests that "simultaneous commitment to both profession and organization seems desirable and in fact essential." He proposes "the optimum solution of the two problems — high commitment to the profession and the organization."

While Thornton's prescriptions begin to sound strikingly similar to the model for the interprofessional put forward by Dana and Sheps, Kerr prescribes a situation which might be optimal for interprofessional practice.

Organizations can create a climate in which those individuals who, on the basis of education and professional training, would normally be considered to be thoroughly cosmopolitan, can adopt an internal reference group and acquire an identification with the organization.

The aim of the organization, accordingly, should not be one of eradicating latent cosmopolitan attitudes on the part of its professionals . . . The aim of the organization should instead be one of inducing the professional to adopt a "complex" set of attitudes, within which a good degree of integration of individual and organizational goals can be attained.

Research Related to Typologies of Professional Identification: Social Work

Billingsley studied 110 professionally trained caseworkers in two voluntary-non sectarian agencies. He attempted to determine whether social workers in private agencies tended to group into much the same categories of cosmopolitan and local as did professionals (as defined in 1964) in bureaucratic organizations. His observations tended to support the beginning evidence in the literature which indicated that four classifications might be required. Billingsley called these "Professionals,"

44 Ibid.
"Conformists," "Innovators" and "Bureaucrats". A major finding of the study was that social workers were "more oriented to carrying out agency policies and professional standards . . . than to meeting client needs or community pressures,"\textsuperscript{46} i.e., he identified a professional identification which influenced practice behavior.

Scott conducted one of the better known pieces of research which studied social workers in a public welfare department. He employed a four division typology which is quite similar to that used by Billingsley. Criteria for assignment to categories was based on whether or not social workers had received graduate training and whom they identified as their reference groups (inside or outside the department). Nomenclature applied was "Professionals," Reference Group Only, Training Only and Bureaucrats. Among his observations was the statement that "most workers looked chiefly to the agency officials for their professional norms and standards rather than to a source external to the agency."\textsuperscript{47}

In another, very recent study of welfare department employees conducted by Miller and Podell, graduate courses and general attitude toward the department were used to classify social workers into one of four categories:

1. Socialized Professional, with a commitment to social work combined with a positive disposition to the department.
2. Detached Professional, with a commitment to social work but with a negative or neutral view of the Department.


(3) Bureaucratic Official, with a positive attitude toward the Department but no professional commitment.
(4) Uncommitted Employee, with no commitment to social work, and with a negative or neutral attitude toward the Department.48

The research tended to support the suggestions of Thornton and Kerr regarding the inevitability of conflict. The socialized professional experienced the least conflict. A number of independent variables were found to be positively associated with the different categories; these will be discussed later in the presentation of hypotheses for this research.

An interesting typology of social workers in psychiatric hospitals was presented in 1964 by Rushing. He again applied the local-cosmopolitan categories but subdivided locals into "psychiatric social workers" who prefer supervision by psychiatrists and "social workers in psychiatry" who indicate "a lack of dependency on psychiatrists for the gratification of expressive orientations."49 The latter expressed attitudes that reflected their beliefs that they were doing social work; they only happened to be doing it in a psychiatric setting.

Conclusions, Need for Another Typology

Obviously, a number of typologies for professional identification have been developed, many of them quite similar. Nearly all of these have related to where professionals align themselves in relation to their professions and the organizations where they are employed.

Only the more recent studies have suggested that there need not be conflict between an individual's professional identity norms and organizational goals. A few have suggested (like Rushing) that an individual may choose to identify with different professions represented in an institution; yet, as noted above, Taber and Wattano found no evidence of purely clinical or social orientations among social workers.

In a recent study, Scotch examined professional identifications of social workers as one of the variables which may be related to staff turnover. In the development of his hypotheses, he relied heavily on the Gouldner studies of locals and cosmopolitans, yet his findings indicated that "most workers have primary loyalty to the profession rather than to the organization and this is the key predictive variable concerning the choice of organization for employment." 50

Social workers who are employed in mental health settings may seek to increase their knowledge of psychiatry or of chemotherapy techniques. Does this mean that they are really frustrated and aspiring psychiatrists? Some may be, but the majority may be seeking to strengthen their involvement in the macro-profession described earlier, the mental-health profession. The Goldberg, Thornton and Kerr writings suggest that, furthermore, active membership in the mental health profession may be totally independent of social work profession identification. A typology has not yet been developed to indicate the degree to which an individual identifies with his profession in relation to his identification with the macro-profession.

Social workers, based on the Scotch research findings, cannot be assumed to have a loyalty to and to acknowledge as a potent reference group the agency which employs them (the local identification). It is likely, however, that there exists varying degrees of identification with the mental health profession as well as varying degrees of identification with the social work profession. (This may be, in part, a function of the degree to which an organization permits flexibility, creativity and even mobility for its social workers.)

The models for interprofessional practice suggest the need for individuals who must be high on both identifications. A new typology is needed to determine if such an intense dual identification exists, if it is desirable and, if not, if there is a more optimal stance. While past research yields numerous reliable measurements of professional identification, no corresponding measurements of the relatively recent phenomenon, the macro profession have been proposed. Most importantly, the two have not been combined to form a potentially productive typology and to determine how individual types compare in key areas such as job performance and job satisfaction.

The Proposed Typology

A. Interprofessionals — those social workers who score high on both the social work identification and mental health identification subscales of the Social Work Identification and Mental Health Identification Subscales (hereafter referred to as the SWIMHI).

B. Social Work Professionals — those social workers who score high on the social work identification subscale and low on the mental health identification subscale.
C. Mental Health Professionals — those social workers who score high on the mental health identification subscale and low on the social work identification subscale.

D. Social Work Employees — those social workers who score low on both the social work identification and mental health identification subscales.

Movement Toward the Hypotheses

One focus of this research is the investigation into the viability of the interprofessional model for social work practice in mental health settings. If the model has value, one might expect that the social worker who is functioning as an interprofessional would receive the highest amount of satisfaction (of the four categories) from his work and that his job performance would be rated highest by his supervisors. (It will be recalled that the Socialized Professional in the Miller and Podell study experienced the least amount of conflict.) Conversely, those social workers who showed little identification with either the social work profession or the mental health profession would be expected to be most dissatisfied with their work (because of lack of intrinsic rewards) and would be rated lowest in job performance.

There are a number of potentially intervening variables which, the literature indicates, might have an effect on association between the dependent and independent variables. Freiden and Rhea suggest that:

Age is . . . an important determinant of how one will rate his colleagues . . . However, tenure seems to be the more important determinant of how one will be rated by his colleagues: "new" men are rated lower than old timers, regardless of age . . . it takes
a certain amount of time to develop a positive rather than a neutral evaluation.\textsuperscript{51}

The research of Pingry tends to suggest that "local orientation does increase with length of employment."\textsuperscript{52} In his conclusions he wonders "whether the Cosmo-Local model is perhaps an artificial complication of some simpler characteristics like length of employment."\textsuperscript{53} Taken as a whole, the Freidsen and Rhea and Pingry studies seem to suggest that, age and length of employment might be intervening variables in the measurement of job performance, and also that the Mental Health Professionals (who are closest to the "locals" of the Gouldner study) might be rated higher by supervisors than the Social Work Professionals.

Although Barker did not observe a difference in role perception in bachelor's and master's degree social workers employed in a psychiatric setting,\textsuperscript{54} Scott found "a positive correlation between amount of graduate work and orientation to outside reference groups."\textsuperscript{55} One might expect, therefore, that a larger percentage of bachelor's degree level social workers would be in Categories C and D than in Categories A and B.


\textsuperscript{53}\textit{Ibid.}, p. 80.


\textsuperscript{55}\textit{Op. cit.}, p. 73.
A grouping of characteristics was identified in the Miller and Podell study: (1) socialized professionals more than detached professionals tended to have been older, married . . . (2) uncommitted employees were more likely than bureaucratic officials to . . . have been young, single . . . 56

Although the Miller and Podell comparisons were made between groups of two categories and did not reflect a comparison with all the other three, they nevertheless suggest characteristics which one might expect to find in the related categories in this research, i.e., one might anticipate a disproportionate percentage of young, single social workers in Category D (Social Work Employees) and a disproportionate percentage of older, married social workers in Category A (Interprofessionals).

The Hypotheses

The literature review suggested specific central hypotheses that were tested by statistical analysis as part of this research.

Central Hypotheses

A. For mental health social workers, type of practice model is associated with amount of job satisfaction.

B. For mental health social workers, number of professional identifications is positively associated with amount of job satisfaction.

Subhypotheses

Social workers with a dual professional identification experience more job satisfaction than those with a single professional identification.

Social workers with a single professional identification experience more job satisfaction than those with no professional identification.

C. For mental health social workers, type of practice model is associated with supervisor's evaluations of job performance.

D. For mental health social workers, number of professional identifications is positively associated with supervisor's evaluation of job performance.

Subhypotheses

Social workers with a dual professional identification receive higher supervisor's evaluations of job performance than those with a single professional identification.

Social workers with a single professional identification receive higher supervisor's evaluations of job performance than those with no professional identification.

Supplementary Hypotheses

The literature identified a few explanatory variables believed to relate to the dependent and independent variables in a predictable direction.

E. For mental health social workers, older employees are rated higher in job performance by their supervisors than are younger employees.

F. For mental health social workers, those who have been employed longer in an agency are rated higher in supervisor's evaluations of job performance than are newer employees.

G. For mental health social workers, those reflecting the interprofessional model are older than those reflecting the other models.
H. For mental health social workers, those reflecting the interprofessional model are more likely to be married than those reflecting the other models.
CHAPTER III

METHODOLOGY RELATED TO THE MEASUREMENT SCALES:

SELECTION, CONSTRUCTION, AND TESTING

The Job Satisfaction and Job Performance Scales

The two dependent variables, job satisfaction and job performance were measured using the instruments developed by Stogdill and his associates for use in the Ohio State Leadership Studies. Nearly twenty years have passed since the original studies but the scales have undergone frequent reuse and modification. The most current revisions were made available for this research along with the appropriate scoring manuals. (See Appendices A and B)

The job satisfaction and job performance instruments were first adapted and applied in research using employed social workers in 1962 by Sindwani as part of his inquiry into social work leader behavior. He found that there is a relationship between the two dimensions, "that job satisfaction does influence job performance of a caseworker."\(^{57}\)

The present research did not support Sindwani's findings, but rather suggested that job satisfaction and job performance are quite independent of each other. This is more in agreement with the research of

Herzberg and others who feel that job performance is related to "motiva-
tion factors" while satisfaction is really related to "hygiene factors." (See Table 1)

**TABLE 1**

**JOB SATISFACTION AND JOB PERFORMANCE**

<table>
<thead>
<tr>
<th>Job Satisfaction Scores</th>
<th>Job Performance Scores</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 - 32</td>
<td>8-22</td>
<td>21 (16.4)</td>
</tr>
<tr>
<td>33 - 39</td>
<td>23-27</td>
<td>5 (3.9)</td>
</tr>
<tr>
<td>40 - 46</td>
<td>28-32</td>
<td>7 (5.5)</td>
</tr>
<tr>
<td>47 - 53</td>
<td>Total</td>
<td>32 (25.0)</td>
</tr>
<tr>
<td>54 - 60</td>
<td>Total</td>
<td>27 (21.1)</td>
</tr>
<tr>
<td>Total</td>
<td>46 (36.0)</td>
<td>49 (38.2)</td>
</tr>
</tbody>
</table>

\[ n = 128 \]
\[ \chi^2 = 4.4230 \]
\[ df = 8 \]
\[ p = \text{less than} .90 \]

For purposes of this research, it was not critical that job satis-
sation and job performance be independent. A combination of high job
satisfaction and high job performance could be considered an optimal cli-
mate for both the social worker and the agency. If this combination were
found to occur most frequently among those social workers who could be
identified as interprofessionals, the observation would constitute support
for the first hypothesis and for the interprofessional model.

