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THE CHANGING NATURE OF CLINICAL SOCIAL WORK:  
MANAGED CARE AND JOB SATISFACTION

Dissertation

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

By

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* * * * *

The Ohio State University  
1995

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This dissertation is dedicated to the
memory of Linda Simko, M.D.
Although she could not finish her journey with me,
I’m glad our paths came together when they did.
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It took all of these people to help me get my camel ready. Now I am ready to ride.
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CHAPTER I

The Problem and Its Significance

History of Mental Health Care

Community mental health centers have been the main access to psychological services for lower and middle socioeconomic classes since the Federal government entered the mental health field in 1963 (Kieffer, 1985). Prior to that time, most persons diagnosed with a severe mental illness were placed in public mental institutions. With the introduction of funding for community mental health on the Federal level, outpatient services expanded and "psychodynamically-oriented therapy became available for the first time to hundreds of thousands" (Kieffer, 1985, p.25). A variety of mental health professionals trained in conducting treatment, most often with a psychodynamic orientation, were employed by the newly formed community mental health centers.

In social work practice, the basis for treatment has been thought to rest on the establishment of a trusting relationship between client and practitioner. Many authors have written about the need for a meaningful relationship between the client and the social worker to create trust and to empower the client to find meaning in their lives (Greenlee & Lantz, 1993; Lantz, 1992; Lantz & Harper, 1992; Rubenstein & Lawler, 1990; Weinberg, 1984). The client-social worker relationship can be viewed as a tool to assist clients’ in empowering themselves (Belcher & Hegar, 1991; Kopp, 1989; Rappaport, 1987).

Within the past decade increasing pressures have come to bear on the individual practitioner to treat mental health issues in a more cost effective
manner. Thus, new directives in treatment promote a focus on problems instead of allowing the client and practitioner to decide together the focus, within the context of building a meaningful relationship. These new treatment directives center around problem-focused or solution-oriented therapies. The medical model of treatment is evident in this change. Within this model the practitioner acts as an expert who diagnoses a problem and then prescribes a treatment. This is contrary to the development of a meaningful relationship in which the client and clinician work together to create an empowering atmosphere (Rubenstein & Lawler, 1990). Traditionally, it has been through this empowerment process that the client has been thought to find meaning in his or her life (Weinberg, 1984; Rubenstein & Lawler, 1990).

The once small mental health system has grown into a very large bureaucracy. In the 1950's there were approximately 1.7 million mental health care episodes per year. Most of these episodes occurred in hospitals. Concurrently, in 1955 the budget for the National Institute for Mental Health (NIMH) was approximately $18 million. By 1965, that budget had grown to more than $300 million (Kenig, 1992). With the 1965 budget the NIMH began funding centers to provide direct services to the mentally ill population. By the mid-1970's community mental health centers (CMHC's) had grown from 2800 to more than 5000 centers (Kenig, 1992). Some of the factors leading to this growth in community mental health included: mandates for psychiatric evaluation of recruits in World War II; the advent of psychotropic medications; and the deinstitutionalization of the patients in state mental hospitals (Kieffer, 1985; Kenig, 1992).

By the 1970's "CMHCs became an institutionalized element of care" (Kenig, 1992, p. 77). Under the Reagan Administration, categorical funding for
mental health centers ceased and was replaced by block grants. This drastic
decrease in federal funding was presumed to be compensated at the state level
(Kenig, 1992). At this time CMHC's began turning to third party reimbursements
to cover their costs. Additionally, as states were forced to further compensate
mental health care, there was a parallel move to decrease state hospital beds.
This decrease in inpatient care placed a further strain on community mental
health centers to expand outpatient services (Kiesler, 1980).

Due to these factors, most agencies have been forced to seek more cost
effective methods to deal with expansion of services. Some of the cost saving
measures community mental health agencies have undertaken may be seen as
helpful to both the community and the client. Some strategies have led to a
more integrated community system of care (see Rothbard et al., 1989; Glover et
al., 1989). For example, case management has been widely implemented in
order to link the client to a "complex service delivery system and [to ensure
reception of] appropriate services in a timely manner" (Johnson & Rubin, 1983,
p. 49).

However, some of the policies in which the relationship between the
client and the social worker is regulated has a less positive impact on the social
worker and on the growth of the relationship between worker and client. When
mental health agencies began increasing their reliance on the insurance
industry to reimburse care, more regulations regarding the course of treatment
began to emerge. This shift in fiscal and organizational strategies can be shown
to contribute to alienation (Habermas, 1971; Longres, 1986; Marcuse, 1964),
disempowerment (Carniol, 1992; Holmes & Saleebey, 1993), and the more
common symptom configuration termed burnout (Finn, 1990; Karger, 1981;
Minahan, 1980). Alienation is the concept that work loses its meaning for the
worker, thus the worker is no longer fulfilled by her or his work (Longres, 1986). Disempowerment is understood as the worker losing the sense of agency or control she or he once had in performing her or his job responsibilities (Holmes & Saleebey, 1993; Rappaport, 1987). Finally, burnout is used to connote the symptomatology the worker displays when working in alienating and disempowering conditions (Karger, 1981; Minahan, 1980; Pines & Maslach, 1978).

Managed Care

As noted above, the provision of community mental health services has changed substantially in the last ten years. Included among these changes has been the institution of rational policies around fiscal management (Marmor & Gill, 1989; Yank, Hargrove & Davis, 1992). Specifically, these fiscal policies are now used to oversee the treatment relationship in the form of managed care. Managed mental health care is defined in terms of a variety of strategies, systems, and mechanisms whose goal is the monitoring and control of the utilization of mental health and substance abuse services (Winegar, 1992). More simply stated, rational policies defining the mode of treatment (i.e. cognitive therapy or group treatment) and quantity of treatment interventions are spelled out in advance, or at various points along the client's course of care. Satisfactory levels of care are presumed to be maintained through this rational regulatory process (Winegar, 1992).

Sabin (1992) reports that the methods and the conditions of treatment in a managed care setting may interfere with the development of the practitioner/client relationship. Specifically, the client may prefer ongoing, individual treatment while the managed care agency promotes group treatment
or pharmacotherapy. Additionally, the client may feel the need for weekly sessions while the social worker is constrained by the regulatory prescription of less than twelve sessions per year. The difficulty of developing a therapeutic alliance with this time restriction is apparent. The intensity of the relationship which is required for some therapeutic modalities (e.g. psychodynamic treatment or ego psychology) is constrained while the course of treatment may be lengthened due to the infrequency of sessions.

The literature has discussed the impact of managed care and HMO's (Health Maintenance Organizations) on the organization providing services or on the client (Barnes, 1991; Dickey & Azeni, 1992; Fritz, 1989). However, almost no work has been done on the effect of managed care on the social worker. Utilizing critical theory, this introduction will evaluate the impact of these directives for care on the service provider, provide an ideological framework for system analysis, and suggest the need for research.

Critical Theory and the Rationalization of Social Services

Critical theory articulates the difficulties in bureaucratic transitions to a more technological society (Habermas, 1971; Marcuse, 1964). Critical theorist Jurgen Habermas describes three different human interests: the technical interest; the practical interest; and the emancipatory interest (Grundy, 1987). The technical interest is "essentially an interest in the control and manipulation of the environment" (Grundy, 1987, p. 29). This interest is operationalized in terms of instrumental action that is informed by empirical knowledge and based upon technical rules. The technical interest implies a relationship of control. The control in the relationship ultimately resides with the individual (or group) who formulates the goals and objectives (Grundy, 1987). Consequently, due to the
difference of influence in a technical relationship, one person becomes one
who acts while the other merely responds. The respondent does not have the
power or control to enable him or her to behave as the primary actor. The
practical interest is concerned with consensual norms which “define reciprocal
expectation about behavior and which must be understood and recognized by
at least two acting subjects” (Habermas, 1970). Through interaction, individuals
and communities define the shared norms, values, and meanings that unify
their social existence (Kondrat, 1992). The emancipatory interest is concerned
with the domains of power, autonomy, and responsibility. This interest is
furthered through self- and group-reflection with the goal of critiquing and
altering relationships of power especially those relations that inhibit individual
freedom (Grundy, 1987). The goal of this critique involves becoming aware of
assumptions that “constrain the way we see ourselves and our relationships”
which will permit a “more inclusive and discriminating integration of experience
and [action] upon these new understandings” (Mezirow, 1981, p. 6).

With the advent of modern society, rationalization of services, or reliance
upon technical rules and defined procedures, has increasingly supplanted
reliance on consensually determined norms and values in guiding human
means, first of all, the extension of the areas of society subject to the criteria of
rational decision. Second, social labor is industrialized, with the result that
criteria of instrumental action also penetrate into other areas of life...”
(Habermas, 1992, p. 117). Weber understood this rationalization of services as
“the conquest of life by science” (Gerth & Mills, 1946, p. 72). More simply stated,
technical rationality supplants the human characteristics of work with scientific
designs (Hackman, 1987). In managed care settings, technical prescriptions
standardize the process of developing a helping relationship. Managed care
thus becomes an example of the conquest by science in that interpersonally
shared norms, values, and meanings have lost their importance in determining
the nature of the helping relationship. In the context of technical rationality, self-
determination by means of clinical reasoning is no longer valued.

Alienation and the Social Work Setting

Alienated labor was conceptualized by Marx (1962) as work which is not
a part of the worker; it feels extraneous and not a part of his or her nature.
Consequently, the worker is not fulfilled by his or her work and he/she becomes
discouraged rather than content, cannot freely develop his/her creative powers
and thus becomes physically and mentally exhausted. Karger (1981) furthers
this explanation stating that the reification of the client-worker relationship turns
that relationship into an inanimate commodity. In this context the worker's skills
in human interaction become simply a means of production. Karger asserts that
this reification of the skill apart from the worker is alienating for the worker and
ultimately results in reported symptoms of burnout. Studies of alienation tend to
support Karger's contention (Dean, 1960,1961; Lerner, 1980; Levine, 1982;
Rothman & Lichter, 1982; Seeman, 1959). Some of the symptoms of burnout
have included low morale, negative feelings about clients, high job turnover,
job dissatisfaction, and a distancing or depersonalization of clients (Arches,
1985, 1991; Carrilio & Eisenberg, 1984; Daley, 1979; Kestnbaum, 1984;
McGee, 1989; Maslach, 1978; Minahan, 1980; Savicki & Cooley, 1987). These
symptoms impact the worker/client relationship in a negative fashion. The
worker/client relationship becomes more remote, and the worker becomes
more alienated from the work, the client or setting, and him or herself
(Basch, 1980; Thoits, 1983).

Four Alienating Circumstances

Longres (1986), identifies four kinds of alienating circumstances. "First,
there is alienation from production in that workers are separated from control
over their work and work is no longer the expression of conscious, creative
powers. Work ... is no longer an expression of self" (p. 19 - 20). When social
workers are separated from control over their work, they lose some of the
creativity necessary to adequately form both a growth promoting, empowering
relationship and to contribute effectively to the problem solving process. This
problem solving process should include an empathetic approach in which the
client and the worker share assessments, create innovative choices, and
compose an environment which promotes mutual sharing and feedback
(Carniol, 1992). "Second, there is alienation from the product in that workers
give up ownership over the things they produce" (Longres,1986, p.20). The
concept of alienation from the product is embodied by a process that is referred
to as commodification. Commodification is the process by which a workers'
product, in this sense the alliance between the client and social worker,
becomes not simply a relationship, but a commodity used for financial gain
(Apple, 1982). Alienation from others includes estrangement from colleagues
and clients due to competition for scarce resources and operation under the
principles of technical rationality. Under the managed care system, workers' are
encouraged to compete with one another for existing resources. At the same
time, the helping relationship is reduced to the prescription of solutions creating
distance between worker and client. These secondary effects run counter to the
nature of social work where cooperation, sharing of power, and relationship building are viewed as primary values (Belcher & Hegar, 1991; Kopp, 1989; Rappaport, 1987; Rubenstein & Lawler, 1990; Simon, 1990). Because the nature of the social work profession is to form social relationships and to work within those relationships (Greenlee & Lantz, 1993; Lantz & Harper, 1992; Weinberg, 1984), it can be argued that the alienation from others is perhaps one of the most serious consequences of the managed care protocol. The final aspect of alienation is the alienation from self. Alienation from self is evident in the way social workers come to think of themselves. Specifically, social workers become persons who market their skills instead of “human beings with special creative processes” (Longres, 1986, p. 20). It is possible to show that these four alienating circumstances apply today to social workers operating in a managed care system.

**Deskilling and Alienation from Production**

Most managed care plans have some type of utilization review process which prescribes, and sometimes demands, the type of service that can be provided, and also the length of time that service can be provided. Traditionally, mental health services have as their foundation the formation of a trusting relationship within which to identify and assess problematic areas. The length of this process is dependent upon the worker’s theoretical and clinical orientation and the client’s level of disclosure (Robinson, 1989). “The therapeutic process, from the standpoint of relationship building, has always been a very important focus of treatment” (Robinson, 1989, p. 195). Within the context of managed care, and its time and treatment restrictions, constraints are placed on the relationship building process. The professional power the social
worker formally possessed, that could be shared with the client to create a mutual dialogue, is reduced (Carniol, 1992; Moreau, 1979).

In the field of education the concept of alienation is written about extensively as deskilling (Apple, 1982; de Castell, 1987; Sachs & Logan, 1990; Shannon, 1987). Teachers are said to be deskilled when curriculums are developed that are “teacher-proof.” That is to say that any person could fill the role of teacher by following the prescribed format. Deskilling, according to Apple (1982), is intimately connected to technical control. Deskilling is a part of the rationalized process in which the work is divided and subdivided in order to increase productivity, to reduce "inefficiency", and to decrease the cost of labor. The process of deskilling involves taking complex jobs and breaking those jobs downs into specified tasks—so, in social work, problem solving techniques—so that less skilled and less costly personnel may be utilized. For example, managed care frequently advocates brief therapy (Dickey & Azeni, 1992; Robinson, 1989). This mode of treatment reduces the relationship process to specific, definable tasks to be completed by the social worker and the client (de Shazer, 1985). In the process of going from a long term treatment modality to a problem-focused or solution-oriented framework, the practitioner applies predetermined responses or interventions to a given problem or stressor. In a manner of speaking, the clinical process becomes “clinician-proof.”

Commodification and Alienation from the Product

Alienation from the product is manifested when the social worker engages in “product-making” for profit (Longres, 1986). Work can be seen as creative if the practitioner: 1. makes work an expression of his or her will and consciousness; 2. is able to express himself or herself in a comprehensive way;
3. is able to express his or her social nature through work; and 4. is not working merely to maintain subsistence (Israel, 1971). The managed care setting creates an environment which violates at least the first three of these assumptions, and one could argue that because of this, the fourth assumption is necessarily violated.

If one defines "will and consciousness" as the ability to have control over one's actions and the freedom to express oneself through work in the manner most appropriate, it is easy to see how the dictums of managed care inhibit the self-determination of the therapist. "To stem the tide of increasing costs, corporate purchasers have turned to 'fourth-party' utilization management firms, which have promised to manage care by reducing hospital use and, implicitly, reducing spending for psychiatric and substance abuse care" (Dickey & Azeni, 1992, p. 197). These management firms often determine the length and course of treatment, frequently using preset rules regarding treatment by diagnosis.

In the therapeutic setting, expressing one's capabilities in a comprehensive way would include having the freedom to empower the client to act as a mutual participant in deciding the nature and length of treatment. The worker would have the freedom to creatively work with the client in the way the client and social work together deemed most appropriate. For social workers this means basing work on unique features of the whole client (not just the client's diagnosis), and setting goals and objectives in a mutually interactive alliance within the social worker/client relationship. With directives on how to provide treatment, relationship building and social work treatment in general is no longer an expression of who the social worker is, but something which has been preestablished (Israel, 1971). When social workers are no longer able to engage in the treatment process creatively, they become disconnected from this
activity. The excitement once found in engaging in problem solving activities with the client changes into a form of technology in which preformulated answers are applied to individual cases.

Contributing to alienation from the product is a process termed "commodification". Commodification involves translating ideas, relationships, and human creativity into objects to be bought and sold (Apple, 1982). Apple describes how this process is supported by sanctions, programs, and institutions whose sole purpose is to maximize commodity production. The final stage in commodification is the accumulation of data or information which lends legitimacy to the bureaucratic regulations. Apple (1982) suggests that within rational production systems, firms or agencies purchase labor. Otherwise stated, the agency buys one's capacity to do work and then attempts to expand the use of that labor in order to make it more productive. The organization attempts to maximize production largely through designating the form and content of that production. The worker, as well as the client, in this situation is left out of the conception and the planning of the work process. The direction of one's work, the procedures for evaluating performance, and the sanctions and rewards are all governed by officially approved directives.