**Construction of the Professional Identification Instrument**

A professional identification scale (SWIMHI) was constructed to
provide a measurement of the amount of professional identification which

respondents may possess in relation to both the mental health profession and the social work profession. (See Appendix C) The scale consists of items which describe profession-related activities which can occur both on the job and after working hours. In a study of lawyers, Wardwell and Wood concluded that "the lawyer's extra-professional role is . . . not independent of his professional role but is, in fact, closely related to it."59 Another conclusion of the researchers appears particularly pertinent to the social work profession and tends to further support the inclusion of activities which occur off the job: "at least some segments of the public view the man who is active in community affairs as behaving as a lawyer should."60 While it is perhaps possible to possess strong professional identifications and yet not be involved in profession-related activities after 5:00 P.M., it is the conclusion of this researcher that to not include after-hour activities would have been a serious omission which would have limited the validity of any measure of identification.

An extensive review of the literature of both organizational theory and of the behavioral sciences was undertaken. In examining the many typologies which have been developed to describe the behavior of professionals the researcher observed that a small number of variables have consistently been found to be reliable measures of professional identification. While not all scales employed all six of these (some emphasized two or three of them), strong support for inclusion of each can be assembled through reference to major research in the area. The

60 Ibid.
six variables which were repeatedly cited as reliable indicators of identification with a profession and which are reflected in the preliminary draft of the SWIMHI in Appendix C were:

1. The title used to describe one's profession — Horwitz has observed that the name "given the helping process . . . carries a complex freight of history." In a study of graduate students which described the ways in which individuals identify with a profession, Becker and Carper observed that:

   One may reject the specific work area the title specifies, preferring to be identified with some larger field; or he may eagerly claim the specific field, while minimizing the larger area; he may emphasize neither or both.  

2. Commitment to professional organizations — In describing the "satisfactory integration" which he observed to be one type of identification which occurs in organizations, Green noted that this type of individual "is able to use his colleagues appropriately and to maintain a sense of professional autonomy through active participation in professional groups." The Bennis study of nurses selected involvement of nurses in their professional association as a key indicator of professional identification. Scotch also used it as a measure of identification with the social work profession.

3. Reference Groups, particularly in relation to sources from whom recognition is sought — Gouldner, in his studies of locals and

cosmopolitans saw reference groups as one of three important criteria in classification. Reissman described the "Job Bureaucrat" as one who "seeks recognition along departmental rather than professional lines." An important characteristic of reference groups (as used in this research) is described in the preceding quotation. If the seeking of recognition is integral to the definition of reference groups, the second activity (commitment to professional organizations) is not necessarily as indicator of selection of reference groups; the two activities are not, therefore, the same.

4. Loyalty — Gouldner selected loyalty as one of his three indicators. Rushing chose allegiance to psychiatry or allegiance to social work as criteria for assignment of social workers to professional identification categories. Scotch, relying heavily on the Gouldner studies, also used loyalty as an important indicator.

5. Commitment to specialized role skills — This was the third of Gouldner's indicators. Becker and Carper also selected commitment to task as one of their indicators of work identification.

6. Selection of supervisor — Scott concluded that social workers "do not view supervision as superfluous if not insufferable, but as a professional necessity." He noted, however, that the term "supervision" is used in a special sense by the profession; the role is defined as being that of educator rather than administrative superior.  Wilensky and Lebeaux observed a similar phenomenon. They found that "in  

\[\text{64 Op. cit., p. 309.}\]
\[\text{65 Op. cit., p. 70.}\]
\[\text{66 Ibid.}\]
courses in supervision in schools of social work, leadership is more often conceived in terms of education than of command.\textsuperscript{67} Rushing felt it was important for purposes of his classification that some social workers preferred supervision by psychiatrists. If the role of supervisors is, as suggested, that of educators for social workers, then the knowledge of to whom a social worker will turn for supervision is an excellent indicator of his professional identification.

\textbf{Contents of the SWIMHI Instrument}

The SWIMHI was administered to all respondents in this research. Basically, it asks each respondent to indicate how frequently he takes part in each of the profession related activities. The two sections to the scale to be answered in relation to the respondents hours "on the job" and to his "after hours" time each contain one question for each of the above six indicators relating to mental health identification and one for each of the indicators relating to social work identification. The mental health items were "matched" as much as was possible with the social work items.

\textbf{The Identifying Information Form}

An identifying information form was attached to each SWIMHI instrument to be completed by the respondents. (See Appendix D) It asked for traditional demographic data as well as other information relating to the potentially intervening variables length of employment in both present and other mental health agencies, interest and opportunity (both present and

projected) for work in non-direct service activities and membership in the National Association of Social Workers.

Pretest of the Instrument

A pretest was conducted by mail, using the first draft of the combined identifying information and the SWIMHI scales. It was mailed to 20 mental health social workers of the researcher's acquaintance who work outside the study population area. They were asked to complete the forms, to comment on their reactions to items and format and to return them.

All 20 questionnaires were completed and returned. They reflected a range of responses which, it was believed, would enable the researcher to categorize respondents using the four part professional identification typology. The responses also seemed to reflect the types of professional identification which the researcher would have predicted for individual respondents based on his personal and professional knowledge of them, an evidence of face validity.

Written comments by the pretest subjects resulted in several minor wording changes in the SWIMHI (for clarification) and the addition of several new items to the identifying information form. Overall, comments reflected the opinion that the questionnaires were easily comprehensible and required a relatively short period of time (10-12 minutes) for completion.

Reliability Testing of the SWIMHI

Following administration of questionnaires to respondents in the research study population (as described in Chapter IV), the SWIMHI scales and the job satisfaction and job performance scales were statistically examined for reliability using simple item analysis (item to total score). (See Tables 2-5)
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Sum X</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Variance</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the Job Items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>391</td>
<td>3.0547</td>
<td>1.0554</td>
<td>1.1142</td>
<td>0.2816</td>
</tr>
<tr>
<td>4</td>
<td>469</td>
<td>3.6641</td>
<td>0.8128</td>
<td>0.6606</td>
<td>0.3081</td>
</tr>
<tr>
<td>6</td>
<td>277</td>
<td>2.1641</td>
<td>1.0061</td>
<td>1.0121</td>
<td>0.4308</td>
</tr>
<tr>
<td>7</td>
<td>452</td>
<td>3.5313</td>
<td>1.3284</td>
<td>1.7664</td>
<td>0.4495</td>
</tr>
<tr>
<td>9</td>
<td>582</td>
<td>4.5469</td>
<td>0.6715</td>
<td>0.4509</td>
<td>0.2804</td>
</tr>
<tr>
<td>11</td>
<td>400</td>
<td>3.1250</td>
<td>0.9763</td>
<td>0.9531</td>
<td>0.3233</td>
</tr>
<tr>
<td>Off the Job Items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>383</td>
<td>2.9922</td>
<td>1.0345</td>
<td>1.0703</td>
<td>0.5877</td>
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<tr>
<td>4</td>
<td>420</td>
<td>3.2813</td>
<td>0.7699</td>
<td>0.5928</td>
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<td>6</td>
<td>306</td>
<td>2.3906</td>
<td>0.8947</td>
<td>0.8005</td>
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<tr>
<td>7</td>
<td>434</td>
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<td>1.0985</td>
<td>1.2068</td>
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<tr>
<td>9</td>
<td>305</td>
<td>2.3828</td>
<td>0.9530</td>
<td>0.9081</td>
<td>0.4344</td>
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<td>11</td>
<td>470</td>
<td>3.6719</td>
<td>0.9930</td>
<td>0.9861</td>
<td>0.4271</td>
</tr>
</tbody>
</table>

**Scale Totals**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>4889</td>
<td>38.1953</td>
<td>6.3456</td>
<td>40.2665</td>
<td>0.7690</td>
<td></td>
</tr>
</tbody>
</table>

In the mental health identification subscale (Table 2), at least one item, based on item analysis, may need to be replaced or modified. Item nine of the on the job items had a mean score of 4.5469 combined with a reliability of .2804. Respondents tended to score so high generally on the item that its value as an indicator is doubtful.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Sum X</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Variance</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>561</td>
<td>4.3828</td>
<td>0.9447</td>
<td>0.8925</td>
<td>0.1917</td>
</tr>
<tr>
<td>3</td>
<td>544</td>
<td>4.2500</td>
<td>0.8660</td>
<td>0.7500</td>
<td>0.3274</td>
</tr>
<tr>
<td>On the Job Items</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>414</td>
<td>3.2344</td>
<td>0.9477</td>
<td>0.8982</td>
<td>0.2665</td>
</tr>
<tr>
<td>8</td>
<td>389</td>
<td>3.0391</td>
<td>0.9389</td>
<td>0.8813</td>
<td>0.2482</td>
</tr>
<tr>
<td>10</td>
<td>463</td>
<td>3.6172</td>
<td>0.8581</td>
<td>0.7363</td>
<td>0.3426</td>
</tr>
<tr>
<td>12</td>
<td>284</td>
<td>2.2188</td>
<td>1.0893</td>
<td>1.1865</td>
<td>0.4828</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>459</td>
<td>3.5859</td>
<td>1.0272</td>
<td>1.0551</td>
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</tr>
<tr>
<td>3</td>
<td>348</td>
<td>2.7188</td>
<td>0.9758</td>
<td>0.9521</td>
<td>0.1904</td>
</tr>
<tr>
<td>Off the Job Items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>451</td>
<td>3.5234</td>
<td>0.9599</td>
<td>0.9213</td>
<td>0.3336</td>
</tr>
<tr>
<td>8</td>
<td>378</td>
<td>2.9531</td>
<td>1.0144</td>
<td>1.0291</td>
<td>0.5652</td>
</tr>
<tr>
<td>10</td>
<td>410</td>
<td>3.2031</td>
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<td>0.8025</td>
<td>0.5358</td>
</tr>
<tr>
<td>12</td>
<td>274</td>
<td>2.1406</td>
<td>0.9901</td>
<td>0.9802</td>
<td>0.4704</td>
</tr>
<tr>
<td>Scale Totals</td>
<td>4975</td>
<td>38.8672</td>
<td>5.8314</td>
<td>34.0058</td>
<td>0.7252</td>
</tr>
</tbody>
</table>

The social work identification subscale (Table 3) contained two items whose mean score was unusually high. Because items one and three of the on the job items had means of 4.3828 and 4.2500 respectively there is reason to doubt their values as indicators of professional identification; they must be considered for revision in any future use of the scale.
## TABLE 4

**SIMPLE ITEM ANALYSIS: JOB SATISFACTION SCALE**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Sum X</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Variance</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
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<td>3.6328</td>
<td>1.1850</td>
<td>1.4042</td>
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<td>491</td>
<td>3.8359</td>
<td>1.0215</td>
<td>1.0434</td>
<td>0.8382</td>
</tr>
<tr>
<td>3</td>
<td>462</td>
<td>3.6094</td>
<td>1.0401</td>
<td>1.0818</td>
<td>0.8333</td>
</tr>
<tr>
<td>4</td>
<td>475</td>
<td>3.7109</td>
<td>1.0395</td>
<td>1.0805</td>
<td>0.8439</td>
</tr>
<tr>
<td>5</td>
<td>470</td>
<td>3.6719</td>
<td>1.0688</td>
<td>1.1423</td>
<td>0.6978</td>
</tr>
<tr>
<td>6</td>
<td>498</td>
<td>3.8906</td>
<td>0.9290</td>
<td>0.8630</td>
<td>0.7087</td>
</tr>
<tr>
<td>7</td>
<td>421</td>
<td>3.2891</td>
<td>1.1467</td>
<td>1.3149</td>
<td>0.7957</td>
</tr>
<tr>
<td>8</td>
<td>433</td>
<td>3.3828</td>
<td>1.0542</td>
<td>1.1113</td>
<td>0.7367</td>
</tr>
<tr>
<td>9</td>
<td>510</td>
<td>3.9844</td>
<td>0.8925</td>
<td>0.7966</td>
<td>0.4885</td>
</tr>
<tr>
<td>10</td>
<td>437</td>
<td>3.4141</td>
<td>1.1827</td>
<td>1.3989</td>
<td>0.8189</td>
</tr>
<tr>
<td>11</td>
<td>512</td>
<td>4.0000</td>
<td>0.9100</td>
<td>0.8281</td>
<td>0.7939</td>
</tr>
<tr>
<td>12</td>
<td>446</td>
<td>3.4844</td>
<td>1.0824</td>
<td>1.1716</td>
<td>0.8403</td>
</tr>
</tbody>
</table>

| Scale Totals | 4975 | 38.8672 | 5.8314 | 34.0058 | 0.9513 |
TABLE 5
SIMPLE ITEM ANALYSIS: JOB
PERFORMANCE SCALE

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Sum X</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Variance</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>392</td>
<td>3.0625</td>
<td>0.9164</td>
<td>0.8398</td>
<td>0.5696</td>
</tr>
<tr>
<td>2</td>
<td>393</td>
<td>3.0703</td>
<td>0.9286</td>
<td>0.8622</td>
<td>0.4077</td>
</tr>
<tr>
<td>3</td>
<td>360</td>
<td>2.8125</td>
<td>0.8455</td>
<td>0.7148</td>
<td>0.4951</td>
</tr>
<tr>
<td>4</td>
<td>386</td>
<td>3.0156</td>
<td>0.9518</td>
<td>0.9060</td>
<td>0.5176</td>
</tr>
<tr>
<td>5</td>
<td>393</td>
<td>3.0703</td>
<td>0.8677</td>
<td>0.7529</td>
<td>0.3910</td>
</tr>
<tr>
<td>6</td>
<td>368</td>
<td>2.8750</td>
<td>0.9520</td>
<td>0.9063</td>
<td>0.4204</td>
</tr>
<tr>
<td>7</td>
<td>407</td>
<td>3.1797</td>
<td>0.8518</td>
<td>0.7255</td>
<td>0.4684</td>
</tr>
<tr>
<td>8</td>
<td>375</td>
<td>2.9297</td>
<td>0.9369</td>
<td>0.8779</td>
<td>0.4256</td>
</tr>
</tbody>
</table>

Scale Totals | 3074 | 24.0156 | 4.4529 | 19.8279 | 0.7399 |
Conclusions Drawn as a Result of
Simple Item Analysis

The SWIMHI underwent its first reliability analysis as part of this research. Only one individual item in the Mental Health Identification Subscale and four in the Social Work Identification Subscale fell below the 0.3000 reliability level. In further utilization, these items would be examined carefully and possibly revised or omitted.

The total reliability for the subscales was high for a newly constructed scale. This may be explained in part by the fact that the scale is, in many ways, not new, but a composite of previously tested instruments.

As part of the SWIMHI analysis, the job satisfaction and job performance scales were also examined using item analysis. It was anticipated that, because of repeated revision over the past twenty years, they would reflect a much higher degree of reliability than the SWIMHI instrument. The job satisfaction scale reflected an extremely high total reliability, 0.9513. The job performance scale, however, had a total reliability of 0.7399, slightly higher than the Social Work Identification Subscale (0.7252) and actually lower than the Mental Health Identification Subscale (0.7690).

Based on comparison with reliability scores for the job satisfaction and job performance scales and on the relatively small number of "questionable" items, the researcher concluded that the SWIMHI scale possesses a satisfactory level of reliability. The scale was considered to have "passed" the test of reliability.
Additional Support for the Validity of the SWIMHI

An additional item relating to the supervisor's assessment of the social worker's professional identification was included as part of the job performance scale as a reliability check on the SWIMHI. It asked the supervisor, based on his knowledge of the social worker, to describe his professional identification using the same four response categorization employed in this research. The SWIMHI categorization was then compared with the supervisor's categorization using the chi square test of association. (See Table 6)

TABLE 6
SWIMHI PROFESSIONAL IDENTIFICATION CATEGORIZATION AND SUPERVISOR'S PROFESSIONAL IDENTIFICATION CATEGORIZATION

<table>
<thead>
<tr>
<th>SWIMHI Categorization</th>
<th>Supervisor's Categorization</th>
<th></th>
<th></th>
<th>Social Work Professio</th>
<th>Social Work Employees</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inter-professionals</td>
<td>Mental Health Professionals</td>
<td>Social Work Professionals</td>
<td>Social Work Employees</td>
<td>Totals</td>
<td></td>
</tr>
<tr>
<td>Inter-professionals</td>
<td>29 (76.3)</td>
<td>4 (10.5)</td>
<td>1 (2.6)</td>
<td>4 (10.5)</td>
<td>38 (100.0)</td>
<td></td>
</tr>
<tr>
<td>Mental Health Professio</td>
<td>8 (44.4)</td>
<td>7 (38.9)</td>
<td>1 (5.6)</td>
<td>2 (11.1)</td>
<td>18 (100.0)</td>
<td></td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>9 (40.9)</td>
<td>4 (18.2)</td>
<td>8 (36.4)</td>
<td>1 (4.5)</td>
<td>22 (100.0)</td>
<td></td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>28 (56.0)</td>
<td>9 (18.0)</td>
<td>6 (12.0)</td>
<td>7 (14.0)</td>
<td>50 (100.0)</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>74 (57.8)</td>
<td>24 (18.8)</td>
<td>16 (12.5)</td>
<td>14 (10.9)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

N = 128  
Chi Square = 24.1501  
df = 9  
p = less than .005
Examination of the contingency table reveals that, while supervisors generally rated social workers as higher in professional identification than did the SWIMHI instrument, (e.g., 74 Interprofessionals as compared to 38) their tendency toward a positive categorization did not obscure a statistically significant association with the SWIMHI categorization.

The above test of validity, the face validity reflected in the literature review and the conclusions drawn from the pretest suggest that the SWIMHI may possess a high degree of validity.
CHAPTER IV

METHODOLOGY FOR THE RESEARCH PROJECT

Definition of Terms

For purposes of this research and in relation to the literature review the following definitions of terms were applied:

A. Social Workers — individuals possessing either a bachelor's or a master's degree in social work who are employed in the capacity of social worker and who are supervised by a social work supervisor.

B. Mental Health Agencies — agencies and organizations which are primarily involved in the treatment of psychiatric and emotional problems of children and adults and who have on their staff one or more psychiatrists, either as treatment persons or as consultants, either full or part-time.

C. Social Work Supervisors — those social workers who have as part or all of their work responsibility the evaluation and/or super­vision of other staff social workers.

D. Mental Health Profession — that "macro-profession" which is presumed to exist, and which encompasses all those individuals who work in the field of mental health.

E. Job Satisfaction — the degree to which individuals indicate satisfaction with their jobs as reported on the Job Satisfaction Index.
F. Job Performance -- the evaluation of the job performance of social workers by their social work supervisors as indicated on the Job Performance Index.

Setting of the Research

The subjects for the research were 128 of 132 members of the social service staffs of all agencies in the central Ohio area which meet the criteria of a mental health agency, and which were also classified as providing either "Services for Children" or "Adult Services" in a current directory. A representative of the Franklin County Mental Health Association provided the names of mental health agencies which began operation after 1969. In all, social workers from a total of fifteen agencies participated in the research. The agencies were:

Buckeyes Boys' Ranch
Children's Mental Health Center
Columbus Area Community Mental Health Center
Columbus Children's Psychiatric Hospital
Columbus State Hospital
The Counseling Center of First Community Church of Columbus
Diocesan Child Guidance Center
Harding Hospital
Juvenile Diagnostic Center
The Ohio State University Hospitals
Rosemont School
Southwestern Adult Services
Veteran's Administration Hospital (Chillicothe, Ohio)
Veteran's Administration Mental Hygiene Clinic (Columbus, Ohio)
Wilson Children's Center

The agencies represented a wide range of treatment modalities and philosophies. They provided respondents who find it necessary to work within local, state and federal bureaucratic controls. Some of the agencies reflect a somewhat traditional, clinical orientation toward social

68Franklin County Mental Health Association, Directory of Mental Health Resources in Columbus and Ohio (Columbus, Ohio: Franklin County Mental Health Association, 1969).
work; others, more representative of the community mental health movement, perceive social work activities in a broader, more flexible range.

The Introductory Letter

Approximately two weeks prior to the beginning of data collection a letter was sent to the chief executive of each of the fifteen agencies participating in the research. It was signed by the Director of The Ohio State University School of Social Work, and both introduced the executive to the research plan and requested cooperation in its completion. (See Appendix E)

Data Collection

Data collection was undertaken during December 1971 and January and February of 1972. The SWIMHI (including the identifying information form) and the job satisfaction scale were supplied to each social worker with the request that they be completed and returned directly to the researcher within a few days. The job performance scale was supplied to each social worker's respective supervisor along with similar instructions. In cases where individual social workers functioned in both a direct practice capacity and as a social work supervisor they completed the SWIMHI and job satisfaction scales in relation to themselves and the job performance scales for their supervisees.

Whenever possible, the researcher delivered the questionnaires personally to the respondents and personally called for them upon completion. It was emphasized that no one but the researcher would have access to the questionnaires prior to their coding.

By not using mailed questionnaires, credibility relating to confidentiality was maximized, a minimum of follow-up was required, and an
exceptionally high response rate — 128 of 132 (97 per cent) — was attained. A sizeable number of respondents elected to complete the questionnaires at the time when they received them and to return them immediately to the researcher.