Although the concept of commodification has not been treated, as such, in social work literature, the impact of this process is evident within the managed care system. For example, insurance agencies set regulations for commodity production, in this sense, client treatment. These regulations include the number and kind of treatment sessions which can be offered according to diagnosis. Such regulations are legitimized by the growing literature that maintain brief treatment is the preferred treatment option for the majority of people (Betchen, 1992; Reid & Shyne, 1969; Sprang, 1992). This new
"knowledge" is often contradictory to clinical practice wisdom (Basch, 1980; Weinberg, 1984). When treatment is visualized as a commodity, the goal of managed care becomes the maximization of the production of clinical and social treatment. The importance of the treatment relationship is diminished, while the efficient production of a service maximized. It is in the nature of technically rationalized services to take this direction.

**Alienation from Others**

Alienation from others is perhaps the most serious of outcomes for social workers and other service providers. With managed care's focus on efficiency, service providers are forced to both specialize and compete with their colleagues for increasingly scarce resources. Social work by its very nature is a collaborative profession. This collaboration takes place not only between the worker and the client, but also among interdisciplinary professionals. When competition, rather than cooperation, is fostered among professionals, it occurs to the detriment of the client as well as the worker. This atmosphere isolates the worker from his or her colleagues reducing collegial support. Alienation from others can result in diminished energy levels and lessened objectivity in the worker (Schon, 1983; Weinberg, 1984). The ultimate impact of this isolation, however, is felt in the treatment relationship by hindering the growth of empowering professional interactions (Rubenstein & Lawler, 1990).

**Alienation from Self**

Alienation from the self is a fourth aspect of alienation (Longres, 1986). Pines and Maslach (1978) have conceived alienation from the self as "burnout." They describe burnout as a syndrome of exhaustion--both physical and
emotional—that involves the development of negative self-concept, negative job attitudes, and a loss of concern, respect and positive regard for the persons with whom they are working. When forced to conform to preset standards, the worker may feel limited in the expression of her or his creativity. When these standards are set not by one's profession but by a regulatory agency, the worker's unique expression of creativity is disallowed. Creativity is necessary to work in an environment which is often unpredictable (e.g. a partial hospital setting), complex, and not easily amenable to standard formulae. Finally, negative self-concept would be a natural result of the feelings of powerlessness to assist in developing appropriate treatment (Karger, 1981; Levine, 1982; Minahan, 1980).

Summary and Implications

Although some of the cost saving measures currently employed by insurance companies and community mental health centers have merit, much research is needed to assess the impact of these new fiscal directives on both the social worker clinician and on the treatment relationship. In the larger picture, the negative impact of managed care may be found not only with the professional empowered to assist in the client's growth process, but also with the professional's ability to develop a meaningful relationship with the client. The result of alienation, therefore, has both personal and professional consequences.

Numerous articles have discussed the impact of managed care and HMO's (Health Maintenance Organizations) on the organization or on the client (Barnes, 1991; Dickey & Azeni, 1992; Fritz, 1989). However, almost no work has been done on the effect of managed care on the social worker or other
mental health professionals. This research attempted to correct that deficit in the literature. It was hypothesized that managed care policies will impact the mental health professional specifically by decreasing job satisfaction and autonomy. The broader implications of that lessened job satisfaction will be the effect on the treatment relationship. It can be argued that workers who have less autonomy and less job satisfaction will be less effective in establishing and maintaining a relationship with the client. Consequently, in the larger picture the impact of managed care policies may be found not only with the practitioner, but also with the client population. As resources continue to decrease at a drastic rate (i.e. as evidenced by the elimination of categorical funding and the addition of stricter insurance regulations) policies such as managed care will continue to be a growing force in the mental health field. It is imperative that research be conducted at this point to empirically evaluate the impact of these policies for future implementation.
CHAPTER II
Theoretical/Empirical Background

Job Characteristics Theory

Job Characteristics theory (JCT) holds importance for employees in any work environment. JCT (Hackman, 1987) proposes five core job dimensions (skill variety, task identity, task significance, autonomy, and feedback) which foster three psychological states. These psychological states are postulated to lead to beneficial personal and organizational outcomes (Kulik, Oldham, & Hackman, 1987). The critical psychological states are: 1. "experienced meaningfulness of the work"; 2. "experienced responsibility for outcomes of the work"; 3. "knowledge of the actual results of the work activities" (Hackman & Oldham, 1980, p. 90). If all of these psychological states are experienced by the individual, then the outcomes would include: "high internal work motivation; high 'growth' satisfaction; high general job satisfaction; and high work effectiveness" (Hackman & Oldham, 1980, p. 90). For the purposes of this research, the outcome of the three critical psychological states was defined as job satisfaction. Figure 1 depicts the Job Characteristics Model.

As explicated in Chapter One, it has been hypothesized that decreased autonomy will lead to alienation and burnout. In addition, alienation from the product or commodification, is the process whereby the worker becomes disconnected from the process of the work. Within the Job Characteristics Theory, it will be hypothesized that these processes, loss of autonomy and commodification, will impact the critical psychological states. Finally, deskilling and alienation from production, will impact the core job dimensions, skill variety,
task identity, task significance, autonomy, and feedback. Decreased job satisfaction in social workers is hypothesized to result from deskillling and alienation from production.
Figure 1. The job characteristics model. (From Hackman, J. R., & Oldham, G. R. (1980). Work Redesign. Reading, MA: Addison-Wesley, p.90.)
Of the five core job dimensions, three—skill variety, task identity, and task significance—contribute to the meaningfulness of the work. Autonomy leads to experienced responsibility for outcomes. Feedback constitutes the knowledge of results. As shown in Figure 2, the five core dimensions can be combined into a single index, the motivating potential score, which reflects the "overall potential of the job to prompt self-generated work motivation" (Hackman, 1987, p. 499).

Motivating Skill Task Task Potential = Variety + Identity + Significance x Autonomy x Feedback Score 3

Figure 2. Motivating Potential Score. (From Hackman, 1987, p. 499.)

The five core dimensions, described in detail below, comprise the main variables in this study. Skill variety refers to the degree to which a job requires a number of different activities which draw on a variety of skills and talents (Hackman, 1987). A brief example will underscore the concept of skill variety. In the mental health setting, the practitioner relies on a number of different therapeutic interventions and modalities which are rooted in varying theoretical orientations (Giancotti & Vinci 1986; Roy-Byrne & Katon, 1987). In the treatment of depression, the clinician may utilize techniques from a variety of treatment modalities. However, in the managed care setting, the practitioner may be advised to use a predetermined treatment protocol. Consequently, the social worker clinician may be unable to incorporate the variety of skills or interventions that he or she is accustomed to employing in working with a client.
Consequently, the practitioner may feel that the work becomes more technical and his or her skill variety is decreased.

The second core dimension, task identity, is the extent to which an individual completes a task from beginning to end. If a time restriction is placed on the social worker practitioner (e.g. ten sessions), the person utilizing psychodynamic techniques would be unable to complete treatment for depression from beginning to end. This is due to the underlying theory in insight-oriented treatment. A social worker using this theory may believe that cause of depression relates to early childhood traumas. Consequently, the treatment activities using this approach would involve a long-term approach which uncovers and explores these traumas while achieving ego identity (Freed, 1987). However, a person using cognitive restructuring techniques may not feel as constrained by time limits. The practitioner using cognitive theory believes that "cognition, the process of acquiring knowledge and forming beliefs, is a primary determinant of mood and behavior" (Wright & Beck, 1983, p. 1119). Consequently, the treatment focus is on changing distorted thought patterns which "trigger and perpetuate distress" (Childress & Burns, 1981, p. 1017). Cognitive theory lends itself to a briefer course of treatment than does psychodynamic theory by virtue of the underlying theory. Thus, the practitioner who is using psychodynamic techniques would be hypothesized to have a lower task identity score.

Finally, task significance is the extent to which the job has a "substantial impact on the lives of other people, whether in the immediate organization or in the external environment" (Hackman, 1987, p. 499). In this dimension, the practitioner using predetermined techniques suggested by a brief treatment protocol may feel frustrated that the relationship process had only just begun
and that the impact had been minimal. Consequently, it is hypothesized that social workers who are engaging in a majority of brief treatment cases or who have a high degree of funding source influence will score lower on task significance that social workers who do not have time restrictions placed on their cases.

Job characteristics theory states that a job must be high on at least one of the core dimensions of skill variety, task identity, and task significance in order to promote the psychological state of meaningfulness. Due to the nature of managed care settings (e.g. restrictions on the quantity of sessions and the mode of treatment), it would be fruitful to determine if social worker clinicians in those settings felt that the job was high on any of these dimensions. Another important question would be the practitioner's theoretical background in order to ascertain the impact that allegiance to a particular theory would have on the core dimensions.

The fourth job characteristic, autonomy, is posited by Hackman (1987) to result in the psychological state of experienced responsibility for work outcomes. Autonomy is "the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out" (Hackman, 1987, p. 499). This characteristic has particular importance in the managed care setting. In this environment there is an increasing emphasis on brief treatment (e.g. reducing symptomatology in a short time frame) (Austad, et. al, 1992).

Finally, feedback from the job fosters knowledge of the results. Feedback is the degree to which performing the work results in the worker obtaining direct information about his or her efficacy. In the managed care setting, clients are
often referred out to other agencies or clinicians if they do not benefit from the brief treatment protocol. Consequently, it may be difficult for workers to obtain direct feedback from the treatment relationship with the exception of very problem-focused clients who can be treated in a relatively short time frame.

Mediating Variables in the Job Characteristics Theory

Several moderator variables have been identified in the Job Characteristics Theory (JCT). These variables include education (or knowledge and skills), job context, and growth need satisfaction. JCT predicts that persons with more education would be more satisfied with complex jobs (Johns, Xie, & Fang, 1992). Job context is the extent to which workers are satisfied with pay, promotion opportunities, and security. There has been inconsistent support for job context as a mediating variable (Oldham, Hackman, & Pearce, 1976; Katenberg, Horn, & Hulin, 1979) i.e. that context satisfaction leads to greater job satisfaction. Finally, growth need satisfaction has been defined as “obtaining feelings of accomplishment [or] personal growth” (Hackman & Lawler, 1971, p. 259). Hackman and Lawler (1971) postulated that when jobs are high on the core dimensions, persons who desire growth need satisfaction will display high work motivation and job satisfaction. For the purposes of this research, education was held constant—all subjects were masters-level social workers. In addition, due to the inconsistent support for job context as a mediating variable, those factors were not included in the final model. Finally, growth need strength is considered relevant to this research, and was assessed. A final variable, theoretical orientation, was added to the model. This was analyzed as a dichotomous variable i.e. theoretical orientation was defined as either insight-oriented or problem-focused. There is no literature base for the inclusion of this
variable. The present research proposal hypothesizes that workers with an insight-oriented theoretical framework will show more job dissatisfaction when operating under strict insurance guidelines than will social workers with a problem-focused orientation.

The Job Characteristics Theory is particularly relevant to a critical theory perspective with its emphasis on both the core job dimensions (skill variety, task identity, task significance, autonomy, and feedback) as well as the emphasis on the critical psychological states. Critical theory, as discussed in the preceding chapter, argues that disempowerment and alienation result from orienting toward the technical interest when a practical or emancipatory interest would be more appropriate. JCT will evaluate if workers perceive that their jobs are low on the core dimensions which in turn will impact the critical psychological states. Indeed, if the workers perceive themselves to be operating in the technical arena, the results are hypothesized to include: decreased meaningfulness of the work; lessened responsibility for work outcomes; and decreased knowledge of the results of the work.

**Competing theories**

Taber and Taylor (1990) report that the Social Sciences Citation Index cites 699 articles that referenced the Job Diagnostic Survey which is based solely on Job Characteristics Theory. This figure would seem to indicate that JCT is probably the most widely used model of job design. However, in order to gain a perspective on the relationship of Job Characteristics Theory to other approaches to job satisfaction and job design, this section intends to explore other models. Two theories of job satisfaction will be reviewed. These include the dual-factor theory of job satisfaction and the social information processing
theory. Finally, goal setting theory is a divergent conceptual model focusing on job performance. The implications of this theory with particular regard to brief therapy will be discussed.

Dual-Factor Theory of Job Satisfaction

One of the first theories of job satisfaction was developed by Herzberg, Mausner, and Snyderman (1969) and is referred to as the dual factor theory. The theory is based on the assumption that people have two sets of needs: to avoid pain and to grow psychologically (House & Wigdor, 1967). In order to test this concept, Herzberg interviewed 200 engineers and accountants in a Pittsburgh industry. The subjects were asked "to recall a time when they had felt exceptionally good about their jobs" (Herzberg, 1970, p. 86). The subjects were then questioned about the reasons for their good feelings and whether those feelings had impacted their performance, personal relationships or well-being (Herzberg, 1970). A second set of interviews was then conducted in which the subjects described incidents in their job which made them feel negatively.

From this study, the dual-factor theory of job satisfaction emerged. Job satisfaction was seen not as a continuum, but rather as a dichotomy. Five factors -- achievement, recognition, work itself, responsibility, and advancement -- were seen as determiners of job satisfaction (Herzberg, 1970). These factors emerged as satisfiers from their absence when subjects were to discuss negative events in employment (Herzberg, 1970). The 'dissatisfiers' -- company policy and administration, supervision, salary, interpersonal relations and working conditions -- "consistently produced short-term changes in job attitudes" (Herzberg, 1970, p. 89). Herzberg (1970) clarifies that satisfiers relate to what an employee does (e.g. achievement, recognition) while dissatisfiers
correspond to the environment in which the job is performed. The dissatisfiers, or hygiene factors, serve to prevent job dissatisfaction, not to promote satisfaction. Conversely, the satisfiers were seen as motivators, contributing to higher effort and performance. Herzberg (1970) summarizes that “the hygiene or maintenance events led to job dissatisfaction because of a need to avoid unpleasantness; the motivator events led to job satisfaction because of a need for growth or self-actualization” (p. 90). This interpretation led Herzberg to view job satisfaction as a dichotomous process. The employee operates under two need systems; “one need system for the avoidance of unpleasantness and a parallel need system for person growth” (Herzberg, 1970, p. 90).

House and Wigdor (1967) point out three major problems with the dual-factor theory. It is methodologically bound, it is based in faulty research, and it is not consistent with earlier research on job satisfaction and motivation.

In terms of the methodology of the research, subjects were asked to tell negative and positive stories. This method has been criticized as subjects may be likely to inflate their own positive accomplishments in order to enhance their feelings of self-worth. Conversely, subjects may have a tendency to blame others or the environment for their failures (House & Wigdor, 1967).

The research foundation of the dual-factor theory was criticized on several grounds (House & Wigdor, 1967). First, the subjects’ responses were not simply codified as they were stated. Instead the interviewer made judgments about the statements and put the statements into predetermined categories. Consequently, there may have been a contamination of the dimensions. Second, the mutual exclusivity of the two dimensions of satisfiers and dissatisfiers has been questioned. Third, the study did not contain any objective measure of global satisfaction. Consequently, there is no evidence
that dissatisfiers, or hygiene factors, contribute to the subject’s overall dissatisfaction. Finally, the research has been criticized for lack of reliability, and use of subjects’ recall of events.

Previous research contradicts the validity of the dual-factor theory (House & Wigdor, 1967). The theory implies that employees that are highly satisfied should be more highly motivated and better performers than less satisfied employees. However, empirical research does not indicate that there is always a positive correlation between job satisfaction and subsequent job performance/motivation (House & Wigdor, 1967). Indeed, even in the original literature for this study, 27 previous studies were cited connecting job performance and satisfaction. Out of those 27, only 14 showed a positive correlation (House & Wigdor, 1967). Consequently, when comparing the dual-factor theory with the job characteristics theory, it would appear that the comprehensiveness of the job characteristics theory in addition to empirical support for the theory, make it a more suitable choice for this research.