A Problem with the Use of the Job Performance Scale

During preliminary examination of the raw data, it was observed that in approximately 40 per cent of the job performance scales (completed by the supervisors), respondents had either omitted or not completed according to instructions the rank ordering of social workers' work characteristics. Some had explained to the researcher that they felt they "just could not" rate another colleague as low (i.e., give him a rating of seven or eight) in such areas as loyalty to the agency even though this may have been his worst area.

Many supervisors ignored the instructions and "rank ordered" all characteristics as "1" despite the rational impossibility of such a response. Apparently, despite guarantees regarding the confidentiality of responses and the fact that a seven or eight ranking could not possibly harm the social worker they were unable to avoid the belief that they should not judge other human beings in such sensitive areas. The non-judgmental stance of social work appeared to be an obstacle to an objective evaluation. This observation was commensurate with another study in which social workers seemed to "block" on the objective evaluation of the social adjustment of rehabilitation center clients because of concern
for the clients' accomplishments and a wish to not "do them a disservice" by negatively evaluating them. 69

The researcher discussed the rank order data with Ralph Stogdill, the principal researcher involved in the development of the job performance scale. It was his judgment that, since rank order is frequently not available, it would be methodologically correct to use only the performance ratings in computing the job performance score. He stated that they alone constitute an accurate measurement of the job performance evaluation. A possible limitation of such an operation, Stogdill indicated, is that one might expect a high degree of intercorrelation between individual items. This was not in evidence, however, in this research.

Coding the Data

The data was coded and key punched in the following manner.
A. Case numbers were assigned to replace respondent names.
B. All the data from the questionnaires was coded and punched with one card representing each respondent.
C. As part of the simple item analysis (described in Chapter III), composite scores for each respondent were obtained for the SWIMHI scale and its subscales and for the job satisfaction and job performance scales. These scores were punched as additional variables onto the appropriate data cards for each case.
D. The median was determined for the mental health identification and social work identification subscales of the SWIMHI. These were found to be 38 and 39 respectively.

E. Each respondent was then assigned to either the "high" or "low" category for both mental health and social work identification based on his composite score on each of the two subscales. If his score was the median or below, he was given a low rating; if his score was above the median, he received a "high" rating.

F. Each respondent was assigned to one of the four categories of professional identification based on whether his score for each subscale was the median or below ("low") or above the median ("high"). The category of professional identification (Interprofessionals, Mental Health Professionals, Social Work Professionals or Social Work Employees as described in Chapter II) was added to the data for each respondent.

G. The number of professional identifications for each respondent was added to his data card (zero for Social Work Employees, one for Mental Health Professionals and Social Work Professionals and two for Interprofessionals).

**Data Processing and Statistical Analysis**

Data processing and statistical analysis was performed with the assistance of the staff and facilities of The Ohio State University Computer and Information Science Research Center. A frequency distribution was obtained for each item.

For statistical analysis of association between two variables of interval level measure, Pearson's product moment correlation coefficient was used. Potentially intervening variables (as suggested by review of literature or preliminary data analysis) were controlled for using partial correlation and multiple correlation analyses.
The Chi Square test of association was employed when the variables under study were of a nominal level of measurement. Although it was the intention of the researcher to use multiple contingency tables for control of potentially intervening variables, the sample size and the related expected frequency precluded their use. In each analysis attempted, the generally accepted criteria that, when the degree of freedom exceeds one, no more than 20 per cent of the expected frequencies can be less than five and none can be less than one were not met.\textsuperscript{70} It was not possible to sufficiently collapse categories in a logically justifiable way. Siegel warns that collapsing should be undertaken "only if combinations can meaningfully be made."\textsuperscript{71}

\textbf{Some Limitations of the Study}

A number of possible methodological limitations of the research can be suggested. The selection of the Central Ohio mental health community as the setting for the study may introduce a number of biases which cast doubt on the representativeness of the sample population and, therefore, the generalizability of findings which result. While Ohio is generally agreed to be a part of "middle America", the central portion of the state is atypical in a number of ways. Columbus (which incorporates the majority of cases) is the capital of the state and subject to many of the influences of state government. It is also the home of The Ohio State University with its Medical School and School of Social Work; Columbus may also be atypical because of a potentially strong academic influence.

\textsuperscript{70} W. G. Cochran, "Some Methods for Strengthening the Common Chi Square," \textit{Biomedics}, X (Fall, 1954).

The sample size (128 of a possible 132) was generally adequate for statistical analysis but, as noted above, it was too small for analysis using multiple contingency tables.

The selection of job satisfaction and job performance as dependent variables was made with the awareness that a considerable amount of literature, much of it conflicting, has been devoted to these two areas. It was not the intent of the researcher to enter into ongoing academic arguments relating to these concerns or those related to the nature of man, or the presence or absence of a relationship between job satisfaction and motivation. Job satisfaction was selected because it represents a single critical variable believed to be an important goal in a social worker's selection of a practice model. The area of motivation as a potentially intervening variable was only touched upon indirectly in analysis of a few explanatory variables which relate to levels of aspiration for non-direct service activities and perceived opportunity for these activities.

Job Performance was selected primarily because it is an indicator of the other side of an evaluation of practice models; it suggests how "valued" a social worker might be who adheres to a particular model. It represents a subjective judgment by a supervisor and, as such, may be a function of a number of intervening variables not measured in the research.

The SWIMHI instrument, despite positive indications relating to its validity and reliability (Chapter III) is a newly constructed instrument with the usual inherent limitations. It measures professional identification, a variable which definitely cannot be considered a 100 per cent accurate indicator of a social workers choice of practice model. It is believed by the researcher to be the most readily observable and measurable indicator, and no more.
CHAPTER V

FINDINGS

Characteristics of the Cases Studied

There are 132 social workers employed in mental health agencies in the Central Ohio area, all of whom were asked to participate in the research. Four elected not to complete the questionnaires, but 128 (97 per cent) agreed to participate along with their respective supervisors and provided fully completed SWIMHI, job satisfaction, and job performance scales. Their responses to the identifying information form offer a rather extensive profile of the respondents. (See Tables 7 - 22)

TABLE 7

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>48</td>
<td>37.0</td>
</tr>
<tr>
<td>State</td>
<td>54</td>
<td>42.5</td>
</tr>
<tr>
<td>Federal</td>
<td>26</td>
<td>20.5</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 8

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>50</td>
<td>39.1</td>
</tr>
<tr>
<td>30 - 39</td>
<td>33</td>
<td>25.8</td>
</tr>
<tr>
<td>40 - 49</td>
<td>20</td>
<td>15.6</td>
</tr>
<tr>
<td>50 - 59</td>
<td>16</td>
<td>12.5</td>
</tr>
<tr>
<td>60 and above</td>
<td>9</td>
<td>7.0</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 9
**SEX OF RESPONDENTS**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>42</td>
<td>32.8</td>
</tr>
<tr>
<td>Female</td>
<td>86</td>
<td>67.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 10
**MARRITAL STATUS**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>34</td>
<td>26.6</td>
</tr>
<tr>
<td>Married</td>
<td>82</td>
<td>64.1</td>
</tr>
<tr>
<td>Divorced, separated or Widowed</td>
<td>12</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 11
**EDUCATION**

<table>
<thead>
<tr>
<th>Education</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's or less</td>
<td>48</td>
<td>37.5</td>
</tr>
<tr>
<td>Master's</td>
<td>80</td>
<td>62.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 12
**YEAR HIGHEST DEGREE ATTAINED**

<table>
<thead>
<tr>
<th>Year Highest Degree Attained</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>18</td>
<td>14.1</td>
</tr>
<tr>
<td>1969-70</td>
<td>27</td>
<td>21.1</td>
</tr>
<tr>
<td>1966-68</td>
<td>29</td>
<td>22.7</td>
</tr>
<tr>
<td>1962-65</td>
<td>18</td>
<td>14.1</td>
</tr>
<tr>
<td>Prior to 1962</td>
<td>36</td>
<td>28.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 13
**SCHOLASTIC MAJOR**

<table>
<thead>
<tr>
<th>Scholastic Major</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>88</td>
<td>68.8</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>31.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 14
**SCHOOL OF HIGHEST DEGREE**

<table>
<thead>
<tr>
<th>School of Highest Degree</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio State</td>
<td>60</td>
<td>46.9</td>
</tr>
<tr>
<td>Other</td>
<td>68</td>
<td>53.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 15
**PRESENT JOB TITLE**

<table>
<thead>
<tr>
<th>Present Job Title</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td>96</td>
<td>75.0</td>
</tr>
<tr>
<td>Supervisor</td>
<td>23</td>
<td>18.0</td>
</tr>
<tr>
<td>Admin., Planning, etc.</td>
<td>9</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 16
**LENGTH OF EMPLOYMENT AT PRESENT AGENCY**

<table>
<thead>
<tr>
<th>Length of Employment at Present Agency</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>40</td>
<td>31.3</td>
</tr>
<tr>
<td>1 - 2.9 years</td>
<td>33</td>
<td>25.8</td>
</tr>
<tr>
<td>3 - 5.9 years</td>
<td>26</td>
<td>20.3</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>15</td>
<td>11.7</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>14</td>
<td>10.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 17
LENGTH OF EMPLOYMENT IN OTHER MENTAL HEALTH AGENCIES

<table>
<thead>
<tr>
<th>Length of Employment in Other Mental Health Agencies</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>65</td>
<td>50.8</td>
</tr>
<tr>
<td>1 - 2.9 years</td>
<td>19</td>
<td>14.8</td>
</tr>
<tr>
<td>3 - 5.9 years</td>
<td>26</td>
<td>20.3</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>10</td>
<td>7.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 18
INTEREST IN NON-DIRECT SERVICE WORK

<table>
<thead>
<tr>
<th>Interest in Non-Direct Service Work</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70</td>
<td>54.7</td>
</tr>
<tr>
<td>No</td>
<td>58</td>
<td>45.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 19
PRESENT OPPORTUNITY FOR NON-DIRECT SERVICE WORK

<table>
<thead>
<tr>
<th>Present Opportunity for Non-Direct Service Work</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54</td>
<td>42.2</td>
</tr>
<tr>
<td>No</td>
<td>74</td>
<td>57.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>128</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**TABLE 20**

**ANTICIPATED OPPORTUNITY FOR NON-DIRECT SERVICE WORK**

<table>
<thead>
<tr>
<th>Anticipated Opportunity for Non-Direct Service Work</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>66</td>
<td>51.6</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>48.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**TABLE 21**

**MEMBERSHIP IN THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

<table>
<thead>
<tr>
<th>Membership in the National Association of Social Workers</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58</td>
<td>45.3</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>54.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**TABLE 22**

**BEGINNING OF MEMBERSHIP IN THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

<table>
<thead>
<tr>
<th>Beginning of Membership in the National Association of Social Workers</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969-72</td>
<td>17</td>
<td>13.3</td>
</tr>
<tr>
<td>1962-68</td>
<td>23</td>
<td>18.0</td>
</tr>
<tr>
<td>Charter - 1961</td>
<td>18</td>
<td>14.0</td>
</tr>
<tr>
<td>N A</td>
<td>70</td>
<td>54.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Relationship Between Mental Health Identification and Social Work Identification Scores

As was reported in Chapter III, the SWIMHI was constructed using matching social work identification items for each mental health identification item. In many instances the items were identical with the exception of the words "social work" substituted for "mental health".

When the social work and mental health identification scores for each respondent were plotted, a linear distribution was formed. (See Table 23) Two possible explanations can be suggested: the distribution may be explained by the similarity of the "matched" items and a possible tendency of respondents to score similar items in the same manner or, it may be that respondents who are high in mental health identification tend to also be high in social work identification and that respondents who are low in mental health identification tend to also be low in social work identification (or perhaps, both).

It was not possible in this research to determine which explanation tends to better explain the linear distribution observed. This may be cited as a limitation of the SWIMHI instrument.

Whether one or both or a combination of factors constitute an explanation, there was a high degree of intercorrelation between respondent's scores on the mental health identification and the social work identification subscales. Using Pearson's Product Moment Correlation Coefficient, \( r = .7333 \) (126 degrees of freedom). The probability of chance occurrence of such a correlation is less than .0005.
TABLE 23

SCATTER DIAGRAM: MENTAL HEALTH IDENTIFICATION AND SOCIAL WORK IDENTIFICATION

Mental Health Identification
Testing of the Hypotheses

Analysis of data was performed by:

A. Statistically examining the association between the dependent variables (job satisfaction and job performance) and the independent variables (type of professional identification, number of professional identifications).

B. Statistically determining which explanatory variables also reflected an association with either the dependent or independent variables.

C. Re-examining the association between the dependent and independent variables using the appropriate statistic and, whenever possible, controlling for the potentially intervening (explanatory) variables. (As was noted earlier, the size of the sample did not allow for the use of multiple contingency tables in analysis where one or more of the variables was of the nominal level.)

D. Examining of distribution tables to assist in determining whether or not the hypotheses were supported and what other significant findings might be reported.

Findings and Conclusions Regarding the Hypotheses

Hypothesis A

For Mental Health Social Workers, type of practice model is associated with amount of job satisfaction. (See Table 24)

Suggested Intervening Variables

Preliminary statistical analysis offers little support for the hypothesis. Six explanatory variables bore a statistically significant
association with the dependent variable, job satisfaction. Two were
nominal level variables. (See Tables 25 and 26)

The other four explanatory variables were of interval level.
They were tested for correlation with the dependent variable using Pear-
son's r. (See Table 27)

Conclusions Regarding Hypothesis A

Because of insufficient number of cases, the possibility of inter-
vening variables could not be fully examined through the use of multiple
contingency tables. Despite some tendency on the part of interprofes-
sionals to experience greater job satisfaction than those in other cate-
gories, the Chi Square analysis fails to suggest a statistically signifi-
cant association between type of practice model and job satisfaction.
The hypothesis was considered not supported.

Hypothesis B

For mental health social workers, number of professional identi-
fications is positively associated with amount of job satisfaction. (See
Table 28)

Suggested Intervening Variables

The classification number of professional identifications can be
considered an interval level measurement. Statistical analysis using
Pearson's r suggested a statistically significant correlation between
number of professional identifications and job satisfaction. With 126
degrees of freedom, an r value of .1912 was attained. The level of con-
fidence was .025.

In the discussion of findings related to Hypothesis A it was noted
that six explanatory variables were also associated with job satisfaction.
TABLE 24

PRACTICE MODEL AND JOB SATISFACTION

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-32</td>
</tr>
<tr>
<td>Interprofessionals</td>
<td>5 (13.2)</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>4 (22.2)</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>2 (9.0)</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>10 (20.0)</td>
</tr>
<tr>
<td>Total</td>
<td>21 (16.4)</td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 9.834
df = 12
p = less than .475
### TABLE 25

**TYPE OF AGENCY AND JOB SATISFACTION**

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>12-32</th>
<th>33-39</th>
<th>40-46</th>
<th>47-53</th>
<th>54-60</th>
<th>Total (100.0)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>1 (2.1)</td>
<td>2 (4.2)</td>
<td>10 (20.8)</td>
<td>18 (37.5)</td>
<td>17 (35.4)</td>
<td>48 (100.0)</td>
<td>50.3820</td>
</tr>
<tr>
<td>State</td>
<td>19 (35.2)</td>
<td>13 (24.1)</td>
<td>8 (14.8)</td>
<td>9 (16.7)</td>
<td>5 (9.3)</td>
<td>54 (100.0)</td>
<td>37.9239</td>
</tr>
<tr>
<td>Federal</td>
<td>1 (3.8)</td>
<td>8 (30.8)</td>
<td>9 (34.6)</td>
<td>5 (19.2)</td>
<td>3 (11.5)</td>
<td>26 (100.0)</td>
<td>44.3876</td>
</tr>
<tr>
<td>Total</td>
<td>21 (16.4)</td>
<td>23 (18.0)</td>
<td>27 (21.1)</td>
<td>32 (25.0)</td>
<td>25 (19.5)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

\[ N = 128 \]

Chi Square = 46.7689

\[ df = 8 \]

\[ p = \text{less than} .001 \]
### TABLE 26

**SCHOLASTIC MAJOR AND JOB SATISFACTION**

<table>
<thead>
<tr>
<th>Scholastic Major</th>
<th>12-32</th>
<th>33-39</th>
<th>40-46</th>
<th>47-53</th>
<th>54-60</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>10 (11.4)</td>
<td>12 (13.6)</td>
<td>19 (21.6)</td>
<td>25 (28.4)</td>
<td>22 (25.0)</td>
<td>88 (100.0)</td>
<td>46.4090</td>
</tr>
<tr>
<td>Other</td>
<td>11 (27.5)</td>
<td>11 (27.5)</td>
<td>8 (20.0)</td>
<td>7 (17.5)</td>
<td>3 (7.5)</td>
<td>40 (100.0)</td>
<td>38.4000</td>
</tr>
<tr>
<td>Total</td>
<td>21 (16.4)</td>
<td>23 (18.0)</td>
<td>27 (21.1)</td>
<td>32 (25.0)</td>
<td>25 (19.5)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

*N = 128

Chi Square = 12.9601

df = 4

p = less than .025
TABLE 27

INTERCORRELATION BETWEEN JOB SATISFACTION AND FOUR EXPLANATORY VARIABLES

<table>
<thead>
<tr>
<th></th>
<th>Highest Degree Held</th>
<th>Present Opportunity for Non-Direct Service Work</th>
<th>Anticipated Opportunity for Non-Direct Service Work</th>
<th>Membership in the National Association of Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>r</td>
<td>.3090</td>
<td>.3409</td>
<td>.4581</td>
<td>.2866</td>
</tr>
<tr>
<td>Confidence Level</td>
<td>.01</td>
<td>.001</td>
<td>.001</td>
<td>.01</td>
</tr>
</tbody>
</table>

N = 128
df = 126
TABLE 28

FREQUENCY DISTRIBUTIONS: NUMBER OF PROFESSIONAL IDENTIFICATIONS AND JOB SATISFACTION

<table>
<thead>
<tr>
<th>Number of High Professional Identifications</th>
<th>12-32</th>
<th>33-39</th>
<th>40-46</th>
<th>47-53</th>
<th>54-60</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two</td>
<td>5 (3.9)</td>
<td>4 (3.1)</td>
<td>6 (4.7)</td>
<td>12 (9.4)</td>
<td>11 (8.6)</td>
<td>38 (29.7)</td>
<td>46.8684</td>
</tr>
<tr>
<td>One</td>
<td>6 (4.7)</td>
<td>7 (5.5)</td>
<td>10 (7.8)</td>
<td>11 (8.6)</td>
<td>6 (4.7)</td>
<td>40 (31.3)</td>
<td>43.4250</td>
</tr>
<tr>
<td>Zero</td>
<td>10 (7.8)</td>
<td>12 (9.4)</td>
<td>11 (8.6)</td>
<td>9 (7.0)</td>
<td>8 (6.3)</td>
<td>50 (39.1)</td>
<td>42.0400</td>
</tr>
<tr>
<td>Total</td>
<td>21 (16.4)</td>
<td>23 (18.0)</td>
<td>27 (21.1)</td>
<td>32 (25.0)</td>
<td>25 (19.5)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 7.8930
df = 8
p = less than .25
Two of these, agency of employment and scholastic major were of the nominal level; their role as possible intervening variables could not be tested. The other four variables as well as the dependent and independent variables in Hypothesis B are all of the interval level. Partial correlation coefficients were used to examine how holding each of the explanatory variables constant might affect the correlation between number of professional identifications and job satisfaction. (See Table 29)

TABLE 29

PARTIAL CORRELATIONS BETWEEN NUMBER OF IDENTIFICATIONS AND JOB SATISFACTION HOLDING EXPLANATORY VARIABLES CONSTANT

<table>
<thead>
<tr>
<th>Present Anticipated Membership</th>
<th>Degree Held</th>
<th>Service Work</th>
<th>Service Work</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Opportunity for Non-Direct</td>
<td>.1371</td>
<td>-.1359</td>
<td>-.0597</td>
<td>-.1220</td>
</tr>
<tr>
<td>Anticipated Opportunity for Non-Direct Association of Social Workers</td>
<td>.10</td>
<td>.10</td>
<td>.45</td>
<td>.10</td>
</tr>
</tbody>
</table>

N = 128
df = 125

Conclusions Regarding Hypothesis B

While preliminary analysis suggested strong statistical support for the hypothesis, additional examination revealed the presence of possible intervening variables. When these were controlled using partial correlation coefficients the level of confidence was considerably reduced to above the level of statistical significance. It is therefore concluded that number of professional identifications is positively associated with amount of job performance, but that there exists a number of explanatory variables, perhaps linked to number of professional identifications, which require additional investigation as to the effect which
they have on the association between the dependent and independent variables. There was considered to be limited support for the hypothesis.

Hypothesis C

For mental health social workers, type of practice model is associated with supervisor's evaluation of job performance. (See Table 30)

Suggested Intervening Variables

Using the SWIMHI categorization, there is very little support for the hypothesis. When the supervisor's categorization is used, however, there is a statistically significant degree of association. (See Table 31) Paradoxically (as discussed in Chapter III) the two categorizations are highly associated. It may be significant that the supervisor's categorization was completed immediately after completion of the job performance scale; they may not represent independent assessments.

While interprofessionals were rated considerably higher overall than were either mental health professionals or social work employees, a comparison of mean scores for the four categories reveals that social work professionals were rated nearly as high as were interprofessionals, a phenomenon which did not occur using the SWIMHI classification. Preliminary statistical analysis suggests mixed and somewhat contradictory support for hypothesis C.