**Social Information Processing Theory**

The job characteristics model focuses on the objective core dimensions of the job which is thought to determine job incumbent’s perceptions of tasks (Griffin et. al., 1987). Social information processing theory takes exception to the view that there are indeed objective core dimensions. This theory hypothesizes that “task perceptions and attitudes are instead socially constructed realities that evolve from informational cues in workplaces” (Griffin et. al., 1987, p. 501). Consequently, this theory emphasizes the context of the work environment, and the consequences of the employee’s past actions and decisions (Salancik & Pfeffer, 1978). Three major factors are postulated to be
involved in the social construction of employee’s task perceptions, job attitudes, and needs. First, individuals are surrounded by social cues. Second, “persons spend much more time with the consequences of their actions and decisions than they spend contemplating future behaviors and beliefs” (Salancik & Pfeffer, 1978, p. 224). Third, employee’s perceptions and judgments of affective components of their environment are important (R. Billings, personal communication, January 20, 1994). Social cues have both a direct and an indirect impact on an individual’s perception of needs, job characteristics, and attitudes. Social cues provide direct information regarding behavior that is socially acceptable. Additionally, indirect social cues focuses an individual’s attention on certain information which makes that information more salient (Salancik & Pfeffer, 1978).

The criticism of job characteristics theory using the social information processing perspective is summarized in an article by Griffin et. al. (1987). First, the employee may receive cues from his or her social environment which provide information concerning which core job dimensions are present in the work environment. Second, the employee then uses social cues to weight which of the dimensions are most important. For example autonomy may be regarded more highly than pay due to the social cues present in the environment. Third, the employee uses social information to perceive how others have weighted the various dimensions. Finally, the employee may receive direct information from others (e.g. co-workers or supervisors) that influence his or her perception of job characteristics. For instance, "the comment that a job does not give a person a chance to think implies not only that the job has a certain feature but that the presence or absence of that feature should be important to the person" (Salancik & Pfeffer, 1978, p. 230).
Griffin (1983) conducted a field test of the social information processing theory. Two hypotheses were examined: “A change in objective task characteristics will cause a change in employees task perceptions and responses ... and [a] change in social information from supervisors will cause a change in employees' task perceptions and responses” (Griffin, 1983, p. 187). A 2 x 2 factorial design was used with four groups of employees at two similar manufacturing plants. The first group (n = 84) served as a control group. The second group of employees (n = 85) received positive cues from their supervisors about their tasks. The third group's (n = 92) job was "objectively changed to reflect higher levels of certain core task attributes" (Griffin, 1983, p. 189). And, the fourth group (n = 90) received both the job change and positive supervisor cues. A pretest was administered prior to beginning the study and a post-test after a four month period. The questionnaire measured job characteristics (variety, autonomy, feedback, and identity), interpersonal task attributes (dealing with others and friendship opportunities), affective reactions (intrinsic, extrinsic, and overall job satisfaction), and productivity. The results of the study indicated support for both hypotheses, or that both objective task attributes and supervisory cues affected the perception of job characteristics, interpersonal task attributes, and satisfaction.

Adler, Skov & Salvemini (1985) conducted an experimental study to examine the causal influence of social cues on perceived task satisfaction. In this study, a group of fifty students performed a laboratory task and were then requested to fill out a task satisfaction instrument. Subjects were randomly told that they were either satisfied or dissatisfied with the task. Finally, the Job Diagnostic Survey was administered. The authors found that subjects who were told they were very satisfied with the task scored significantly higher on job
satisfaction ($M = 5.5$) than subjects in the dissatisfied group ($M = 4.1$), $t (48) = 3.88, p < .01$. One explanation for this finding is that the subjects were influenced by social cues and thus rated the task accordingly. The implication of this study is that it is unclear whether job characteristics alone can account for job satisfaction or if social cues must be included in that assessment.

The major limitation of this theory is the lack of longitudinal studies. Although there is support for the theory, it is unclear what impact social cues have over time. Social information processing theory needs to be considered in the evaluation of findings in the present research. Since the introduction of managed care and stricter insurance regulations is a relatively new variable, social cues may have an impact on social workers' perceptions of job characteristics.

**Goal Setting Theory**

Goal setting theory has focused primarily on job performance. This theory hypothesizes that task performance is directly related to the conscious goals employees have set for each particular task (Locke & Latham, 1990). For example, difficult goals have been shown to lead to better performance in experimental studies than easy or vague goals (Locke & Latham, 1990).

Although the present research does not evaluate performance of the respondents, goal setting theory may have implications particularly for those clinicians engaging in brief treatment. As noted previously, brief treatment could be described as a very time-limited, goal-oriented (or problem-focused) method of intervention. Consequently, the goals for the treatment relationship would be specifically defined at the outset. The social worker clinician would obtain performance feedback in a relatively short period of time based on whether the
client was able to achieve his or her goals. The assumption here is that the practitioner would own the achievements of the client and use those client accomplishments as evidence of the practitioner's performance. The end result would be that if the treatment resulted in positive outcomes for the client, the social worker clinician would internalize those results thus increasing his or her self-efficacy. A corresponding increase in job satisfaction may result from that increase in self-efficacy.

Summary

The dual-factor theory has been criticized that it is methodologically bound, is based on faulty research, and is inconsistent with previous research (House & Wigdor, 1967). The social information processing theory is hampered by a lack of longitudinal studies. However, in evaluating the data that emerges from the present research it will be important to address the possible impact of social cues. In comparison to these two models, Job Characteristics Theory addresses the salient issues more adequately. In addition, the empirical evidence supports the use of JCT in evaluating the impact of job design on worker satisfaction.

Goal setting theory would have a different implications for the present research that will not be easily amenable to verification. The research does not measure performance or self-efficacy; consequently, it will be difficult to interpret the significance of this theory on job satisfaction particularly with practitioners using a brief treatment protocol.
CHAPTER III

Literature Review

Overview

Empirical and conceptual research in the area of work environments of social service agencies has centered around burnout (Arches, 1991; 1985; McGee, 1989; Maslach, 1978; Minahan, 1980; Kestnbaum, 1984; Savicki & Cooley, 1987), alienation (Karger, 1981; Levine, 1982), and quality of work life (Gowdy, 1987) due to organizational and/or client demands.

There has been little empirical use of the job characteristics theory as it pertains to the social service arena. Weiner (1987) wrote a conceptual article that focused on connecting worker performance and satisfaction to client outcomes. Within that article, Weiner utilized the job characteristics model to illustrate his argument. Butler (1987) used JCT in a dissertation aimed at determining the level of job satisfaction in social workers. This research attempted to fill the gap in the literature. As described above, research on the impact of the organization on the mental health professional has been scant to nonexistent, particularly in the last five years. In addition, there has been almost no research in the area of managed care and its impact on practitioners. In this era of fiscal restraint, it is imperative to begin an evaluation process that will include the mental health practitioner in order to determine the potential liabilities in a managed care setting.

Although Job Characteristics Theory has not been tested in the managed care environment, Fried and Ferris (1987) reviewed nearly 200 studies using JCT. These authors concluded from a meta-analysis that the "evidence
indicated that the available correlational results are reasonably valid" (p. 287). One of the earlier studies, Hackman and Lawler (1971) found that when jobs were high on the core dimensions, "employees who are desirous of higher order need satisfaction tend to have high motivation, have high job satisfaction, be absent from work infrequently, and be rated by supervisors as doing high quality work" (p. 259).

In terms of the mediating critical psychological states, Johns, Xie, and Fang (1992) found that the psychological states specified by JCT "mediated the relationship between job characteristics and outcomes" (p. 657). However, Johns et al. also conclude that not all of the critical psychological states are needed to predict job outcomes. Specifically, feedback and autonomy were found to be well connected to knowledge of results and experienced responsibility, respectively. However, the psychological state of meaningfulness appeared to have some connection to all five core dimensions instead of specifically skill variety, task identity and task significance.

One of the main uses of JCT has been in the area of job redesign or more specifically, job enrichment. Orpen (1979) found in a study of clerical employees that those employees randomly assigned to an enriched condition displayed increased job satisfaction and had decreased turnover and absenteeism. Hackman, Pearce, and Wolfe (1978) also found that increasing job complexity with clerical workers affected general satisfaction, growth satisfaction, and internal motivation.

Job Satisfaction

Loher, et. al. (1985) conducted a meta-analysis of 28 studies to determine the relationship between job characteristics and job satisfaction. The
analysis included only those studies that utilized the Job Diagnostic Survey (JDS) or a JDS-like measure which included a measure of perceived task characteristics. The JDS was designed by Hackman and Oldham (1974) to specifically measure the job characteristics theory. The criterion for job satisfaction were the inclusion of scales designed to measure subjective reactions of respondents to their work. Only studies which included individual measures were incorporated. Two types of studies were identified: 1. those that included the direct relationship between job satisfaction and job characteristics, and 2. those that investigated the relationship between specific job characteristics and job satisfaction as moderated by growth need strength. The authors concluded "[t]he correlations after correcting for sampling error and reliability in the measures range from .46 for Autonomy to .32 for Task Identity" (p. 284). The authors found that "no one task characteristic necessarily has a stronger relationship with job satisfaction than any other" (p. 284). The authors assert that this provides evidence of the lack of dimensionality of JDS, or that JDS may measure the overall complexity of the job rather than specific job characteristics. For high GNS employees, the study concluded that the "relationship between job characteristics and job satisfaction was .68 after correcting for unreliability of measurement" (p. 285). For the low GNS group, the authors concluded that factors other than GNS may affect the relation between job satisfaction and job characteristics.

Orpen (1979) studied the effect of job enrichment in a federal agency with clerical employees randomly assigned to either enriched or unenriched conditions. "In the enriched condition, a systematic attempt was made to increase the extent to which the jobs of the employees possessed each of the dimensions of skill variety, task identity, task significance, autonomy, and
feedback” (p. 189). The Job Diagnostic Survey was used to assess perception of jobs before and 6 months following job enrichment. "The results of the analysis of covariance indicated significant effects for enrichment on each of the personal outcomes of job satisfaction, job involvement, and intrinsic motivation, with the enriched group obtaining a higher mean score than the unenriched group in each case; specifically, for satisfaction F (1, 64) = 8.10 (p < .01); for involvement, F (1, 64) = 7.14 (p < .01); and for intrinsic motivation, F (1, 64) = 4.48 (p < .05)” (p. 204). In addition, the author found that job enrichment led to significant decreases in absenteeism and turnover.

Conway, Williams, and Green (1987) surveyed 9,775 public employees to develop a model of job satisfaction. Questionnaires containing 71 closed-ended likert-type questions and two open-ended questions were used to assess job attitudes. The authors found 17 facets of job satisfaction including: “promotion, training, [supervision], upper management, organization of work tasks, work stress, work challenge and autonomy, physical work space and equipment, work group, organizational commitment, organizational structure, pay, merit pay, affirmative action, benefits, job security, and distribution of staff” (p. 48). The authors conclude that the benefit with such a large number of facets is that overall job satisfaction could be increased by measuring each facet and then increasing satisfaction with facets that are low on satisfaction.

Butler (1990) examined job satisfaction among 404 masters degree social workers. The sample was drawn from the membership list of the Virginia Chapter of the National Association of Social Workers. Butler categorized job satisfaction variables into three groups that included job design, work context, and individual characteristics. Job design was examined using the Job Characteristics Model. Work context included type and size of agency, and
worker salary. Individual characteristics "included age, marital status, length of employment, and personality characteristics" (p. 112).

Butler (1990) measured eight types of satisfaction including supervision, agency identification, kind of work, amount of work, co-workers, physical work conditions, financial rewards, and career future. The author found that social workers were most satisfied with kind of work and co-workers. Subjects were least satisfied with amount of work and financial rewards. "For characteristics of the job, the total mean score of 4.09 was higher than the 3.55 reported in the literature" (p. 114). "The characteristics ‘autonomy’ and ‘task identification’ received the highest scores (4.48 and 4.33) whereas ‘task variety’ was lowest (3.76)” (p. 114).

Butler (1990) found that employees who scored high on burden and worked with a high number of employees were less satisfied. Work intensity, ‘considered leaving social work’ and ‘difficult to find current job’ were correlated negatively with job satisfaction. Task significance, private practice, task variety, type of agency and income were positively correlated with job satisfaction.

Arches (1991) studied the impact of bureaucratization on job satisfaction and burnout with a sample of 275 practicing MSW social workers. The only significant variables affecting burnout were “perception of autonomy (beta = -.25, p < .01) and bureaucratization (beta = -.23, p < .001)” (p. 205). For job satisfaction, the same variables were significant -- autonomy (beta = .35, p < .001) and bureaucratization (beta = -.23, p < .001). “The measurement of bureaucratization consisted of an index measuring formalization, centralization, and routinization” (p. 205). Other variables examined included sociodemographic data, organizational data, organization supports, and social supports.
Jayaratne and Chess (1984) compared 288 MSW social workers employed in community mental health (n = 144), child welfare (n = 60), or family services (n = 84) to evaluate differences in job satisfaction and burnout. The authors measured role ambiguity, role conflict, work load, physical comfort, challenge, financial rewards, and promotional opportunities. The dependent variables included global job satisfaction, depersonalization, emotional exhaustion, and turnover cognitions (intent to change jobs). Demographically the groups were similar with the exception that a larger percentage of community mental health workers (89.9%) were younger and had received their MSW degrees later than the other two groups. It was hypothesized that community mental health jobs were more available to these graduates. The study concluded that overall, 84.3 percent of the respondents were very satisfied or somewhat satisfied with their jobs. Additionally, 97.4% believed they were very to somewhat successful in their work. Turnover cognition differences were not found to be significant. “The family service workers recorded the best scores—with respect to a positive work environment” (p. 449-450). Significant differences were found in depersonalization, role ambiguity, value conflict, comfort, challenge, and role conflict. Child welfare workers reported significantly worse on role conflict, value conflict, and challenge. Role conflict in the child welfare worker groups was explained as the contradictions often present between legal requirements and agency policies. The perceived lack of challenge was argued to be a reaction to the lack of impact on the environment. Finally, the authors concluded that the best predictor for job satisfaction was opportunity for promotion.

Glenn and Weaver (1982) conducted a regression analysis of data obtained from General Social Surveys from the years 1974, 1976, 1977, and
1980. Each survey contained a representative sample of 1500 persons in the 48 contiguous United States. The sample was limited to European Americans employed full-time during the survey for a sample of 1,309 males and 777 females. The purpose of the analysis was to assess the "total effect of amount of education on job satisfaction and the effect net of extrinsic rewards (money, prestige, authority, and autonomy)" (p. 46). The authors found a positive statistically significant effect of education for both men and women. However, the payoff for education was determined to be moderate with most of the benefits received through earnings, occupational prestige, and with men through job autonomy and authority.

Lee & Wilbur (1985), using multivariate analysis, studied the relationship between job satisfaction and age, salary, job tenure, education, and job characteristics. The data were obtained through a survey of 1707 public employees of a state and a county government. The participants were divided into three age groups--early (age 30 or younger n = 488), middle (age 30 - 49, n = 753), and late (50+ years, n = 439). The authors concluded that job satisfaction increases with age without regard for salary, job tenure, or education. The authors also found that the younger employees had the lowest motivating potential scores which indicated that their jobs were the least enriched. Not surprisingly, employees over 50 scored highest on satisfaction with promotion, compensation, and working conditions. These employees had received more promotions, had higher earnings, and experienced better working conditions due to job tenure than their younger counterparts.

Ross and Reskin (1992) studied the impact of educational level and control over one's work (job autonomy and non-routine work) on job satisfaction. The authors used a sample of 557 employed persons in Illinois.
Subjects were interviewed by phone and selected by random digit dialing. The results indicated that education was significantly positively associated with less routine work, job autonomy, increased involvement in monetary decisions, and supervisory responsibility. The authors also found that job autonomy and non-routine work were positively associated with job satisfaction. This finding supported the authors' contention that education indirectly increases job satisfaction by increasing autonomy and non-routine work. However, the authors found no direct causal relationship between education and job satisfaction. Interestingly, when education was divided into two levels--low educational attainment defined as 11 years and high as 16 years--all subjects' job satisfaction increased with autonomy, but the impact was much larger for the more highly educated. "The poorly educated have higher levels of job satisfaction at every level of job autonomy: only highly educated workers with the highest levels of job autonomy approach the levels of job satisfaction of the poorly educated" (Ross & Reskin, 1992, p. 143). Similarly, the association between job satisfaction and non-routine work was also much larger for the highly educated.

Lawler & Hall (1970) studied the relationship of job characteristics and job satisfaction with a group of 291 scientists. The authors found that subjects were more satisfied in autonomy and self-actualization need areas if the following three conditions were met--the job holder felt control over what went on in the job; the job allowed for creativity; and the job was appropriate to the job holder's abilities.