Only one explanatory variable, present opportunity for non-direct service work reflected a correlation with the dependent variable, job performance. Using Pearson's r, a correlation coefficient of -.1959 was attained. At 126 degrees of freedom, the likelihood of chance occurrence was less than .05.
TABLE 30
PRACTICE MODEL AND JOB PERFORMANCE

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>8-22</th>
<th>23-27</th>
<th>28-32</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessionals</td>
<td>12 (31.6)</td>
<td>14 (36.8)</td>
<td>12 (31.6)</td>
<td>38 (100.0)</td>
<td>24.7894</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6 (33.3)</td>
<td>6 (33.3)</td>
<td>6 (33.3)</td>
<td>18 (100.0)</td>
<td>24.1111</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>9 (40.9)</td>
<td>9 (40.9)</td>
<td>4 (18.2)</td>
<td>22 (100.0)</td>
<td>23.0454</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>19 (38.0)</td>
<td>20 (40.0)</td>
<td>11 (22.0)</td>
<td>50 (100.0)</td>
<td>23.8200</td>
</tr>
<tr>
<td>Employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46 (35.9)</td>
<td>49 (38.3)</td>
<td>33 (25.8)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 2.3230  
df = 6  
p = .475
### Table 31

**SUPERVISOR'S CATEGORIZATION OF PROFESSIONAL IDENTIFICATION AND JOB PERFORMANCE**

<table>
<thead>
<tr>
<th>Supervisor's Categorization of Professional Identification</th>
<th>Job Performance</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8-22</td>
<td>23-27</td>
<td>28-32</td>
</tr>
<tr>
<td>Interprofessionals</td>
<td>19 (25.7)</td>
<td>29 (39.2)</td>
<td>26 (35.1)</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>12 (50.0)</td>
<td>10 (41.7)</td>
<td>2 (8.3)</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>5 (31.3)</td>
<td>7 (43.8)</td>
<td>4 (25.0)</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>10 (71.4)</td>
<td>3 (21.4)</td>
<td>1 (7.1)</td>
</tr>
<tr>
<td>Total</td>
<td>46 (35.9)</td>
<td>49 (38.3)</td>
<td>33 (25.8)</td>
</tr>
</tbody>
</table>

\[ N = 128 \]

\[ \text{Chi Square} = 16.9802 \]

\[ df = 6 \]

\[ p = \text{less than} .005 \]
Conclusions Regarding Hypothesis C

Statistical analysis suggests no consistent positive association between type of practice model and supervisor's evaluation of job performance. The only observable tendency using the SWIMHI as the measurement of professional identification is that social work professionals and social work employees have a disproportionate percentage of low and medium job performance scores; the interprofessionals and mental health employees are evenly distributed among the low, medium, and high ratings. The supervisor's categorization, for reasons that could only be speculated upon in this research, bears a statistically significant association with job performance scores.

On the basis of statistical analysis, it must be concluded that present opportunity for non-direct service work reflects a much higher correlation with job performance than does type of practice model. The hypothesis was not considered to be conclusively supported.

Hypothesis D

For mental health social workers, number of professional identifications is positively associated with supervisor's evaluation of job performance. (See Table 32)

Suggested Intervening Variables

Statistical analysis using Pearson's r resulted in a correlation coefficient of -.0835 with 126 degrees of freedom. The level of confidence was .25. The relatively high possibility of chance occurrence of such a correlation does not lend strong support to the hypothesis.

As was noted in discussion of Hypothesis C, only one explanatory variable, present opportunity for non-direct service, was significantly correlated with the dependent variable, job performance. This
### TABLE 32

**FREQUENCY DISTRIBUTIONS: NUMBER OF PROFESSIONAL IDENTIFICATIONS AND JOB PERFORMANCE**

<table>
<thead>
<tr>
<th>Number of Professional Identifications</th>
<th>Job Performance</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8-22</td>
<td>23-27</td>
<td>28-32</td>
</tr>
<tr>
<td>Two</td>
<td>12 (31.6)</td>
<td>14 (36.8)</td>
<td>12 (31.6)</td>
</tr>
<tr>
<td>One</td>
<td>15 (37.5)</td>
<td>15 (37.5)</td>
<td>10 (25.0)</td>
</tr>
<tr>
<td>Zero</td>
<td>19 (38.0)</td>
<td>20 (40.0)</td>
<td>11 (22.0)</td>
</tr>
<tr>
<td>Total</td>
<td>46 (35.9)</td>
<td>49 (38.3)</td>
<td>33 (25.8)</td>
</tr>
</tbody>
</table>

N = 128  
Chi Square = 1.1349  
df = 4  
p = less than .475
variable was controlled using partial $r$ to examine the correlation between the dependent and independent variables. With present opportunity for non-direct service work held constant and at 125 degrees of freedom the partial correlation coefficient was -.0475, only the .45 confidence level.

**Conclusions Regarding Hypothesis D**

There was little support for Hypothesis D. Statistical analysis revealed an extremely low positive association between the dependent and independent variables. There was only a very slight trend toward high ratings of social workers with double identifications; those with neither identification actually had a slightly higher mean job performance score than those with only one identification but less than those with both.

**Hypothesis E**

For mental health social workers, older employees are rated higher in job performance by their supervisors than are younger employees.

**Results of Analysis**

As was indicated in the discussion of Hypothesis D, only one explanatory variable, present opportunity for non-direct service activities, reflected a significant correlation with job performance. Using Pearson's $r$, the correlation coefficient in the test of Hypothesis E was .0709 with 126 degrees of freedom. The probability of chance occurrence of the correlation was less than .25, not statistically significant.

**Conclusions Regarding Hypothesis E**

There was insufficient evidence of an association between age and job performance scores. The hypothesis was considered by this research not supported.
Hypothesis F

For mental health social workers, those who have been employed longer in an agency are rated higher in supervisor's evaluations of job performance than are newer employees.

Results of Analysis

Using Pearson's $r$ the correlation coefficient in the test of Hypothesis F was $-0.0408$ with 126 degrees of freedom. The probability of chance occurrence of the correlation was less than .45, not statistically significant.

Conclusions Regarding Hypothesis F

The low correlation coefficient and the high probability of its chance occurrence does not indicate support for the hypothesis. Hypothesis F was considered not supported.

Hypothesis G

For mental health social workers, those reflecting the interprofessional model are older than those reflecting the other models. (See Table 33)

Conclusions Regarding Hypothesis G

Age was one of the two characteristics hypothesized from the literature to be descriptive of the interprofessional model. Examination of the frequency distributions revealed that larger percentages of older social workers were categorized as interprofessionals than of younger social workers. The confidence level of .10 does not suggest statistically significant proof of the hypothesis but a trend in the direction of the hypothesis was observed. There was considered to be limited, but not statistically significant, support for Hypothesis G in this research.
# Table 33

**Type of Practice Model and Age of Respondents**

<table>
<thead>
<tr>
<th>Type of Practice Model</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60 and older</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional</td>
<td>11 (28.9)</td>
<td>9 (23.7)</td>
<td>7 (18.4)</td>
<td>7 (18.4)</td>
<td>4 (10.5)</td>
<td>38 (100.0)</td>
<td>39.5789</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>13 (72.2)</td>
<td>3 (16.7)</td>
<td>1 (5.6)</td>
<td>1 (5.6)</td>
<td>0 (0.0)</td>
<td>18 (100.0)</td>
<td>29.8888</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>6 (27.3)</td>
<td>8 (36.4)</td>
<td>2 (9.1)</td>
<td>3 (13.6)</td>
<td>3 (13.6)</td>
<td>22 (100.0)</td>
<td>38.8181</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>20 (40.0)</td>
<td>13 (26.0)</td>
<td>10 (20.0)</td>
<td>5 (10.0)</td>
<td>2 (4.0)</td>
<td>50 (100.0)</td>
<td>36.0200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50 (39.1)</td>
<td>33 (25.8)</td>
<td>20 (15.6)</td>
<td>16 (12.5)</td>
<td>9 (7.0)</td>
<td>128 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

N = 128  
Chi Square = 17.0066  
df = 12  
p = less than .10
Hypothesis H

For mental health social workers, those reflecting the interprofessional model are more likely to be married than those reflecting the other models. (See Table 34)

TABLE 34

TYPE OF PRACTICE MODEL AND MARITAL STATUS

<table>
<thead>
<tr>
<th>Type of Practice Model</th>
<th>Single</th>
<th>Married</th>
<th>Divorced, Separated, Widowed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessionals</td>
<td>8 (21.1)</td>
<td>25 (65.8)</td>
<td>5 (13.2)</td>
<td>38 (100.0)</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>5 (27.8)</td>
<td>12 (66.7)</td>
<td>1 (5.6)</td>
<td>18 (100.0)</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>7 (31.8)</td>
<td>13 (59.1)</td>
<td>2 (9.1)</td>
<td>22 (100.0)</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>14 (28.0)</td>
<td>32 (64.0)</td>
<td>4 (8.0)</td>
<td>50 (100.0)</td>
</tr>
<tr>
<td>Total</td>
<td>34 (26.6)</td>
<td>82 (64.1)</td>
<td>12 (9.4)</td>
<td>128 (100.0)</td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 1.7965
df = 6
p = less than .475

Conclusions Regarding Hypothesis H

Marital status was the second characteristic hypothesized to be descriptive of the interprofessional model. Of the interprofessionals in the study, 25 of 38 were married, only a slightly higher percentage of married social workers than in the study population as a whole. The low chi square and the high likelihood of its chance occurrence also fail to lend statistical support to the hypothesis. Hypothesis H was considered to be not supported by statistical analysis in this research.
Observed Characteristics Associated with the Practice Models

While marital status did not, as hypothesized, prove to be associated with any particular practice model and there was only limited association between age and the model employed, four other explanatory variables reflected a high degree of association with the independent variable. The degree of association is reflected in Tables 35 - 38.

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>Type of Agency</th>
<th>Local</th>
<th>State</th>
<th>Federal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessionals</td>
<td></td>
<td>17 (44.7)</td>
<td>10 (26.3)</td>
<td>11 (28.9)</td>
<td>38 (100.0)</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td>10 (55.6)</td>
<td>8 (44.0)</td>
<td>0 (.0)</td>
<td>18 (100.0)</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td>6 (27.3)</td>
<td>12 (54.5)</td>
<td>4 (18.2)</td>
<td>22 (100.0)</td>
</tr>
<tr>
<td>Social Work</td>
<td></td>
<td>15 (30.0)</td>
<td>24 (48.0)</td>
<td>11 (22.0)</td>
<td>50 (100.0)</td>
</tr>
<tr>
<td>Employees</td>
<td></td>
<td>48 (37.5)</td>
<td>54 (42.2)</td>
<td>26 (20.3)</td>
<td>128 (100.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>48 (37.5)</td>
<td>54 (42.2)</td>
<td>26 (20.3)</td>
<td>128 (100.0)</td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 12.1171
\( df = 6 \)
\( p = \text{less than .10} \)

Some General Conclusions Related to the Findings

Of the four central hypotheses which examined the relationship between the dependent and independent variables only the second hypothesis relating number of professional identifications and job satisfaction was supported by statistical analysis of data. There were indications that explanatory variables may explain much of the correlation.
### TABLE 36
PRACTICE MODEL AND EDUCATION

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>Bachelor's or Less</th>
<th>Master's</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessionals</td>
<td>7 (18.4)</td>
<td>31 (81.6)</td>
<td>39 (100.0)</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>8 (44.4)</td>
<td>10 (55.6)</td>
<td>18 (100.0)</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>11 (50.0)</td>
<td>11 (50.0)</td>
<td>22 (100.0)</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>22 (44.0)</td>
<td>28 (56.0)</td>
<td>50 (100.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48 (37.5)</strong></td>
<td><strong>80 (62.5)</strong></td>
<td><strong>128 (100.0)</strong></td>
</tr>
</tbody>
</table>

N = 128  
Chi Square = 8.6401  
df = 3  
p = less than .05

### TABLE 37
PRACTICE MODEL AND ANTICIPATED OPPORTUNITY FOR NON-DIRECT SERVICE WORK

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>Anticipated Opportunity for Non-Direct Service Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Interprofessionals</td>
<td>30 (78.9)</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>7 (38.9)</td>
</tr>
<tr>
<td>Social Work Professionals</td>
<td>9 (40.9)</td>
</tr>
<tr>
<td>Social Work Employees</td>
<td>20 (40.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66 (51.6)</strong></td>
</tr>
</tbody>
</table>

N = 128  
Chi Square = 16.2439  
df = 3  
p = less than .01
### TABLE 38

**PRACTICE MODEL AND MEMBERSHIP IN THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>Membership in the National Association of Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Interprofessionals</td>
<td>28 (73.7)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6 (33.3)</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>5 (22.7)</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>19 (38.0)</td>
</tr>
<tr>
<td>Employees</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>58 (45.3)</td>
</tr>
</tbody>
</table>

N = 128
Chi Square = 18.9937
df = 3
p = less than .01

Examination of distributions indicates that, with all four central hypotheses, there is a trend in the hypothesized direction, although not at a level of statistical significance. All of the supplementary hypotheses, similarly, reflect some varying levels of support through examination of distribution frequencies, but lack statistical support at the .05 level. While each of the analyses, in themselves, does not offer conclusive proof of the hypotheses, the fact that all of the hypotheses (which are inter-related) are somewhat supported (although at varying and limited confidence levels), might be interpreted as suggesting that the area of the research is potentially fruitful, that the researcher may be "on to something."

The somewhat serendipitous discovery of an association between practice model and four explanatory variables may represent an important
contribution to knowledge. Interprofessionals as well as social workers in each of the other categories seem to have certain identifiable characteristics which occur at a statistically significant frequency.
CHAPTER VI

SUMMARY

Summary of the Study

The research study sought to determine if there exists observable and measurable support for the interprofessional model of social work practice. It has been observed that social workers are being increasingly asked to identify not only with their own profession but with a macro-profession encompassing all other professionals seeking resolution of a social problem. The interprofessional model was selected for study as, perhaps, the best known, currently advocated model requiring a dual identification.

The specific objectives of the research were: (1) to determine if there exists support for the interprofessional model in the form of an association between a dual professional identification and high job satisfaction and job performance, (2) to compare job satisfaction and job performance scores of individuals who are identified primarily with social work, primarily with the macro profession, or with neither, in order to determine if one of the other three stances may be preferable to the interprofessional model and, (3) to determine what personal characteristics of social workers are associated with adoption of the interprofessional model.

The measurement of the dependent variables, job satisfaction and job performance was accomplished through the use of existing instruments.
previously adopted for social work. The professional identification of social workers was measured using an instrument constructed for this research as a compilation and adaptation of existing instruments. It was tested for reliability and validity.

All fifteen mental health agencies in the Central Ohio area participated in the research. 128 of the 132 mental health social workers (97 per cent) employed in the agencies completed professional identification and job satisfaction scales. Their respective supervisors evaluated their job performance.

The data was statistically examined with particular reference to the eight hypotheses which had been formulated following an extensive review of literature:

Central Hypotheses

A. For mental health social workers, type of practice model is associated with amount of job satisfaction.

B. For mental health social workers, number of professional identifications is positively associated with amount of job satisfaction.

Subhypotheses

Social workers with a dual professional identification experience more job satisfaction than those with a single professional identification.

Social workers with a single professional identification experience more job satisfaction than those with no professional identification.

C. For mental health social workers, type of practice model is associated with supervisor's evaluation of job performance.
D. For mental health social workers, number of professional identifications is positively associated with supervisor's evaluation of job performance.

**Subhypotheses**

Social workers with a dual professional identification receive higher supervisor's evaluations of job performance than those with a single professional identification.

Social workers with a single professional identification receive higher supervisor's evaluations of job performance than those with no professional identification.

**Supplementary Hypotheses**

The literature identified a few explanatory variables believed to relate to the dependent and independent variables in a predictable direction.

E. For mental health social workers, older employees are rated higher in job performance by their supervisors than are younger employees.

F. For mental health social workers, those who have been employed longer in an agency are rated higher in supervisor's evaluations of job performance than are newer employees.

G. For mental health social workers, those reflecting the interprofessional model are older than those reflecting the other models.

H. For mental health social workers, those reflecting the interprofessional model are more likely to be married than those reflecting the other models.

The hypothesis that type of practice model is associated with amount of job satisfaction did not receive statistical support. Examination
of frequency distributions suggested that interprofessionals are only slightly more satisfied with their jobs than are other social workers.

The hypothesis that the broader concept, number of professional identifications, is positively associated with amount of job satisfaction received considerably more support. There was, however, an indication that the explanatory variables may have been partially responsible for the statistically significant correlation between the dependent and independent variables.

The third central hypothesis, that type of practice model is associated with job performance, received inconclusive support using statistical analysis. Using the more objective SWIMHI scale to assign cases to categories, the degree of association was not statistically significant. When the supervisor's categorization of professional identification was used as the independent variable, the association was statistically significant. The contradictory findings cannot be considered adequate support for the hypothesis.

The hypothesis that number of professional identifications is positively associated with job performance was not supported. Despite a tendency in the hypothesized direction, statistical analysis was inconclusive.

Hypotheses five and six, related to characteristics of individuals rated high in job performance was not statistically supported. The hypothesis that older employees are rated higher in job performance was reflected as a trend in the frequency distribution while the hypothesis that those who have been employed longer are rated higher was not supported by analysis of data.
Two characteristics, age and marital status, were hypothesized to be associated with social workers employing the interprofessional model. There was an association found between age and practice model in the predicted direction (interprofessionals were older) significant at the .10 level of confidence. There was, however, only a slightly greater tendency among interprofessionals to be married than social workers in the other categories; the association was not statistically significant.

As a result of examination of data accumulated as part of the identifying information, other characteristics of interprofessionals were identified. The interprofessionals in the study population were more likely than the other social workers to be employed in locally funded agencies, to possess a master's degree, to anticipate the opportunity for non-direct service work as part of their professional practice, and to be members of the National Association of Social Workers.

**Implications of the Findings**

The findings of the research study do not suggest a clearcut vote of confidence for the interprofessional model or a strong and conclusive argument for multiple professional identifications among social workers. Despite the increase of literature in support of a practice model encompassing identification with both social work and a macro profession, the findings suggest that social workers who adopt the interprofessional model in mental health employment may not be any more "valued", i.e., highly regarded for their job performance than those who have a single identification with social work and not significantly more than those possessing a single identification with the mental health profession. There is somewhat more indication that interprofessionals are more satisfied with
their jobs, but this may only be reflective of existing observations that job involvement is related to job satisfaction.

The fact that all the central hypotheses received some slight support in the form of trends observable in distribution frequencies seems to suggest that the interprofessional model may have merit. The research indicates, however, that if it is a viable model for present and future social work practice, it has not been sufficiently recognized as such by those persons who are in the best position to either support or sabotage its usage, the social work supervisors. Until supervisors begin to place value on an interprofessional model, see it as an indication of high job performance and reward its application, social workers, concerned with approval and advancement, will not employ it. They cannot be expected to assume a dual professional identification merely because practice theoreticians suggest that it has value.

It could also be argued, of course, that the lack of an endorsement by supervisors, individuals wise and experienced in problem solution involving different disciplines, may indicate that at least some knowledgeable persons do not believe the model has merits. It must be remembered that in mental health as well as other multi-discipline approaches to problem solving, the social worker represents only one discipline and one frequently low on the status hierarchy, at least relative to medical and some other professions. While social workers might be more satisfied with an identity that transcends traditional delineations of their profession role (as indicated by the findings), the stance advocated by social work literature may not be commensurate with the expectations of co-workers in other disciplines and of the social work supervisors and
administrators who frequently have as their responsibility the meeting of these expectations.

Interprofessionals were observed to be those social workers who frequently were also employed by local agencies, possessors of a master's degree, anticipating the opportunity for non-direct service work and members of the National Association of Social Workers. The combination suggests an individual with considerable aspiration and optimism relating to professional advancement, although perhaps, not in the area of direct treatment. The interprofessional is clearly neither the local or the cosmopolitan which Gouldner described, but rather a new type of professional with strong identification with both social work and the macro profession.

Conclusions About the Methodology

The research study attempted to examine an area of social work practice where the interprofessional model is believed to exist. The responses of the subjects seemed to indicate that, as predicted, a large percentage of mental health social workers possess a strong identification with the mental health profession.

Generally, the research methodology proved to be an effective method of hypothesis testing. The only significant weakness which anyone attempting replication of the study should consider was the sample size; 128 was not large enough to permit use of multiple contingency tables for analysis of nominal level data.

The selection of mental health agencies in Central Ohio as the sample population must be cited as a limitation. It is essential that one

\[75\text{Op. cit.}\]
exercise caution in overgeneralizing the findings to social workers in other mental health agencies where unique characteristics such as ethnic composition, disease prevalence, or economic factors may play a major role in determining the function of social workers and other mental health professionals. It must also be remembered that, while mental health professionals share in common many of the characteristics of social workers in areas such as social planning or corrections (particularly in relation to the opportunity for identification with a macro profession), there are also unique obstacles to working in these other areas which tend to restrict the use of generalizations which can be made from the research study. While, e.g., mental health social workers must be concerned with survival in a treatment system which for years has been dominated by the medical model, social workers in other areas must be more concerned with maintaining coexistence with city planners, political bureaucrats or penologists tend to influence the definition of the interprofessional.

The measurement instrument compiled to measure professional identification (SWIMHL) proved to be most useful in data collection. It would be easily adaptable for use in a study of the social work practice models as they are employed in other settings.

The job satisfaction and job performance scales provided good, useful data on two important dimensions the present research or in any future assessment of the interprofessional model. Future research in the area might also include an instrument which would gather more directly key data in the area of motivation.
Conclusions and Suggestions  
for Future Research

The study, as a preliminary inquiry into an area where there is a shortage of hard conclusive data, was successful in accomplishing its objective. The lack of consistent evidence in support of the interprofessional model is an important finding; it suggests that the literature advocacy of the model may, at this point in time, be inappropriate, at least in the area of mental health services.

The research has been successful in identifying several characteristics associated with interprofessionals. Social workers employing the interprofessional practice model may now be more readily identified. Future study might focus on these individuals using either a case study approach or methodology similar to that described above. The job performance variable might be examined either from the perspective of supervisors or, perhaps more accurately, from the perspective of the client group.

Additional research into the entire area of multiple professional identifications and their implications is needed. The observable trends uncovered in this study, the limited conclusions which can be drawn because of a lack of prior research, and a limited study population all suggest that it would be premature to discredit or discard the interprofessional concept or the concept of dual professional identifications as valuable to professional practice.