Umsot, Bell & Mitchell (1976) designed a two-phase research project to test the impact of job enrichment and goal setting on employee satisfaction and productivity in a simulated job environment. The four experimental conditions
included two goal setting conditions (no goals and assigned goals) and two job enrichment conditions (unenriched and enriched). Job Characteristics Theory hypothesizes that enriched jobs lead to increased job satisfaction, while goal-setting theory "predicts that setting specific, difficult goals leads to high performance" (p. 381). Subjects were recruited through newspaper advertisements for part-time employment. The 50 subjects who were selected had no knowledge that they were participating in an experiment and were randomly assigned to one of the four conditions (unenriched/no goal; enriched/goal; enriched/no-goal; and unenriched/goal). The results supported the hypotheses that employees were more satisfied with enriched work; however, satisfaction had no impact on productivity. Goal setting had a major impact on productivity, but little effect on satisfaction.

The impact of goal setting and social cues on job satisfaction was investigated in a simulated organizational setting (White, Mitchell & Bell, 1977). In this study, 104 undergraduate business students were randomly assigned to one of twelve conditions in a $2 \times 2 \times 3$ factorial design. The task of the subjects was card sorting under conditions of either goal or no-goal, high or low evaluation apprehension, and positive, neutral, or negative social cues. The authors found no significant main or interaction effects for job satisfaction. More simply stated neither goals, social cues, or apprehensions regarding evaluation affected job satisfaction.

The relationship of job satisfaction to locus of control has been studied (Dailey, 1980; Knoop, 1981). It is theorized that people with an internal locus of control believe that rewards are contingent upon behavior. Conversely, people who believe "rewards are contingent upon factors other than their own behavior are said to have an external locus of control" (Dailey, 1980, p. 855). Dailey
(1980) found in a study of 281 scientists and engineers, that subjects with a
greater internal locus of control perceived greater job satisfaction than subjects'
with an external locus of control. Knoop (1981) found similar results with a
sample of 1,812 teachers. Dailey (1980) attributes the higher perception of job
satisfaction among internal locus of control subjects as due to "the fact that
internals perceive their jobs as having more autonomy, feedback, variety, and
significance than externals" (p. 859).

Neil and Snizek (1988) examined gender differences as a moderator in
job satisfaction. The authors did not find any differences in job satisfaction
between women and men in a sample of 821 employees of a large Australian
government organization. The study did find, however, that female employees
experienced less power and promotional opportunities than their male
counterparts. It was hypothesized that women may tend to place less
importance on job attributes such as autonomy, job status, and use of abilities,
in order to adapt to their work environment.

Brownstein & Hardcastle (1984) examined gender differences in job
satisfaction for social work administrators. In a study of 360 male and 369
female administrators, the authors found that "women managers tend to be
older, less satisfied with their jobs, contribute less to total family income, and
receive lower salaries" (p. 76) when compared to male managers. Males
administrators earned an average of $300 to $700 more than their female
counterparts when controlling for job experience.

McNeely (1984) conducted a study of 156 employees of a human service
organization. The study was conducted to determine if there were differences in
job satisfaction between groups based on occupation or gender. The subjects
were divided into four groups based on job duties including administrators,
professionals, paraprofessionals, and clerical workers. The results did not indicate any statistically significant differences in job satisfaction on the basis of occupational grouping. The authors did find a significant difference in job satisfaction based on gender. Female employees were more intrinsically satisfied than their male counterparts ($t = 2.38; p = .021$). Overall job satisfaction was not statistically significant ($t = 1.95; p = .055$); however, females were found to be generally more satisfied than males. Through a step-wise regression analysis, the author concluded that the strongest predictors for female job satisfaction were: having opportunities to use their abilities, being able to discuss complaints with their supervisors; and having a salary with which they could live comfortably. Males' satisfaction was best predicted by promotion opportunities and opportunities to learn on the job.

Jayaratne and Chess (1986) compared masters level social workers employed as either an administrator ($n = 202$) or as a caseworker ($n = 356$) on dimensions of job satisfaction. Specifically, in addition to a global measure of job satisfaction, satisfaction with challenge, comfort, financial rewards, promotional opportunities, role ambiguity, role conflict, and workload were evaluated. No differences were found in the overall job satisfaction of the two groups. In terms of the facets of job satisfaction, case workers were more dissatisfied with promotional opportunities, financial rewards and earning potential. Administrators' dissatisfaction was higher with work load, role conflict, and job comfort. Gender emerged as a significant factor with administrators. Female administrators reported greater dissatisfaction with work loads and job comfort than their male counterparts. Age emerged as a significant factor for both case workers and administrators. Younger case workers (under 41 years of age) reported more frequently that the job was not challenging and the work
context was uncomfortable than did their older counterparts. Younger administrators reported more dissatisfaction with financial rewards and job comfort.

Pamperin (1987) studied 177 school social workers in Wisconsin to assess job satisfaction, role conflict and role ambiguity. Job satisfaction was found to be positively correlated with age ($r = .24; p < .001$), salary ($r = .13; p < .001$), and tenure ($r = .15; p < .06$). Job satisfaction decreased when role conflict ($r = -.42; p < .001$) and role ambiguity ($r = -.29; p < .001$) increased.

**Autonomy**

Autonomy is proposed by the job characteristics theory to lead to experienced responsibility for work outcomes which in turn leads to increased job satisfaction. Colarelli, Dean, and Konstans (1987) report that autonomy is related to professional productivity as it "allows fuller use of an individual's talents and ingenuity than close supervision and high formalization" (p. 559). The following review of studies provides support for the association between job satisfaction and autonomy.

Buffum (1987) studied 93 mental health professionals employed in community mental health centers and 60 professionals in a chemical plant to address the following hypotheses: "1. CMHC professionals have significantly more work autonomy than comparably educated non-human service professionals in private enterprise. 2. The association between work autonomy and job satisfaction is not as strong for CMHC professionals as for professionals in private enterprise. 3. The multi-dimensional measurement of work autonomy is a significantly more powerful predictor of job satisfaction than is a global measure" (Buffum, 1987, p. 119).
"Global work autonomy refers to the amount of discretion that one has in doing one's job" (Buffum, 1987, p. 119). "If employees can function independently, without constraints, then they have high work autonomy" (Buffum, 1987, pp.119 - 120). The assumption is made that workers make overall assessments of their jobs, that result in a judgment of work autonomy. The job characteristics theory uses a global measure of autonomy as opposed to measuring facets of this dimension. Buffum (1987) notes that levels of autonomy may vary with different job dimensions. Formalization of the job is considered as the degree to which the work is standardized and the amount of deviation from that standard that is allowed. Participation in decision making is viewed as a critical aspect of autonomy. This aspect includes "the ability to have a sense of control over the conditions of one's work" (Buffum, 1987, p. 121). The dependent variable used in this study is job satisfaction. "Job satisfaction refers to the degree to which employees have a positive affective orientation towards their work, as it is accomplished within an organizational context" (Buffum, 1987, p.121).

Buffum (1987) found that "[t]he CMHC professionals perceived themselves to have greater decision making influence and less routineness on their work technologies than did the chemical plant professionals" (p. 124). "The job satisfactions of CMHC professionals seem less affected by global work autonomy than the satisfactions of their chemical plant counterparts, except for satisfaction with co-workers where the pattern is reversed" (Buffum, 1987, p.124).

Multiple regression was used to test the third hypothesis -- that work autonomy is comprised of formalization, technical routinization and participation in decision making. A high portion of the variance in global work autonomy was
accounted for by separating these dimensions. Indeed 43% of variance in CMHC group was accounted for and 63% in the chemical company group. "[T]he hierarchical regression model was used to determine the contribution of global work autonomy to job satisfaction after the dimensions were entered" (p. 126). "The result was that the increments in [R squared] due to the addition of global work autonomy after entering the dimensions were not significant in any instance" (p. 126).

The results of the Buffum (1987) study indicate that the relationship between global autonomy and autonomy dimensions and job satisfaction is substantially weaker in the CMHC group than in the chemical company group. In addition, dimensions of autonomy were found to be better predictors of job satisfaction than global autonomy.

Buffum and Ritvo (1984) examined three dimensions of work autonomy: formalization, technological routinization, and centralization. Formalization is defined as "the degree to which organizational norms are explicit" (p. 41). The norms can include both written policies and procedures and informal but explicit norms. Technical routinization is defined as both the uniformity of client problems and the uniformity of interventions or problem-solving approaches. Two sub-dimensions of technical routinization were identified. First, "is the extent to which there exists an intervention technology that is routine, standardized, recurrent, predictable in the manner, time, and place of application" (p. 42). Second, technology applicability, is the extent to which mental health workers possess the technology. The assumption is that if the procedures or interventions are uniform, the employee will not have the discretion to determine which procedures are to be used. Centralization is
viewed as the extent to "which power is concentrated in a social system" (p. 42). Power can be concentrated in one individual--maximum centralization-- or distributed among members of an organization. The dependent variable, job satisfaction, was defined as the degree to which employees had positive affectations toward specific job dimensions. "The dimensions selected were satisfaction with: the work itself, the pay, promotional opportunities, the supervision, and co-workers" (p. 43).

The relationship between work autonomy and job satisfaction was assessed using a sample of 91 direct services delivery employees in community mental health professionals (Buffum & Ritvo, 1984). The results indicated a positive relationship between decentralization and job satisfaction. Specifically, the authors concluded that "[t]he greater the participation in decision making related to one's work, the greater the degree of job satisfaction" (p. 44). There is a moderate association (r = .33) between routine technology and satisfaction with co-workers. "Technological applicability is significantly associated with satisfaction with the work itself [.37], with supervision [.35], and with co-workers [.33], but not with satisfaction with promotion nor with pay" (p. 45 - 46). "Job codification and rule observation are important contribution to job dissatisfaction, but not when it comes to co-workers nor with pay" (p. 46). "[E]mployees are more satisfied with their pay when they have a clear understanding about their own job expectations or parameters" (p. 46). "These results suggest that increasing work autonomy along the specific dimensions included in this study will have an important impact on satisfaction with supervision and on satisfaction with the work itself; it would have a moderate effect on satisfaction with promotions and satisfaction with co-workers, but it would have little or no effect on satisfaction with pay" (p. 46).
In a study of job satisfaction using 813 gerontological social workers, Poulin and Walter (1992) found that "job autonomy has the strongest net correlation with job satisfaction [r = .49] with a Beta coefficient of .28" (p. 110). "The job autonomy index has four items that assess the respondents' job autonomy, influence, job flexibility and the importance of job tasks on five point scales" (p. 105).

Kakabadse (1987) conducted a study of professional employed in nine social service organizations in northwest England. The purpose of the research was to understand the relationship between organizational structure (amount of centralization, formalization and complexity) and worker alienation (powerlessness and self-estrangement). Centralized organizational structure was defined as the amount employees participate in decision making and the extent to which they have autonomy in performing their jobs. Formalization was defined as the degree of uniformity in work processes and tasks and the amount of deviation allowed. Finally, complexity was conceptualized as the degree of specialization or level of training required for a specific role. Powerlessness was seen as the extent an individual believed his or her behavior could not determine outcomes or reinforcement. Self-estrangement concerned the extent to which the individual experienced himself or herself as alien.

Kakabadse (1987) found that all nine of the organizations studied were skewed toward centralization and formalization. All of the agencies employed a minimum of 800 persons. The findings included a significant negative correlation between job autonomy and hierarchy of authority. Engaging in extra professional activities such as attending conferences, correlated significantly in a positive direction with job autonomy.
Spector (1986) conducted a meta-analysis of 88 studies to estimate the relationship of employee's perceived control (defined as job autonomy and participation in decision making) and outcome variables. The strongest relationships were found with job involvement, job satisfaction (global, work, supervision, and growth) and role stress (role ambiguity and conflict). Autonomy was significantly correlated with global satisfaction ($r = .37$), work satisfaction ($r = .41$), supervision ($r = .37$), pay ($r = .24$), promotion opportunities ($r = .26$), growth ($r = .67$), role ambiguity ($r = -.34$), turnover cognitions ($r = -.25$), actual turnover ($r = -.25$), and motivation ($r = .33$). Participation in decision making significantly correlated with global satisfaction ($r = .44$), work satisfaction ($r = .48$), supervision ($r = .47$), job involvement ($r = .65$), role ambiguity ($r = -.54$), performance ($r = .23$), turnover cognitions ($r = -.20$), and motivation ($r = .43$). The author concluded that individuals who perceive comparatively high levels of autonomy and participation in decision making are "more satisfied, committed, involved, and motivated" (Spector, 1986, p. 1013).

Skill Variety, Task Identity, and Task Significance

Skill variety is "the degree to which a job requires a variety of different activities in carrying out the work, which involve the use of a number of different skills and talents of the person" (O'Brien, 1982, p.384). Task identity is the "degree to which a job requires completion of a whole and identifiable piece of work" (Aldag & Brief, 1976, p. 109). Task significance is the "degree to which a job has a substantial impact on the lives or work of other people" (Aldag & Brief, 1976, p. 109). The job characteristics theory proposes that skill variety, task identity and task significance, lead to the experienced meaningfulness of the work which in turn will lead to high job satisfaction (Hackman & Oldham, 1975).
Lawler, Hackman, and Kaufman (1973) studied the impact of job redesign on directory assistance operators. The authors state that "[i]t has been shown that simple, routine, nonchallenging jobs often produce dissatisfaction and demoralization of workers, high absenteeism and turnover, and low work motivation" (p. 49). Data were collected from 39 operators, and 21 supervisors, 2 weeks prior to job enlargement and 6 months after implementation using identical questionnaires. The job changes provided operators with increased task variety and increased autonomy. A correlated consequence was decreased supervision. Both variety (t = 1.82, p = .05) and autonomy (t = 1.85, p = .05) were significantly changed after the intervention as rated by the operators. "Significant changes on the other job dimensions were not obtained, and the absolute level of the job on variety and autonomy remained rather low" (Lawler, Hackman, & Kaufman, 1973, p. 56). There were no significant increases in motivation or satisfaction as a result of the job changes and satisfaction items relating to interpersonal aspects of the job decreased. The authors note that the job characteristics theory "postulates that a job must be made high on all four dimensions for increases in motivation and satisfaction to be realized" (Lawler, Hackman, & Kaufman, 1973, p. 60). Consequently, the results are consistent with this theory.

In a study of 116 retail salespeople, Dubinsky and Skinner (1984a) discovered that the overall job satisfaction of employees increased with task variety but not with task identity. The authors concluded that the employees preferred "to perform only part of a job rather than to execute a job or task from beginning to end" (p. 49). The implications of this finding for the present research is that with brief treatment, clinical social workers may not have the opportunity to work with a client to the end of her or his treatment. It is possible
that skill variety may mitigate the relationship between task identity and job satisfaction, i.e. if practitioners feel that they are using a variety of skills they may continue to have high job satisfaction even though their perceived task identity is comparatively low.

Dubinsky and Skinner (1984b) examined the attitudinal differences between part-time (n = 74) and full-time (n = 83) retail salespersons on job satisfaction and task characteristics. The authors found that the part-time employees had significantly lower mean scores on skill variety, autonomy, and task-identity than did the full-time employees. However, the authors did not find a significant difference between the two groups' ratings on job satisfaction. It was not anticipated that the dependent variable (job satisfaction) in the present research will be impacted; however, the data will need to be analyzed with respect to perceived job characteristics in relation to hourly status.

Katz (1978b) investigated the relationship between overall job satisfaction and skill variety, task identity, task significance, autonomy, and feedback for 3,085 governmental employees at varying career stages. Specifically, job longevity and organizational longevity were found to moderate the relationship between job satisfaction and the specific task dimensions. The author found that new employees, those with 3 months or less on the job, were distressed by autonomy (r = -.20; p < .07) and that skill variety was not associated with job satisfaction. This reaction to autonomy and skill variety could be due to recently hired employee's assimilating to new surroundings. Consequently, persons with a limited job longevity have a stronger need for task characteristics which increase their feelings of belonging and security. Task characteristics found to be associated with overall job satisfaction for new employees were task significance, and feedback from the job. When evaluating
employees with a longer job tenure (4 to 36 months), the author found that satisfaction was indeed significant and positively related to all of the task characteristics. This study lends support to the job characteristics model. The present research asked respondents to specify length on their current job. This information was used to discern any moderating effects of job tenure for employees on the job less than 3 months.

Aldag and Brief (1976) evaluated the relationship between job characteristics, satisfaction, and employee age. Two samples of employees from a midwestern manufacturing firm were used. The first sample (n = 122) had a mean age of 36 years (range = 18 to 64) and a job tenure of six years. The second sample (n = 99) had an average age of 41 years (range = 21 to 64) with a job tenure of seven years. Older workers were defined as those employees 40 years of age or older. The authors did not find a significant difference between the reactions of older and younger workers to the task characteristics. Both groups responded with higher job satisfaction to jobs with higher levels of skill variety, task identity, task significance, autonomy and feedback. The only interaction found to have significance was task identity. "Older workers responded much more favorably to jobs high on task identity than to those low on task identity" (Aldag & Brief, 1976, p. 113).

Seybolt (1976) studied the interaction between education and task variety in 926 male public sector employees. Seybolt found that employees "with grade school education in jobs with low variety were significantly more satisfied with their work than were those with high school educations in jobs with low variety (t = 2.85, p < .005)" (p. 70). The converse was also found to be true—that persons with a grade school education in a high variety job were significantly less satisfied than employees with a college education in a high
variety job \((t = 1.99, p < .025)\). Although the present research utilized only those subjects with at least a masters degree, one might hypothesize that these subjects' jobs must include a high level of task variety in order to have a correspondingly high degree of job satisfaction.

Feedback

Pritchard, Jones, Roth, Stuebing & Ekeberg (1988) conducted a longitudinal study to assess the impact of group feedback and goal setting on productivity. Five groups of military personnel were used in the study. After baseline productivity data were collected, each group was given feedback on their productivity as a unit and as compared to the other groups. After 5 months of monthly feedback reports, each unit set group productivity goals. Time off from work was used as an incentive to meet the goals. During the five months of feedback alone, productivity increased an average of 50%. When goal setting was added, productivity increased to 75% over the baseline and to 76% with external incentives. Attitudinal measures were collected throughout the study. The authors found that feedback, goal setting, and incentives had no significant impact on turnover intentions, individual role clarity or clarity of objectives. However, a significant positive impact was found with job satisfaction, morale, and evaluation clarity in all of the treatment conditions. Although one could argue that the Hawthorne effect may have had some impact on the increases found in productivity, this study does provide support for the job characteristics theory's notion that increased feedback promotes higher job satisfaction.

In a study similar to Pritchard et. al. (1988), Pearson (1991) evaluated the impact of performance feedback on job satisfaction and other variables with 76 railroad maintenance groups in Australia. This study found that crews who did
not have access to performance ranking feedback had "significant negative
decreases in job satisfaction" (p. 533) as compared to groups who received
performance feedback. The author attributed the job dissatisfaction to a greater
role ambiguity perceived by groups with no feedback. Interestingly, this study
did not find a corresponding increase in job satisfaction for those crews who
received the performance feedback ranking. Consequently, feedback played a
mediating role in reducing role ambiguity which led to higher job satisfaction.

Tziner & Latham (1989) explored the impact of two different appraisal
instruments, feedback and goal-setting on job satisfaction. Twenty managers at
the Israel Airport Authority received intensive training in providing feedback and
setting goals for 125 subordinates. To enhance the quality of the performance
feedback, one of two appraisal instruments were used by the managers. The
behavior observation scale (BOS) was purposed to minimize communication
barriers while specifying organizational and performance requirements.
Specifically, this scale purports to minimize role ambiguity and role conflicts.
The graphic rating scale (GRS) was the second scale used. It is a more generic
scale and does little to reduce role ambiguity and conflicts. The managers were
randomly assigned to one of four groups : BOS with feedback and goal-setting;
BOS with feedback only; GRS with feedback and goal-setting; and GRS with
feedback only. The authors found that "feedback combined with goal-setting
conditions resulted in significantly higher work satisfaction improvement than
was the case in the feedback-alone conditions" (p. 150) regardless of the
appraisal instrument. The authors also concluded the the BOS instrument
which provides more concrete feedback resulted in significantly higher work
satisfaction than did the GRS instrument. Finally, the interaction between
feedback and goal-setting did not produce significant results. The implications
of this study for Job Characteristics Theory is that feedback did correspond to job satisfaction as predicted by the theory. In addition, more specific feedback as evidenced by the comparison of the appraisal instruments resulted in higher levels of job satisfaction. This could have implications for the present study if social workers using brief treatment interventions perceive feedback from the treatment relationship as more focused than do social workers who engage in longer term interventions.

Williams, Williams & Ryer (1990) examined the impact of feedback on job satisfaction with 159 school psychologists in the state of New York. The subjects responded to mailed questionnaires containing measures of global job satisfaction, “frequency of performance feedback from different sources, and self-perceptions of competence” (p. 553). The authors found that positive feedback received from administrators, colleagues, and clients was positively associated with job satisfaction. Negative feedback from colleagues was “associated with low levels of satisfaction and competence” (p. 559). Thus, this study provided support for the relationship between feedback and job satisfaction.

Buffum and Konick (1982) evaluated the impact of feedback on job satisfaction with 297 employees who worked in psychiatric hospitals in Ohio. The feedback mechanism was defined as the progress of residents of the hospital. Specifically, it was hypothesized that improvement in residents’ functioning should lead to higher job satisfaction in employees. Twenty-two hospital units were grouped according to residents’ functioning level: high, medium, and low. The study found that employees in the medium functioning units had the highest level of job satisfaction, while employees in the lowest functioning units had the lowest satisfaction levels. One explanation the authors
gave for this finding is that the most progress may be found in the medium functioning residents; consequently, those employees would have the greatest amount of feedback. Another finding was that improvement in resident's behavior affected satisfaction with supervision, not work satisfaction. Satisfaction with the work itself increased only when progress was made in "residents' potential for community adjustment" (p. 325).

Critical Psychological States

The critical psychological states of experienced meaningfulness of the work, experienced responsibility for work outcomes, and knowledge of the results of the work activity are considered to be the "causal core" of the job characteristics model (Becherer, Morgan, & Richard, 1982, p. 126). To test this assumption, Becherer, Morgan, and Richard (1982) randomly selected a sample of salespersons. The Job Diagnostic Survey, which was specifically designed to measure the variables in the job characteristics theory, was administered to 214 subjects of which 211 of those questionnaires were usable. To determine if the critical psychological states mediated the relationship between the core job dimensions and the outcome variables (job satisfaction and internal motivation) the following questions were asked: "What combination of psychological states relates most strongly to the outcome variables?; Do job dimensions predict outcome measures just as well if the psychological states are ignored?; and Do specific job dimensions relate to specific psychological states?" (Becherer, Morgan, & Richard, 1982, p. 129). The authors found, first, that the "proportion of controlled outcome variance increases as additional psychological states are added to the model" (p.129). To answer the second question, the authors regressed the outcomes against the job dimensions
before and after the psychological states. They found that the job dimensions
and the outcome variables were "not highly intercorrelated with psychological
states. Next, each outcome variable was regressed against the three
psychological states and the psychological states plus job dimensions. The
"addition of the job dimensions [did not] have a substantial effect on controlled
variance in the multiple regression equations" (p. 130). Consequently, the
authors concluded that the psychological states do indeed bear directly upon
the outcome variables. The last question sought to determine if the specific job
dimensions related to the psychological states as proposed by the model. The
authors found that experienced responsibility for work outcomes was
inconsistent with the model. This critical state should relate directly to
autonomy; however, the authors found that "the standardized coefficients for
other job dimensions are as large as, or larger than, the standardized
regression coefficient for autonomy" (p. 130). In addition, the authors found low
regression weights for task identity and feedback. The authors hypothesize that
these aberrations may be due to the population studied. For example, since
autonomy is expected by salespersons as an intrical part of their job, autonomy
may not be as significant for the state of experienced responsibility.

Growth Need Strength

Growth Need Strength (GNS) is posited to exhibit a mediating influence
between the core job dimensions and the critical psychological states, and
between the psychological states and the dependent variables. Hackman,
Pearce, and Wolfe (1978) conducted a study of the impact of job change on
clerical jobs in a metropolitan bank. This job change occurred due to the
institution of new technology. The new technology "had the effect of objectively
'enriching' some of the jobs, of simplifying and routinizing others, and of leading to no significant change in the motivational characteristics of still others' (Hackman, Pearce, and Wolfe, 1978, p. 290). The Job Diagnostic Survey and outcome measures focusing on affective and behavioral reactions was used to measure objective and perceived characteristics of the jobs both before and after the change. Employees were naturally divided into three groups: "those whose jobs increased in MPS as a result of the change, those whose jobs decreased in MPS, and those whose jobs were minimally changed in MPS" (p. 290-291). The results of the job changes were: "(a) all job characteristics (except task identity) increased for the 'enriched' groups, (b) all job measures decreased for the 'deenriched' groups, and (c) there were no consistent effects for the 'control' groups" (p. 296). The researchers found support for the moderating effect of growth need strength (GNS). The work group analysis found high GNS employees correlated positively at the p = .01 level for general satisfaction and growth satisfaction and at the p = .05 level for internal work motivation. An individual analysis revealed positive correlations for high GNS employees with internal work motivation and growth satisfaction at the p = .01 level. For individuals with low GNS, researchers found little impact on absenteeism. A direction opposite to that predicted by the theory was found with absenteeism and high GNS employees. Enriched work actually increased absenteeism, while simplified work decreased absenteeism.

Cherniss and Kane (1987) compared professionals (n = 115) and blue-collar workers (n = 137) employed in a state government to determine differences in job satisfaction, task characteristics and intrinsic fulfillment through work. The authors found that the professionals generally perceived their jobs to be less intrinsically fulfilling than did the blue-collar workers. The
blue-collar workers perceived significantly higher amounts of skill variety, task identity, task significance, and autonomy than did the professionals. Even with these differences in the core job dimensions the authors did not find a significant difference in the levels of job satisfaction between the two groups. One possible explanation for the non-significant difference would be that the professionals had a lower intrinsic need strength (growth need strength) than the blue-collar workers. However, this hypothesis did not hold true. In fact, the professionals' intrinsic need strength was greater than the blue-collar workers. The authors did find, however, that the professionals believed that significantly less intrinsic fulfillment should come from work alone than did the blue-collar group. Consequently, even though the professionals had higher needs for intrinsic fulfillment, these workers "did not expect their work to play as large a role in fulfilling those needs" (Cherniss & Kane, 1987, p. 132).

Katz (1978a) studied the impact of growth need strength on job satisfaction based on employee longevity. A sample of 3,085 public sector employees was divided into five groups of varying job tenure: "i.e., 0-3 months; 4-12 months; 1-3 years; 3-10 years; and 10+ years" (p. 711). The author concluded that employees with high growth need strength responded "more positively, in terms of job satisfaction, to their task characteristics within the first three job longevity periods..." (p. 717). Moreover, the author found significant differences between task characteristics and job satisfaction correlations for high growth need strength employees in each of the job longevity categories. Consequently, the present research assessed job longevity to evaluate the moderating impact of growth need strength.

Oldham (1976) tested the hypothesis that the relationships between job characteristics and internal work motivation are moderated by the employee's
growth need strength. Sixty employees who worked in clerical positions within a manufacturing company were evaluated. Oldham (1976) correlated each of the job characteristics and internal motivation scores separately for employees whose growth need scores were in the top one-third of the total distribution and for those employees whose scores were in the bottom one-third. The results indicated that for those employees with high growth need strength the correlations between each of the five job characteristics (autonomy, task significance, skill variety, feedback, and task identity) and internal motivation reached statistically significant levels. For employees with low growth needs, only skill variety and feedback correlated significantly with internal motivation. Oldham (1976) concludes that employees who are "desirous of growth-need satisfactions should be placed in the most complex jobs" (p. 567).

Summary

Job satisfaction has been cited extensively as the dependent variable in studies of work environments. Autonomy has been the most consistent variable found to be directly associated with job satisfaction. Studies that have objectively manipulated the job characteristics have found overall support for the Job Characteristics Theory. There has been inconsistent support for the impact of gender and education on job satisfaction. The impact of Growth Need Strength on job satisfaction seems to be more complicated than the theory suggests. Professionals may fulfill growth needs outside of the work environment. Finally, there is limited support for the mediating influence of the critical psychological states.
CHAPTER IV
Research Methods
Research Problem

According to job characteristics theory, mental health professionals working in an environment significantly affected by insurance regulations which result in decreased autonomy over treatment decisions should experience less skill variety, task identity, task significance, autonomy and feedback. The impact of working in an organization low on these attributes would be decreased job satisfaction, decreased work motivation and increased turnover. The ultimate impact would be on the helping relationship—forestalling the growth process in the client due to interruptions in the treatment relationship and decreased worker effectiveness due to lessened job satisfaction. Due to scarcity of resources, managed care policies are being implemented at an increasing rate, making this issue of worker satisfaction of utmost importance. Because of these factors, this research was conducted to determine if differences in worker satisfaction exist in conjunction with stricter insurance regulations. In addition, it appears that managed care policies favor a cognitive or behavioral orientation through an emphasis on brief treatment. Consequently, this research tested whether theoretical orientation affects job satisfaction in a managed care environment. The implication for hiring practices would be apparent, i.e. if the research shows that practitioners with a cognitive orientation are more satisfied in a managed care environment, an agency focus that attracts this type of personnel would be beneficial.
Research Questions

The major question to be addressed in this research is as follows: Is there a difference in perceived job satisfaction between workers with a larger majority of cases whose treatment is significantly impacted by insurance than social workers with less clients with insurance restrictions?

**Hypothesis I:** Social workers with a greater perceived funding source influence will show less job satisfaction than social workers with a lower level of perceived funding source influence.

In addition several minor questions were examined:

1. Is there a difference between worker’s perceptions of skill variety, task identity, task significance, autonomy and feedback in agencies or private practices based on number of clients with strict insurance guidelines regarding length or type of treatment?

**Hypothesis II:** Social workers with greater perceived funding source influence will demonstrate lower scores on the core job dimensions of skill variety, task significance, autonomy, and feedback.

2. To what extent does a clinician’s theoretical orientation effect task identity and feedback?

**Hypothesis III:** Social workers with a cognitive or behavioral theoretical orientation will perceive a greater level of feedback than social workers with insight-oriented theoretical orientations.

**Hypothesis IV:** Social workers with a cognitive or behavioral theoretical orientation will perceive a greater level of task identity than social workers with insight-oriented theoretical orientations.

3. Is there a difference in “growth need strength” in social workers based on theoretical orientation?
Hypothesis V: Social workers identifying their theoretical orientation as cognitive or behavioral will have a lesser mean score on need growth strength than will social workers identifying their theoretical orientation as insight oriented.

4. Does the presence of a higher percentage of managed care cases impact turnover cognitions?

Hypothesis VI: Social workers with a greater level of perceived funding source influence will experience more turnover cognitions.

DESIGN

Research Design

This research was an ex post facto design with cross-sectional random selection. Kerlinger (1973) defines ex post facto research as a “systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred... Inferences about relations among variables are made, without direct intervention, from concomitant variation of independent and dependent variables” (p. 390). In this design, Masters-level social workers providing individual treatment were compared to determine job satisfaction. The sampling frame included 826 social workers from the National Association of Social Workers Clinical Register. Social Workers who are employed in either Ohio (n = 353) or Michigan (n = 473) and were listed in the Clinical Register were included. The sample was limited to Ohio and Michigan in order to provide a more homogeneous sampling frame than would exist with a national sampling frame. The liability to this sampling frame was the inability to discern differences based on geographic location.
Threats to Internal Validity

The major weaknesses in this design are the lack of ability to either randomize subject assignment or to manipulate independent variables (Kerlinger, 1973). Endemic to the lack of randomization are threats to internal validity. The greatest threat to internal validity is selection bias. Selection bias is a "confounding effect produced by differences between program participants before entering the program and eligible targets who for one reason or another do not participate in the program" (Rossi & Freeman, 1993, p. 214). This research used Masters-level social work practitioners who were providing clinical treatment as subjects. Social worker clinicians included in this study may have self-selected into an agency or a case load that is particularly associated with managed care. For example, some agencies function solely to provide brief treatment to their clients. Those clients requiring longer treatment would be referred to another agency or private practitioner. Those practitioners self-selecting into managed care agencies may be different from those who self-select into non-managed care agencies on specific attributes. Alternatively, some agencies may give practitioners control over the type of cases they receive. Consequently, some social workers may select to work with clients who have stricter insurance guidelines due to the social worker's preference for briefer forms of treatment. One of the concerns with selection bias is that differences would be attributed to the independent variables when in fact none existed, or an increase in Type I error (Rossi & Freeman, 1993). Because of the nature of this study the opposite could also be presumed. For example, if practitioners selected to be in a managed care agency or chose to work with clients with strict insurance regulations due to theoretical background (e.g. preferring cognitive theory or brief treatment) or because of low growth need
strength, the resultant statistical analysis may find that there is no difference attributed to the independent variables. In order to control for some of these attributes, subjects will be statistically equated on the following variables: growth need strength; theoretical background; treatment preference; length of time with agency; years of experience in mental health; salary; and education (all subjects will be masters level).