It is important to the development of a knowledge base for practice that theory be supported by research observation and statistical
evidence. While the theories examined cannot and should not be discarded, this research has indicated that caution in their adoption should be employed, pending additional study.
APPENDIX A

JOB SATISFACTION SCALE
JOB ATTITUDES

How is your job at the present time? Do you think it is very good, good, fair, poor, or very poor?

Directions:

1. READ each of the following items that describes something about your job.

2. DECIDE whether it is very good, good, fair, poor, or very poor.

3. DRAW A CIRCLE AROUND the symbol that best describes your job. Do this for each item.

VG = very good
G = good
F = fair
P = poor
VP = very poor

1. Administration's interest in welfare of ............ VG G F P VP
social workers

2. This agency as a place to work ....................... VG G F P VP

3. Appreciation shown here for my work ............... VG G F P VP

4. Fair treatment of social workers by ................. VG G F P VP
administrators

5. This agency's reputation in the community ....... VG G F P VP

6. Feeling that my work is regarded as important ... VG G F P VP

7. Administrators' planning for the future ........... VG G F P VP

8. Communications from agency to social workers .... VG G F P VP

9. Credit given me by my supervisor for doing a .... VG G F P VP
good job

10. Administrators' understanding of workers' ...... VG G F P VP
problems

11. My pride in working for this agency .............. VG G F P VP

12. Credit given by agency for good work ............. VG G F P VP
APPENDIX B

JOB PERFORMANCE SCALE
RATINGS OF SOCIAL WORKER PERFORMANCE

Name of social worker being rated ______________________________________

How long have you supervised him/her? ________________________________

Name of supervisor __________________________________________________

Directions: Please consider the social worker named above. Rank and rate the performance of the worker, using the eight items below.

1. Which of the eight characteristics of performance does the worker do best? Which does he do poorest? Rank the different characteristics in order from 1 to 8 in the brackets at the left of the items. A rank of (1) means that the worker does better in this than in the other seven performances. A rank of (2) means that he does next best in this performance. A rank of (8) means that the worker does more poorly in this than in the other 7 performances.

2. Decide how this worker stands in relation to the agency average on each performance. Mark an X on the rating scale after each item to show how this worker compares with the agency average.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Characteristics of Workers</th>
<th>How does this worker compare with the agency average?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LOW</td>
</tr>
<tr>
<td>(    )</td>
<td>Quality of work ---------------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Volume of work produced --------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Order and system ---------------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Enthusiastic effort -----------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Persistence against obstacles -------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Loyalty to the agency -----------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Relationship with clients --------</td>
<td>/</td>
</tr>
<tr>
<td>(    )</td>
<td>Relationship with colleagues -------</td>
<td>/</td>
</tr>
</tbody>
</table>
Which of the following would, in your opinion, describe the professional identification of this social worker? Please check one:

1. High in identification with both the social work and mental health professions.

2. High in identification with the social work profession but low in identification with the mental health profession.

3. High in identification with the mental health profession but low in identification with the social work profession.

4. Low in professional identification with both the social work and the mental health professions.
APPENDIX C

SOCIAL WORK IDENTIFICATION AND MENTAL HEALTH IDENTIFICATION SCALE
PROFESSIONAL IDENTIFICATION

Directions:

1. Each of the items below suggests activities which you, as a social worker, may perform. Part I deals with your activities on the job while Part II refers to activities which you may take part in after work hours.

2. For each of the items, determine whether you perform the activity very often, often, sometimes, rarely, or never.

3. Draw a circle around the symbol that best describes the frequency with which you perform this activity. Please do this for each item:

   VO = very often
   O = often
   S = sometimes
   R = rarely
   N = never

How often do you take part in these activities on the job?

1. Let clients and their relatives know that I am a social worker
   VO O S R N

2. Seek approval for my work from mental health professionals other than social workers
   VO O S R N

3. Seek to practice casework and group work skills whenever I have the opportunity
   VO O S R N

4. Defend professional staff persons other than social workers when they are criticized
   VO O S R N

5. Seek supervision by another social worker
   VO O S R N

6. Attempt to get other staff members to become more active in mental health societies and organizations
   VO O S R N

7. Let clients and their relatives know that I am a member of the mental health profession
   VO O S R N

8. Seek approval for my work from other social workers
   VO O S R N
9. Seek to use whatever mental health treatment ... techniques may be appropriate

10. Defend other social workers when they are ...... criticized

11. Seek supervision by mental health profes- ..... sionals other than social workers

12. Attempt to get other social workers to become ... more active in social work professional organizations

How often do you take part in these activities off the job?

1. Let friends and neighbors know that I am a ...... social worker

2. Seek friendships with other members of the ...... mental health professional community

3. Volunteer my services for social work causes .... not directly related to mental health

4. Express admiration for the work of psychi- ...... atrists and other members of the mental health professions

5. Read publications to help me to keep informed ... on issues and developments in social work in areas other than mental health

6. Take part in activities of mental health ........ mental health organizations

7. Let friends and neighbors know that I am ........ working in the area of mental health

8. Seek friendships with other social workers ...... who are not employed in mental health agencies

9. Volunteer my services for mental health ........ activities

10. Express admiration for social workers who ...... are not in the mental health field
11. Read publications to help me to keep informed on issues and developments in the mental health field.

12. Take part in activities of social work professional organizations (other than the Council on Psychiatric Social Work).
APPENDIX D

COMPARISON OF RESPONSES TO COMPARABLE MENTAL HEALTH
AND SOCIAL WORK IDENTIFICATION ITEMS (SWIMHI)
<table>
<thead>
<tr>
<th>Item Subscale</th>
<th>Mean</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Social Work</td>
<td>4.3828</td>
<td>+.8515</td>
</tr>
<tr>
<td>7 Mental Health</td>
<td>3.5313</td>
<td></td>
</tr>
<tr>
<td>8 Social Work</td>
<td>3.0391</td>
<td>-.0156</td>
</tr>
<tr>
<td>2 Mental Health</td>
<td>3.0547</td>
<td></td>
</tr>
<tr>
<td>3 Social Work</td>
<td>4.2500</td>
<td>-.2969</td>
</tr>
<tr>
<td>9 Mental Health</td>
<td>4.5469</td>
<td></td>
</tr>
<tr>
<td>10 Social Work</td>
<td>3.6172</td>
<td>-.0469</td>
</tr>
<tr>
<td>4 Mental Health</td>
<td>3.6641</td>
<td></td>
</tr>
<tr>
<td>5 Social Work</td>
<td>3.2344</td>
<td>+.1094</td>
</tr>
<tr>
<td>11 Mental Health</td>
<td>3.1250</td>
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APPENDIX E

IDENTIFYING INFORMATION FORM AND
CODING INSTRUCTIONS
IDENTIFYING INFORMATION

NAME: ___________________________ AGENCY __________________________

AGE: ________ SEX: ____________ MARITAL STATUS: ________

COLLEGE DEGREES HELD:

 Bachelor's ________ Year Received _______ Major ________
 College or University ______________________________________

 Master's ________ Year Received _______ Major ________
 College or University ______________________________________

 Other ________ Year Received _______ Major ________
 College or University ______________________________________

PRESENT JOB TITLE ____________________________________________

Do you supervise other social workers at this job? ________________

Length of employment at this agency ____________________________

Length of employment in other mental health agencies (e.g., psychiatric hospitals, mental health centers, child or adult psychiatry clinics, etc.) ____________________________

Are you interested in working in areas of mental health other than direct service? (e.g., mental health planning, resource development, administration, budgeting, research, evaluation) ____________________________

Do you presently have the opportunity to work in the above non-direct service activities? ____________________________

Do you anticipate that you will have the opportunity to work in these activities at this agency? ____________________________

Are you a member of the National Association of Social Workers? ______

When did you first join NASW? ____________________________
Name ... Use case number

Agency (Determined by largest source of funding) ... 1. Local
2. State
3. Federal
7. DNA

Age ... 1. 20-29
2. 30-39
3. 40-49
4. 50-59
5. 60 and above
7. DNA

Sex ... 1. Male
2. Female
7. DNA

Marital Status ... 1. Single
2. Married
3. Divorced, separated, widowed
7. DNA

Highest Degree ... 1. Bachelor's or less
2. Master's
3. Doctorate
7. DNA

Year of Highest Degree ... 1. Less than one (1971)
2. 1-2.9 (69, 70)
3. 3-5.9 (66, 67, 68)
4. 6-10 (62, 63, 64, 65)
5. Over 10 (61 and earlier)
7. DNA

Major of Highest Degree ... 1. Social work
2. Other
7. DNA

School of Highest Degree ... 1. The Ohio State University
2. Other
7. DNA

Present Job Title ... 1. Line social worker
2. Supervisor
3. Administrator, planner, etc.
7. DNA
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| Length of Employment at Present Agency            | 1. Less than 1 year  
2. 1-2.9  
3. 3-5.9  
4. 6-10  
5. Over 10  
7. DNA |
| Length of Employment in Other Mental Health Agencies | 1. Less than 1 year  
2. 1-2.9  
3. 3-5.9  
4. 6-10  
5. Over 10  
7. DNA |
| Interest in non-direct service                     | 0. No  
1. Yes  
7. DNA |
| Opportunity for non-direct service                 | 0. No  
1. Yes  
7. DNA |
| Anticipated opportunity for non-direct service      | 0. No  
1. Yes  
7. DNA |
| Membership in NASW                                 | 0. No  
1. Yes  
7. DNA |
| First Became a Member of NASW                      | 1. 69-72  
2. 62-68  
3. Charter - 61  
7. DNA  
8. NA |
APPENDIX F

INTRODUCTORY LETTER FROM THE DIRECTOR OF THE OHIO
STATE UNIVERSITY SCHOOL OF SOCIAL WORK
THE OHIO STATE UNIVERSITY
School of Social Work
1949 North College Road
Columbus, Ohio 43210

November 11, 1971

Dear

Mr. Robert Weinbach, a doctoral candidate in the Ohio State University School of Social Work will soon be contacting you to ask your assistance in his dissertation research. It will be necessary for him to administer questionnaires to social workers and social work supervisors employed in mental health agencies in the Central Ohio area. The questionnaires will be measuring the professional identification of social workers and will attempt to relate this, through other attitude scales to job satisfaction and job performance. They should require very little time to complete. It will not be necessary to have any contact with clients.

I am requesting that you assist Mr. Weinbach in his research either directly or by assigning a member of your staff (perhaps, the chief social worker) to work with him to gather the necessary information.

The research promises to make a worthwhile contribution to knowledge both in the field of social work and in other professions involved in the area of mental health work. Your cooperation will be most appreciated.

Sincerely,

Richard R. Medhurst
Director

RRM:arp
Books


Franklin County Mental Health Association. Directory of Mental Health Resources in Columbus and Ohio. Columbus: Franklin County Mental Health Association, 1969.


Monographs


Articles and Periodicals


Horwitz, J. J. "Interprofessional Teamwork." Le Travailleur Social, XXXVIII (February, 1970), 5-10.


Unpublished Material


Kerr, Steven. Untitled and unpublished manuscript, on the need for a four-way classification of professional identification. The Ohio State University, 1971.