Maturation, or the possibility the the subjects have changed in some way due to working in a managed care system, will be evaluated through effects of length of time with the agency.

Variables

The independent variables included: skill variety, task identity, task significance, autonomy, feedback, and critical psychological states. Mediating variables included growth need strength, and funding source influence. Antecedent variables included theoretical orientation and demographic variables. The dependent variables were job satisfaction and turnover cognitions.

Independent Variables

Skill Variety

Skill Variety is the ability to utilize a variety of skills and talents while performing a task (Oldham, Hackman, & Pearce, 1976). This variable was scored by averaging three items on the Job Diagnostic Survey (Section one #4, Section two #1 and #5) and was renamed Index 1. The reliability of Index 1 was .65. The scores ranged from one to seven. A small score indicated less skill variety was perceived by respondents (Refer to Appendix A for a copy of the survey).
**Task Identity**

Task Identity is the process of completing a job from beginning to end resulting in a visible outcome (Oldham, Hackman, & Pearce, 1976). Task Identity was measured by a scale from the JDS that averages item #3 from Section one and items #3 and #11 from Section Two. This was renamed Index 2 and had a reliability of .81. The scores ranged from one to seven. A smaller score indicated lesser task identity was perceived by the subjects.

**Task Significance**

Task significance is "[t]he degree to which a job has a substantial impact on the lives or work of other people--whether in the immediate organization or in the external environment" (Oldham, Hackman, & Pearce, 1976, p. 395). This variable was measured by the JDS and scored by averaging item #5 from Section one and items #8 and #14 from Section two and renamed Index 3. This scale had a reliability score of .64. The scores ranged from one to seven. The smaller scores corresponded to lesser perceived task significance.

**Autonomy**

Autonomy is "[t]he degree to which a job provides substantial freedom, independence, and discretion" both in scheduling and in deciding procedures used (Oldham, Hackman, & Pearce, 1976, p. 395). This variable was measured by the JDS specifically by averaging item #2 from Section one and items #9 and #13 from Section two which created Index 4. This scale had a reliability score of .75. The scores ranged from one to seven. The small scores indicated a lesser degree of perceived autonomy.

**Feedback**

Feedback is the degree to which performance of job tasks results in the employee obtaining direct and clear information about his or her effectiveness
(Oldham, Hackman, & Pearce, 1976). Feedback is measured by the JDS by averaging item #7 on Section one and items #4 and #12 on Section two. This variable was renamed Index 5 and had a reliability score of .83. The scores ranged from one to seven. The small scores corresponded to a lesser degree of perceived feedback.

**Motivating Potential Score (MPS)**

The motivation potential score is a computation of the five core job dimensions (refer to Chapter 2). It is postulated that the MPS leads to the critical psychological states which in turn lead to job satisfaction. This score was denoted by Index 23 and had a reliability of .78.

**Meaningfulness of the Work**

Meaningfulness of the work is the "degree to which the employee experiences his or her job as one which is generally meaningful, valuable, and worthwhile" (Hackman & Oldham, 1980, p. 90). This critical psychological state postulated to result from the combination of skill variety, task identity, and task significance. This variable was measured by the JDS. Specifically, questions #7 and #4 on section three and question #6 and #3 from section five are averaged into Index 16. Questions #3 and #4 are reverse ordered on the survey so they were recoded after data entry. This scale was renamed Index 16 and had a reliability of .77. The scores ranged from one to seven. A lesser score indicated a smaller degree of the perceived meaningfulness of the work.

**Responsibility for work outcomes**

The experienced responsibility for the work is the degree that the employee feels accountable and responsible (Hackman & Oldham, 1980). This critical psychological state is hypothesized to result from the core job dimension of autonomy. Questions #1, #8, #12, and #15 from section three and #4 and #7
from section five are averaged into Index 17 and had a reliability of .66. Question #1 was reversed ordered, so it was recoded after data entry. The scores ranged from one to seven. A small score indicated a lesser degree of experienced responsibility for work outcomes.

Knowledge of Results

Knowledge of the results is the degree to which the employee knows and understands, on a continuous basis, how effectively he or she is performing his or her job (Hackman & Oldham, 1980). This critical psychological state is postulated to result from the core job dimension of feedback. This variable was derived from questions #5 and #11 from section three and questions #5 and #10 from section five which were averaged into Index 18 which had a reliability score of .78. The scores ranged from one to seven. A small score indicated a lesser degree of the critical psychological state "knowledge of results".

Mediating Variables

Growth Need Strength

Growth need strength is the "need for personal growth and development" at work (Oldham, Hackman, & Pearce, 1976, p. 396). The questionnaire provided two separate measures of need growth strength from the JDS. The first measure, from Section Six, was obtained by first subtracting 3 from each item and then averaging items #2, #3, #6, #8, #10, and #11. This yielded a summary score that ranged from one to seven. The index 6r1 had a reliability coefficient of .78. The second measure, from Section Seven, was obtained by averaging twelve items. Specifically, items #1, #5, #7, #10, #11, and #12 were directly scored. Items #2, #3, #4, #6, #8, and #9 were reversed scored. This scale was then converted to a seven-point summary score using the following formula \(Y = 1.5X - .5\). This index (7) had a reliability coefficient of .68. These
two measures were then combined into the final growth need score by averaging the the two summary scores. The resultant reliability coefficient for the combined GNS was .28. Consequently, the combined GNS index could not be used in the data analysis. Since the first GNS measure (Index 6r1) had the highest reliability, that index was used for the GNS analysis. The scores ranged from one to seven with a smaller number indicating a lesser amount of growth need strength.

Funding Source Influence

Question 11 on page three of the survey concerns the amount of funding source influence or the impact of private insurance social workers feel. Specifically, respondents are asked to respond on a five-point likert scale (1 = completely to 5 = not at all) to the following questions: Funding sources specify the type of client I can work with; Funding sources influence the length of time I treat a client; Funding sources limit the types of treatment activities to the detriment of my clients; and I find the demands of the funding sources conflict with professional ethics. The questions were reversed ordered after data entry so that a high score would reflect high funding source influence. Question #11 a, b, e, and f were averaged to obtain index 21(Cronbach’s alpha = .71).

Brief Treatment

The amount of brief treatment used by social workers in their clinical practice was assessed through question #4 on the first page of the survey. Specifically this question asked “In what percentage of your cases do you engage in brief treatment (5 - 10 sessions)?” Respondents were asked to place a check next to the category that best described their practice. The categories included 0 - 24%, 25 - 49%, 50 - 74%, and 75 - 100%.
Dependent Variables

Job Satisfaction

Job satisfaction is both the ability of the job to meet the employee's needs for intrinsic and extrinsic rewards as well as the employee's overall comfort with the work environment. The JDS measures several facets of job satisfaction including: growth satisfaction; pay satisfaction; security satisfaction; social satisfaction; supervisory satisfaction; and overall satisfaction. For the purposes of this research, only the measure of respondents' overall satisfaction was utilized. Specifically, this index was derived by obtaining the average of questions #3, #13, and #9 from Section Three and #2 and #8 from Section Five. Questions #9 and #8 were reverse ordered so that the responses would be directionally aligned with the other variables. This index was renamed Index 9 and had a reliability of .83. The scores ranged from one to seven with a lesser number corresponding to a lesser amount of perceived job satisfaction.

Turnover Cognitions

Turnover cognitions are intentions to leave the organization. Subjects' intentions to quit were measured by a scale composed of the following three items: #9, #16, and #17 from Section Three. These items were anchored from Disagree Strongly (1) to Agree Strongly (7) (Items derived from Colarelli, S. M., 1984). When all three items were averaged together, the scale's reliability was .38. Consequently, only items #16 and #17 were used in a index (25). The reliability coefficient for that index was .89. A lesser score on this index corresponded to a lesser amount of turnover cognitions.
Antecedent Variables

Theoretical Background

To determine respondents' theoretical background, subjects were asked to identify a 'best fit' description of their practice orientation. This forced choice question (Question #2; first page of questionnaire) included behavioral, cognitive, ego psychology, gestalt, psychodynamic, and systems theory. Dummy variables were created and the theoretical backgrounds were divided into three categories. Cognitive and behavioral preferences were combined into one variable which was labeled T1. Ego psychology, gestalt, and psychodynamic backgrounds were combined into one variable (T2) which represented insight-oriented theories. Systems theory was coded as its own variable labeled T3.

'Goodness of fit' of theory and brief treatment

Respondents were asked to indicate on a likert scale question if they believed their theoretical preference was easily incorporated into a brief treatment protocol. The scale was weighted one to five with one indicating that the respondents' "Strongly agree" and five that they "Strongly disagree" that their theoretical preference was easily incorporated into brief treatment techniques (Question #3; first page of questionnaire).

Experience in Mental Health

Respondents were asked to indicate the length of time (years and months) they had been employed in the field of mental health (Question 1, Section 8). The data were computed into months for entry into the computer.

Length of time in agency or private practice

Subjects were asked to indicate in years and months, the length of time
they had been in their current agency or private practice (Question #2, Section 8). This information was coded into months for data entry.

**Salary**

Respondents were asked to indicate their annual income from all of their work settings (Question #8, Section 8).

**Sex**

Respondents were asked to circle the letter corresponding to their gender (Question #3, Section 8).

**Living Arrangement**

To determine living arrangement, subjects were asked to check the category that best describes them. The choices included: married; living together as 'married' (heterosexual); living together as 'married' (homosexual); and single (Question #6, Section 8).

**Reason for coming to the agency**

An open-ended question was included at the end of the survey which asked respondents to indicate why they joined this particular agency or private practice. This question was included to control for respondents who may have joined a particular agency because they particularly enjoyed working in a managed care setting.

**Data Collection Plan**

Following Dillman (1978), the researcher mailed the self-administered questionnaire to individual social workers at their agency address. All questionnaires contained a number corresponding to the respondent's address. The purpose of this number—to identify non-respondents—was explained in the cover letter. The Clinical Register is updated approximately
every six months; however, due to technical delays, one could expect the list to be one year old. Consequently, problems encountered included outdated addresses or employees who have terminated their employment with the address listed. This resulted in 32 unreceived questionnaires. If forwarding addresses were available, an attempt was made to deliver the survey to subjects who are no longer with the address listed on the Register. A post card was mailed to the each subject approximately two weeks after the initial mailing. That follow-up contained the principal investigator’s phone number so that respondents could contact the researcher if they did not receive the initial mailing. When questionnaires were returned, the respondents name was deleted from the mailing list, thus insuring both anonymity and enabling the researcher to avoid redundancy in follow-up mailings. A third mailing containing a second cover letter and the original questionnaire was sent to non-respondents approximately one month after the initial mailing (Refer to Appendix B for copies of letters and postcard).

Since the survey was self-administered, interviewer bias (i.e. the fact that the interviewer could impact the way the subjects respond) should not be a problem (Cozby, 1989).

Pilot Testing

The majority of the survey questions had been studied psychometrically as a part of the Job Diagnostic Survey. A limited pilot test was completed with six masters level clinical social workers at a family service agency. The purpose of the pilot testing was to evaluate the style of the questionnaire, to check for spelling accuracy, and to ascertain completion time.

Pilot testers indicated that the survey took approximately 20 minutes to complete and that time estimate was added to the cover letter. One respondent
raised an issue with labels on a likert scale so the labels were evaluated and subsequently changed before the final mailing.

Sampling Plan

In an attempt to obtain a sample that would yield stable results, a cross-sectional sampling plan was employed. Babbie (1990) describes that "[i]n a cross-sectional survey, data are collected at one point in time from a sample selected to describe some larger population at that time" (p. 56). This type of sampling plan can be used both for description of the variables under study and for determination of relationships between those variables (Babbie, 1990). Due to the time restrictions of this project, a longitudinal design is not feasible. In addition, since random assignment of subjects is both unethical and impractical, an experimental study of this topic would not be possible.

Sample Size

In order to determine an appropriate sample size a power analysis was conducted. To achieve a power of .8 with an alpha of .05 the following sample sizes were recommended based on anticipated effect size. In order to detect a small effect 773 subjects were needed. A medium effect required 123 subjects and a large effect needed 65 subjects. These sizes were determined for a regression analysis with eight independent variables and thirteen control variables. Since there was no literature basis for determining the possible effect sizes, it was decided to send out 700 questionnaires. Based on estimated response rates a sample of approximately 400 would fall between small and medium effect sizes. Thus, the sample would be large enough to show
relatively small effects without being so large as to reduce the meaning of the results.

Sample Response Rate

Seven hundred surveys were mailed to randomly selected clinical social workers. Thirty-two of those surveys were returned with expired forwarding orders bringing the actual sample size to 668. Of those, 512 surveys were returned which resulted in a response rate of 76.6 percent. Babbie (1990) reports that a 50 percent response rate can be considered adequate, while 60 percent is good, and “70 percent or more is very good” (p. 182). Seventy surveys were returned but not completed; consequently, the final sample size was 442 (66 percent of the number of surveys delivered). Of those surveys that were returned but not completed, the majority of the respondents stated that they were retired; consequently, their responses would not be relevant.

Sample Demographics

Of the 442 respondents who returned the survey, 64.3 % were female (n=284) and 32.8 % were male (n=145). The mean age was 51.6 with a range of 27 to 87 (s.d. = 9.1 Refer to Table 4.1). Ninety percent of the subjects (n=398) were European American, while two percent (n=9) were African American, .9 % (n=4) were Asian American, .5% (n=2) were Hispanic, 2% (n=9) were Native American, and 1.1 % (n=5) were “Other”. Sixty-eight percent of the respondents (n=302) reported that they were married, 2% (n=9) classified themselves as living together “as married” and heterosexual, 4.1% (n=18) classified themselves as living together “as married” and homosexual, and 22.2% (n=98) identified themselves as single.
Table 4.1

Age of Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 - 40</td>
<td>33</td>
<td>7.8</td>
</tr>
<tr>
<td>41 - 50</td>
<td>186</td>
<td>44.0</td>
</tr>
<tr>
<td>51 - 60</td>
<td>136</td>
<td>32.1</td>
</tr>
<tr>
<td>61 - 70</td>
<td>57</td>
<td>13.5</td>
</tr>
<tr>
<td>71 - 87</td>
<td>11</td>
<td>2.6</td>
</tr>
<tr>
<td>Missing cases</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>442</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.2, the respondents had an average of 21.2 years experience in mental health (range: 1.8 years to 51 years; s.d=8.38 years) and had been employed in their current setting for a mean of 11.3 years (range: 1 month to 40 years; s.d=7.39 years).

Table 4.2

Experience in Mental Health and Current agency

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Mental Health Experience</td>
<td>430</td>
<td>21.2 years</td>
<td>8.38</td>
</tr>
<tr>
<td>Years in current agency</td>
<td>432</td>
<td>11.3 years</td>
<td>7.39</td>
</tr>
</tbody>
</table>
Table 4.3 displays the number and percentage of respondents by their work setting. Forty-six percent (n=204) were employed in a private practice setting. The remaining subjects were employed either in community mental health (10.9%, n=48), children and family service agency (6.3%, n=28), other outpatient mental health setting (14%, n=62), hospital setting (11.3%, n=50), or "other" (11.3%, n=50). The subjects worked an average of 37 hours per week with a range of less than one hour to 80 hours per week (s.d = 14.5). The average annual respondent salary was $48,904 (range: $1,625 to $250,000; s.d.=$24,543).

Table 4.3

<table>
<thead>
<tr>
<th>Employment Setting</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health</td>
<td>48</td>
<td>10.9</td>
</tr>
<tr>
<td>Child/Family Services</td>
<td>28</td>
<td>6.3</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>62</td>
<td>14</td>
</tr>
<tr>
<td>Private Practice</td>
<td>204</td>
<td>46</td>
</tr>
<tr>
<td>Hospital</td>
<td>50</td>
<td>11.3</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
<td>11.3</td>
</tr>
<tr>
<td>Totals</td>
<td>442</td>
<td>99.8%</td>
</tr>
</tbody>
</table>

External Validity

All subjects were members of the National Association for Clinical Social Workers with employment in either Ohio or Michigan. External validity was limited to clinical social workers within that geographical area. The
The average age of the sample was 51.6 years. The average length of mental health experience was 21.2 years with a range of 1.8 years to 51 years. The respondents' had accumulated a mean of 11.3 years practicing in their current agency with a range of one month to 40 years. Thus, the findings may not be applicable to clinical social workers who are new to the field of mental health or have limited experience. Ninety percent of the subjects were of European descent.

The external validity of this research was limited to older clinical social workers with a significant amount of experience in mental health and years in their present agency. Additionally, further research would be required to suggest any differences based on ethnicity, cultural background, or geographical location.

**Measurement**

**Overview**

The Job Diagnostic Survey (Hackman & Oldham, 1975) directly measured the core job dimensions (skill variety, task identity, task significance, autonomy, and feedback), employee growth need strength, critical psychological states (experienced meaningfulness of the work, experienced responsibility for outcomes of the work, and knowledge of the actual results of the work), and personal and work outcomes (work motivation, job satisfaction). Some of the questions on this scale have been revised to eliminate artifacts from reverse ordered questions (Idaszak & Drasgow, 1987). A scale developed by Colarelli (1984) was used to measure turnover cognitions (intention to leave current employment). Questions concerning sociodemographics were included in order to describe the sample and to address external validity. The literature reported that living situation sometimes impacts job satisfaction (Arches, 1989);
consequently, one question was added to evaluate if that is indeed the case. Finally, original scales to assess insurance impact on quantity of treatment, theoretical orientation and use of brief treatment were included.

**Funding Source Influence Scale**

A scale measuring the influence of funding sources was adapted from Arches (1989). The question asked respondents to specify how they feel private insurance funding sources influence how they work (Question #11 A-F, Page 3). Respondents answered on a likert-type scale: 1 = Completely; 2 = Often; 3 = Occasionally; 4 = Rarely; and 5 = Not At All. The questions utilized to develop an index included A. Funding sources specify the type of client I can work with, B. Funding sources influence the length of time I treat a client, E. Funding sources limit the types of treatment activities to the detriment of my clients, and F. I find the demands of the funding sources conflict with professional ethics. The four questions were summed and averaged to compose an index. The questions were reverse ordered prior to calculating the index so that a high score would reflect high funding source influence. The reliability for this scale is .71.

**The Job Diagnostic Survey**

The Job Diagnostic Survey (JDS) was designed by Hackman and Oldham (1975) in order to diagnose jobs and to research and evaluate the effects of jobs on workers. The JDS is conceptually based on the Job Characteristics Theory. The instrument uses seven-point Likert-type response scales (1 = low, 7 = high).

The variables measured correspond to the job characteristics model. Specifically, the five core dimensions -- skill variety, task identity, task
significance, autonomy, feedback from the job itself, feedback from agents (including supervisors and co-workers) and dealing with others—were measured. The three critical psychological states—experienced meaningfulness of the work, experienced responsibility for work outcomes, and knowledge of results—were scored from both self-descriptive and projective type items. The authors define self-descriptive items as respondents’ indication of level of agreement with statement regarding their work experiences. “In the projective section, respondents are asked to ‘think of other people in your organization who hold the same job as you do’ and report how accurate they believe a number of statements are in describing the feelings of those people” (Hackman & Oldham, 1975, p. 162).

The JDS included personal outcome measures defined as: general satisfaction—a global measure of the employee’s satisfaction or happiness with the job; internal work motivation—“[t]he degree to which the employee is self-motivated to perform effectively on the job” (p. 162); and specific or job facet satisfactions—job security, pay and other compensation, peers and co-workers, supervision, and “opportunity for personal growth and development on the job” (p. 162).

Finally, growth need strength is measured in two separate formats. First, the “would like” format asks respondents to directly indicate “how much they would like to have a number of specified conditions present in their jobs, some of which... focus on growth-relevant aspects of the work” (p. 163). The second section “job-choice” requests respondents to indicate “their relative preference for pairs of hypothetical jobs” (p. 163). In each of these pairs, one job description contains characteristics related to growth need satisfaction while the other job should potentially satisfy other needs.
To establish the psychometric properties of the JDS, Hackman and Oldham (1975) studied 658 employees from 62 different jobs in seven organizations. They report that the jobs were located in businesses and the respondents were a heterogeneous mix of blue-collar, white-collar, and "professional" (sic) workers.

Three independent sources of data assessing job characteristics were obtained from supervisors and the researchers. These observers utilized the Job Rating Form—an instrument consisting "of job descriptive items nearly identical in form and content to the JDS" (p. 163).

"Internal consistency reliabilities range from a high of .88 (growth need strength, in the 'would like' format) to a low of .56 (social satisfaction). The median off-diagonal correlations [indication of discriminant validity] range from .12 (task identity) to .28 (growth satisfaction)" (Hackman & Oldham, 1975, p. 164). From this data, the authors conclude that both the internal consistency and discriminant validity are satisfactory.

JDS Literature Review

Taber and Taylor (1990) conducted a meta-analytic review of approximately 300 studies using the JDS. The purpose of their review was to assess the psychometric properties of the instrument. Specifically, the authors evaluated six types of variance components including test-retest correlations, internal consistency, scale discrimination and factor structure, experimental manipulations of objective job properties, within-jobs variance in JDS scores, multitrait-multimethod data, and external correlates.

Taber and Taylor's (1990) evaluation of test-retest properties was limited as only five studies reported these correlations. Specifically, test-retest was defined as "[d]ata from raters describing the same job at two or more points in
time provide an upper-bound estimate of the degree to which JDS scores co-vary with objective job properties" (p. 472). The results of an upper-bound estimate of true score variance was task variety - 69%, autonomy - 63%, task identity - 48%, task significance - 47%, and feedback - 59%. The authors conclude that the test-retest reliabilities are low to moderate; however, they caution that the sample is too small to conclude those figures with any degree of confidence.

An evaluation of internal consistency, scale discrimination and factor structure provides information "about the degree to which the items in a scale tap common or distinct pools of variance" (Taber & Taylor, 1990, p. 472). Taber and Taylor found scale intercorrelations ranging from “r = .208 to .424, with a median of .330” (p. 475). Internal consistency estimates ranged from .652 to .705. The authors concluded that the JDS had low internal consistency which may have been due to restriction of range in the jobs in some of the studies reviewed. Further, the authors point out that each JDS scale “contains items in three different formats”; consequently, “common methods variance within scales is probably less of a problem in the JDS than in other scales using only a single item type” (p. 492). The authors also conclude that discrimination among the five core scales is moderately good.

Taber and Taylor (1990) did not conduct a meta-analytic analysis on factor structure. The authors state that “[f]actor structures are affected by sampling biases, ecological correlations, systematic measurement error, and artifacts of the analytical models used to compute factors” (p. 476). Consequently, the authors state that they do not expect the theorized five factors to be present in every sample. In their study, the authors summarized some findings of factor structure found in the literature as is done below.
Harvey, Billings and Nilan (1985) evaluated the factor structure of the JDS using confirmatory methods. The authors state that "confirmatory factor analysis can test whether the a priori factor model of Hackman and Oldham (1975) is able to provide a reasonable representation of the relationships among the JDS items (p. 461). This study found that the "JDS items have consistent, nontrivial loadings on the substantive JDS factors" (p. 465). The JDS uses negatively worded items which this study found "have lower loadings than the corresponding items on the other scales" (p. 465). The present research will utilize the revised version of the JDS (Idaszak & Drasgow, 1987) which eliminates negatively worded items; consequently, the problems of different item formats contributing to construct-irrelevant method variance should be addressed. Harvey, Billings & Nilan (1985) conclude that when the difficulties of negatively worded items are addressed, the JDS provides a "plausible representation of the data" (p. 466). The authors recommend modifications of the JDS including elimination of the negatively worded items, these recommendations culminated in the construction of the revised JDS instrument which will be used in the present study.

Green et al. (1979) investigated the format of the JDS using a sample of 114 Textile operatives. Subjects had a mean age of 38.7 years and a mean educational attainment of 9.8 years. The authors found that "the factor structure of the JDS is highly dependent on the idiosyncratic characteristics of the respondents" (p. 184). More simply stated, the authors seem to suggest that due to the complexity of some of the instruments' questions, respondents must possess a higher reading comprehension. Consequently, studies which have found factor structures which do not conform to Hackman and Oldham's (1975) specifications, may be inadequate due to respondents characteristics. Since
subjects included in the present study have a minimum of 17 years of educational attainment, it could be assumed that subjects' reading comprehension is sufficient to overcome format difficulties.

Lee and Klein (1982) investigated the factor structure of the JDS with a sample of 1,632 public sector employees. The total sample was divided into eight subsamples including: "state government employees (n = 680); county government employees (n = 952); administrators (n = 303); professionals (n = 358); technicians (n = 142); paraprofessionals (n = 140); clericals ( n = 409); and service and technical workers (n = 160)" (p. 515). Using Rao's canonical factoring with equimax rotation the authors found support for the a priori dimensionality of the JDS for the total sample, and all other subgroups except for technicians and service and maintenance worker. For these two groups, "items tapping different scales are confounded across factors" (p. 518). These results suggest that the JDS structure "is not invariant across occupational groups" (p. 518). However, it could be argued that the sample for this research, masters-level social workers, is more aligned with the subgroup for which Lee and Klein (1982) found a priori dimensionality.

Pokorney, Gilmore and Beehr (1980) tested the a priori dimensionality of the JDS on the five proposed dimensions of skill variety, task identity, task significance, autonomy, and feedback from the job itself. Using a sample of 102 male employees of a large insurance company responsible for claims processing and evaluation, the authors found support for the five-factor dimensionality of the JDS. Furthermore, the authors found that three factors (task identity, autonomy, and feedback) matched the dimensions exactly.

Taber and Taylor (1990) reviewed laboratory, field and quasi-experiments to determine validity of JDS scales through "the demonstration that
changes in objective job characteristics produce corresponding changes in JDS scores" (p. 478). They concluded that the studies did establish "that manipulations of objective task characteristics do produce significant changes in task perceptions assessed using the JDS scales" (p. 489).

With the multitrait-multimethod procedure, Taber and Taylor (1990) sought to assess convergent and discriminate validity of the JDS as compared to other comparable instruments. When the JDS was compared to the Job Characteristics Inventory (JCI), the JDS "showed moderate-to-good convergence with corresponding JCI scales (Feedback r = .65, Variety r = .72, Task Identity r = .74, and Autonomy r = .68)" (p. 490). Discrimination among scales was reported as moderate with off-diagonal correlations ranging from a high of r = .42 for Autonomy and a low of r = .35 for Feedback. When the JDS was compared to the Work and Life Attitude Survey (an instrument designed to measure the same characteristics as the JDS), the results were more complex. High convergence and discrimination was found for task significance (r = .76, off-diagonal r = .23) and for feedback from agents (r = .80, off-diagonal r = .24). The convergence and discrimination for task Identity (r = .63, off-diagonal r = .20), job feedback (r = .62, off-diagonal r = .16) and autonomy (r = .58, off-diagonal r = .19) are considered moderate. Finally, variety (r = .40, off-diagonal r = .28) indicated low convergence and discrimination.

Taber and Taylor's (1990) last category was external correlates to "give substantive interpretation of the meaning of JDS scores" (p. 490). They found consistent significant correlations with overall job satisfaction, growth satisfaction, and internal work motivation. The authors believe that these correlations may be inflated due to shared methods variance. Also the JDS correlates higher with self-reported affective data than with objective data.
concerning absenteeism and performance. Neither absenteeism or performance variables were used in the present study.

Fried (1991) reviewed 79 studies to compare the JDS with the JCI. The author found that the reliability estimates for both instruments were "sufficiently high for research purposes" (p. 691). Importantly, high convergence was found between the JDS and the JCI on scales that measured task identity and task feedback. However, the author notes that there was "less compelling evidence for the construct validity of the alternative measures of skill variety and autonomy" (p. 695). One interpretation of the difficulties with these scales is "that they are too global in nature and hence susceptible to idiosyncratic differences" (p. 695).

**Revised Job Diagnostic Survey**

As a result of the ambiguous results of studies attempting to confirm the a priori five factor dimensionality of the JDS, Idaszak and Drasgow (1987) rewrote five JDS items to eliminate the reverse order artifact. The authors administered the revised JDS to 134 employees of a printing company and found support for the a priori dimensions and elimination of the artifact.

Idaszak, Bottom, and Drasgow (1988) performed a further test of the Revised JDS with "workers at a printing plant, engineers, nurses and nurses' aides, dairy employees, and part-time employees" (p. 647). The authors found support for the invariant factor loadings on the five core job characteristics. However, a weak sixth factor appeared which the authors attribute to the use of the two different survey formats (the original and the revised JDS).

Kulik, Oldham and Langner (1988) compared the original JDS with the revised version using a sample of 224 dairy workers. The authors found
confirmation for the five a priori dimensions, but also found a sixth factor when using the negatively worded items from the JDS. The revised JDS improved measures of skill variety, task significance, and task identity. However, the measurement of autonomy and feedback was not improved.

Data Analysis

Coding

All questionnaires were coded when they were received and respondents' names were deleted from the mailing list. The data processing was initiated after the second follow-up mailing. The questionnaires were marked with new identifying numbers to correspond with the order they were entered into the computer. All variables were labeled for data entry. The Statistical Package for the Social Sciences (SPSS-PC 5.0) was used for all data analysis.

All variables were assigned labels with eight or less characters for data entry. After careful consideration, it was decided that differences between data that was missing and data that was not applicable would not significantly impact research results. Consequently, information that was coded missing or not applicable was categorized as "missing data" for the final analysis.

Scales and items which were not previously directionally aligned were reversed ordered so that they were coded in the same direction. For example, a high score on insurance impact would indicate they the respondent felt a high degree of impact from private insurers.

Reliability

Cronbach's alphas were computed for each index. All indices that were utilized were .64 or above which is considered adequate (Nunnally, 1967).
Descriptive Statistics

Descriptive statistics including frequencies, means and standard deviations were calculated for each variable. This information was used for the description of the sample and the incidence of managed care impact.

Inferential Statistics

Analysis of variance was used to determine the "statistical significance of the relationship between nominal- and interval-level variables" (Bowen & Weisberg, 1980, p. 179).

Linear correlations with interval data were measured with a Pearson's r statistic. Bowen and Weisberg (1980) explain that the Pearson r "indicates the proportion of the variance of the dependent variable that is explained by linear prediction from the independent variable" (p. 143).

Willemsen (1974) states that "[w]hen the investigator's purpose is to predict one variable from two or more other variables, the techniques of multiple-regression analysis are appropriate" (p. 143). Multiple regression was used to predict job satisfaction, the dependent variable, from the independent variables. The multiple regression technique identified the independent variables that contributed to job satisfaction. When the weights were known, it was determined which variables accounted for the most variance. Significantly, the model tested the impact of managed care influences on job satisfaction controlling for other dimensions known to influence job satisfaction.

Limitations

The major limitation with this research was the lack of a reliable direct measurement of the impact of managed care. The measures used could only infer the amount of insurance impact on a social worker's caseload.

The demographic characteristics of the sample is also a limitation. Since
the sample has an average age of 51 years, the impact of managed care on younger social workers cannot be determined. Concurrently, the respondents have a significant amount of experience in both their agency settings and in mental health generally. This excluded social workers who are either new to their agency or new to the profession. Finally, the sample was employed in either Ohio or Michigan, thus it could not be ascertained if social workers in other geographical regions would differ from the present sample.

The sample was composed of ninety percent European Americans. Consequently, the findings should not be generalized to other practitioners of other cultures or ethnicities.
CHAPTER V

Findings

This chapter described the incidence of managed care in terms of the amount of brief treatment used by social workers and the amount of funding source influence perceived. The relevance of the job characteristics model for this research was then tested. Finally, a description of the testing of the hypotheses and the results were included.

Incidence of Managed Care

Descriptive Statistics

As described above, managed care is noted for its reliance on brief treatment techniques. Because of this, the use of brief treatment techniques was used as one indicator of the incidence of managed care. On the survey, brief treatment was defined as five to ten sessions. Respondents were asked to specify the percentage of cases in which they used brief treatment techniques. Of the 442 respondents, 143 (33%) indicated that they used brief treatment in 0 to 24% of their cases. Twenty-nine percent (n = 124) utilized this protocol in 25 to 49% of their cases, 22% (n = 95) reported use in 50 to 74%, and 16% responded that brief treatment was used in 75 to 100% of their cases (Refer to Table 5.1). Notably, thirty-eight percent of the respondents used brief treatment with more than half of their caseload.
Table 5.1

Frequency of Caseload in Brief Treatment

<table>
<thead>
<tr>
<th>% Brief Tx.</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 24%</td>
<td>143</td>
<td>33.3</td>
</tr>
<tr>
<td>25 - 49%</td>
<td>124</td>
<td>28.8</td>
</tr>
<tr>
<td>50 - 74%</td>
<td>95</td>
<td>22.1</td>
</tr>
<tr>
<td>75 - 100%</td>
<td>68</td>
<td>15.8</td>
</tr>
<tr>
<td>Missing cases</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>442</td>
<td>100%</td>
</tr>
</tbody>
</table>

The majority of social workers surveyed reported that their use of brief treatment techniques had either increased over the past three years (n = 227, 52.5%) or stayed the same (n = 189, 44%). Only 14 respondents (3.2%) indicated that their use of brief treatment had decreased. The increase in the use of brief treatment techniques that was reported by more than half of the respondents could be assumed to be an indicator of the increase in the influence of managed care.

Percent of caseload with session limitations.

Respondents were asked to indicate, with a percentage figure, the amount of their cases with private insurance that were treated in a number of sessions specified by the insurance company. Privately insured clients were divided into four categories based on how many sessions the client's insurance would pay annually. The categories included: 0 - 10 sessions; 11 - 20 sessions; 21 - 30 sessions; and 31 or more sessions. Respondents were instructed to indicate a percentage of their caseload that fell into each category (See Table
5.2). If the respondent indicated that none of their clients fit into a particular category, those data were recorded as 0% in the table.

In the 0 - 10 session category, 58 respondents indicated that 1 to 10% of their caseload were limited to 10 sessions. Sixty-three respondents stated 15 to 35% of their caseload were in this category. Sixty-six respondents stated that 40 to 75% of their caseload were restricted to ten sessions and the remaining 53 respondents stated 80 to 100% of their cases fell into this category.

The second category was the percentage of cases that insurance payments restricted to 11 - 20 sessions. Fifty-one respondents reported that 0 to 10 percent of their caseload fell into the 11 to 20 session category. Ninety-Eight respondents reported that 12 to 35% of their caseload’s insurance paid for 11 to 20 sessions. Ninety-two respondents indicated that 36 to 75% of their cases were in this category, while 47 respondents stated that 76 to 100% of their cases were treated in 11 to 20 sessions.

The third category was the percentage of the respondents’ caseload that insurance restricted to 21 to 30 sessions annually. Sixty-six subjects indicated that 0 to 10 percent of their caseload fell into this category. Fifty-nine respondents stated that 11 to 35% of their cases were treated in 21 to 30 sessions. Thirty-eight reported 36 to 75% of their cases were in this category, and 14 stated that 76 to 100% of their caseload was in this category.

The final category was the percentage of the subjects’ caseload that insurance limited to 30 or more sessions. Sixty-five respondents reported that 1 to 10% of their caseload was in this category. Fifty-nine stated that 11 to 35 % of their cases had 31 or more sessions. Thirty-six respondents reported 36 to 75% of their caseload in this category, 20 subjects reported 76 to 100% in this category.
In summary, 53 (12%) of the respondents reported that 76 to 100% of their cases were treated in 0 to 10 sessions. These respondents could be considered as having the most restricted caseloads, or the greatest amount of insurance impact. In contrast, 20 respondents (4.5%) indicated that 76 to 100% of their cases had unlimited access to sessions. These respondents would be considered as having the least amount of insurance impact.
Table 5.2
Percentage of insured caseload treated by number of sessions

<table>
<thead>
<tr>
<th>% of Cases</th>
<th>0 - 10 sessions</th>
<th>11 - 20 sessions</th>
<th>21 - 30 sessions</th>
<th>31 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Ss</td>
<td>% of Ss</td>
<td># of Ss</td>
<td>% of Ss</td>
</tr>
<tr>
<td>0%</td>
<td>110</td>
<td>24.9%</td>
<td>60</td>
<td>13.6%</td>
</tr>
<tr>
<td>1 - 10%</td>
<td>58</td>
<td>13.1%</td>
<td>51</td>
<td>11.5%</td>
</tr>
<tr>
<td>11 - 35%</td>
<td>63</td>
<td>14.2%</td>
<td>98</td>
<td>22.2%</td>
</tr>
<tr>
<td>36 - 75%</td>
<td>66</td>
<td>14.9%</td>
<td>92</td>
<td>20.8%</td>
</tr>
<tr>
<td>76 - 100%</td>
<td>53</td>
<td>12.0%</td>
<td>47</td>
<td>10.6%</td>
</tr>
<tr>
<td>Missing cases</td>
<td>92</td>
<td>20.8%</td>
<td>94</td>
<td>21.3%</td>
</tr>
<tr>
<td></td>
<td>442</td>
<td>99.9%</td>
<td>442</td>
<td>100%</td>
</tr>
</tbody>
</table>
Control over work.

Respondents were asked to specify on a likert-type scale how much control they felt over selection of cases, how long and hard they work, and techniques/procedures used. The scale was rated from 1 (complete control) to 5 (no control). Analysis revealed a mean of 2.5 (s.d. = 1.3) on the item regarding how much control respondents felt they exerted over selection of cases. Less than 10% of the respondents \( n = 43 \) felt they had no control over the selection of cases. Respondents reported a mean of 2.2 (s.d. = 1) regarding control over how long and hard they work. Finally, subjects reported a mean of 1.8 (s.d. = .75) regarding control over the techniques and procedures they use in their work (Refer to Table 5.3).

Table 5.3
Control over Work
\((1 = \text{Complete Control} \quad 5 = \text{No Control})\)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Selection</td>
<td>2.5</td>
<td>1.3</td>
</tr>
<tr>
<td>How long and Hard Subjects worked</td>
<td>2.2</td>
<td>1</td>
</tr>
<tr>
<td>Techniques Used</td>
<td>1.8</td>
<td>.75</td>
</tr>
</tbody>
</table>

Organization

Respondents were asked how often they experienced conflict between the policies of the organization they worked for and the needs of the clients they served. The choices were: Frequently (1); Sometimes (2); Rarely (3); Never (4). The mean score for this variable was 2.2 (s.d. = .82). Refer to Table 5.4.
Table 5.4

Frequency of experienced conflict between organization policies and meeting client needs.

<table>
<thead>
<tr>
<th>Experienced Conflict</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>41</td>
<td>9.3</td>
<td>11.1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>158</td>
<td>35.7</td>
<td>42.8</td>
</tr>
<tr>
<td>Rarely</td>
<td>134</td>
<td>30.3</td>
<td>36.3</td>
</tr>
<tr>
<td>Never</td>
<td>36</td>
<td>8.1</td>
<td>9.8</td>
</tr>
<tr>
<td>Missing cases</td>
<td>73</td>
<td>16.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>442</td>
<td>99.9%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Funding source influence

The questionnaire contained six questions regarding the impact of private insurance funding sources on social workers (Arches, 1989). The respondents were asked to indicate answers on a likert-type scale (1 = completely, 2 = often, 3 = occasionally, 4 = rarely, 5 = not at all). The first question—Funding sources specify the type of client I can work with—resulted in a mean score of 3.1 [3 = ‘occasionally’] with a standard deviation of 1.2. The average respondent felt that funding sources occasionally specified the type of client he or she worked with. The second question—Funding sources influence the length of time I treat a client—had a mean of 2.3 [2 = ‘often’] and a standard deviation of 1.2. The average respondent felt that funding sources often influenced the length of time the client was in treatment. The third question—Funding sources influence the number of clients I see—resulted in a mean score of 3.3 (s. d. = 1.3). Funding sources only occasionally influenced the number of
clients the respondents saw. Since nearly half of the respondents were in private practice, it follows that insurers would have little influence over the number of clients seen each week. 'My schedule is influenced by funding sources' was the fourth question (mean = 3.3; standard deviation = 1.3). Funding sources consequently have only occasional influence over the respondents' schedule. The fifth question--Funding sources limit the types of treatment activities to the detriment of my clients--resulted in a mean of 2.9 with a standard deviation of 1.1. Respondents indicated that on average the funding sources limited treatment to the detriment of clients occasionally. The final question--I find the demands of the funding sources conflict with professional ethics--resulted in a mean of 2.8 with a standard deviation of 1.1. The last question indicated that respondents experienced ethical conflicts with funding sources occasionally to often.

Four of these questions were aggregated into a scale that measured perceived funding source influence (Refer to Table 5.5). The questions that were in this scale included: Funding sources specify the type of client I can work with; Funding sources influence the length of time I treat a client; Funding sources limit the types of treatment activities to the detriment of my clients; and I find the demands of the funding sources conflict with professional ethics. The questions were reversed ordered so that a greater score indicated a larger amount of perceived funding source influence. The mean for this scale was 3.2 with a standard deviation of .8 (Cronbach's alpha = .71).
Table 5.5

Frequency Table of Funding Source Influence Index

<table>
<thead>
<tr>
<th>Influence Amount</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All (1.0 - 1.75)</td>
<td>27</td>
<td>7.2</td>
</tr>
<tr>
<td>Rare (2.0 - 2.75)</td>
<td>96</td>
<td>25.8</td>
</tr>
<tr>
<td>Occasional (3.0 - 3.75)</td>
<td>177</td>
<td>47.5</td>
</tr>
<tr>
<td>Often (4.0 - 4.75)</td>
<td>70</td>
<td>18.7</td>
</tr>
<tr>
<td>Complete (5.0)</td>
<td>3</td>
<td>.8</td>
</tr>
<tr>
<td>Missing cases</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td></td>
<td>442</td>
<td>100%</td>
</tr>
</tbody>
</table>

Mean = 3.2

Standard Deviation = .8

Testing the Job Characteristics Model

The initial step in evaluating the data was to test the assumptions of the job characteristics model (see chapter 2 for model). The theory states that the core job dimensions lead to the critical psychological states which result in the dependent variable, job satisfaction. The relationship between the core job dimensions and the critical psychological states are proposed to be mediated by growth need strength. The same mediating relationship is thought to occur between the critical psychological states and the dependent variable.

An index was computed of the sum of skill variety, task identity, and task significance which was then averaged. This index is hypothesized to lead to the critical psychological state of the experienced meaningfulness of the work. A Pearson r was computed between the index of the three core dimensions and
the experienced meaningfulness of the work that resulted in an $r$ of .52 which is significant at .001. The second correlation was between autonomy and experienced responsibility for work outcomes. A positive correlation was found ($r = .4$) which is significant at the .001 level. The third correlation computed was between feedback and the knowledge of actual results of the work. A positive correlation was found ($r = .61$) which is significant at the .001 level. The data provided evidence that the core job dimensions did indeed lead to the critical psychological states as postulated by the job characteristics theory.

The three critical psychological states are postulated to lead to the dependent variable of job satisfaction. A multiple regression was calculated between the three psychological states which accounted for 46% of the variance in job satisfaction (Refer to Table 5.6). Specifically, the results indicated the the experienced meaningfulness of the work accounted for the most variance (beta = .42), knowledge of the actual results was beta = .25, and experienced responsibility for work outcomes was beta = .13. All were significant at .005. The data from the present research were consistent with the Job Characteristics Model.
Table 5.6

Multiple regression between job satisfaction and critical psychological states.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>T</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaningfulness of the work</td>
<td>.42</td>
<td>8.3</td>
<td>.000</td>
</tr>
<tr>
<td>Responsibility for outcomes</td>
<td>.13</td>
<td>2.7</td>
<td>.005</td>
</tr>
<tr>
<td>Knowledge of Results</td>
<td>.25</td>
<td>5.4</td>
<td>.000</td>
</tr>
<tr>
<td>Multiple R</td>
<td>.678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R Squared</td>
<td>.459</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significance F</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Impact of Core Job Dimensions (MPS) on Job Satisfaction

A multiple regression was computed to evaluate the impact of the core job dimensions (skill variety, task identity, task significance, autonomy, and feedback) combined into the Motivating Potential Score (MPS) on job satisfaction. Other variables that were entered as potential explanations of variance included the percentage of cases in brief treatment, theoretical orientation, growth need strength, funding source influence, and the ease of incorporation of theoretical preference into brief treatment. The MPS was the only factor found significant at the .05 level and accounted for 20% of the variance (Multiple R = .45; R square = .2; Beta = .45; significance = .000). The core job dimensions accounted for 20% of the variance in job satisfaction while the critical psychological states accounted for 46% of the variance. These findings were consistent with the Job Characteristics Model which states that
the MPS leads to the critical psychological states and those critical states lead to job satisfaction.

Mediating Impact of Growth Need Strength

A modest significant correlation was found between the Motivating Potential Score (a computation of the core job dimensions) and growth need strength (Pearson r = .18, significance = .01). Consequently, the employee's growth need strength may impact the perception of the core job dimensions which in turn result in greater levels of the critical psychological states that determine job satisfaction.

In addition, a weak correlation was found between growth need strength and growth satisfaction (a subscale of job satisfaction). The Pearson r value was .11 at the .001 level of significance. This provides some evidence for the mediating impact of growth need strength.

Impact of Antecedent Variables on Job Satisfaction

In order to test the hypotheses, it was necessary to ascertain if any of the demographic/antecedent variables impacted job satisfaction to a great extent. With job satisfaction as the dependent variable, a multiple regression was computed with the following independent variables—theoretical orientation, age, gender, and salary. Living situation and ethnicity were omitted as a majority of the sample were married and of European descent. In the stepwise multiple regression, only age was a significant predictor of job satisfaction accounting for 1% of the variance at the .05 level with a beta of .11 (Multiple R = .11, R Squared = .012, Significance = .04). The antecedent variables predicted very little job satisfaction as measured by the JDS.
Hypothesis Testing

Hypothesis 1

The purpose of this hypothesis was to determine if perceived funding source influence affected the job satisfaction of social workers. It was expected that social workers with a greater perceived funding source influence would show less job satisfaction. To test the impact of funding source influence on job satisfaction, a correlation was computed between the two variables. The correlation was significant \((r = -0.16; \text{significance} = .001)\) in an inverse direction. This modest correlation provides evidence that greater perceived funding source influence corresponds to a lesser level of job satisfaction.

Because of the difficulty defining what constitutes managed care impact, a second analysis was conducted using percentage of brief treatment cases as an indicator of managed care impact. Specifically, it was hypothesized that social workers with 25% or less insurance restricted cases will show higher job satisfaction scores than social workers with 75% or more insurance restricted cases. An Analysis of Variance (ANOVA) was conducted with job satisfaction as the dependent variable and BT1 (0 - 24% of cases in brief treatment) and BT4 (75 - 100% of cases in brief treatment) as the independent variables. The null hypothesis was that there is no difference between the mean score on job satisfaction between social workers with 25% or less insurance restricted cases and social workers with 75% or more restricted cases. The data did not allow for the rejection the null hypothesis.

Hypothesis 2

The purpose of this hypothesis was to determine if funding source influence had an impact of the core job dimensions. It was predicted that social
workers with greater perceived funding source influence would demonstrate lower scores on the core job dimensions of skill variety, task significance, autonomy, and feedback. A correlation was computed between the motivation potential score (an aggregate of the core job dimensions) and the funding source influence scale to test this hypothesis. A Pearson r of -.24 was significant at the .001 level. This indicates that greater funding source influence corresponds with a lower level of the core job dimensions.

A second analysis was computed to assess the impact of the percentage of brief treatment cases on the respondent’s perceived level of core job dimensions. It was hypothesized that social workers with caseloads incorporating 75% or more brief treatment cases will perceive a decrease in skill variety, task identity, task significance, autonomy, and feedback.

An ANOVA was computed to test the null hypothesis that there is no difference between the mean score of respondents with 25% or less brief treatment cases (n = 142, mean = 238.8, s.d. = 65.4) as compared to the mean score of respondents with 75% or more brief treatment cases (n = 67, mean = 194.35, s.d. = 76) on the Motivating Potential Score (MPS, Index 23). The data suggested the rejection of the null hypothesis (Refer to Table 5.7). It can be concluded that respondents with 75% or more brief treatment cases will have lesser mean scores on the core job dimensions than respondents with 25% or less brief treatment cases.
Table 5.7

Effect of amount of Brief Treatment on MPS

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Squares</th>
<th>F</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>107728.7</td>
<td>35909.6</td>
<td>7.3</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>417</td>
<td>2055263.8</td>
<td>4928.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>2162992.6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 3

The purpose of this hypothesis was to determine if theoretical orientation influenced the perceived level of feedback. An analysis was conducted to determine if social workers with a cognitive or behavioral theoretical orientation will perceive a higher level of feedback than social workers with insight-oriented theoretical orientations.

A one-way analysis of variance was computed with feedback as the dependent variable and theoretical orientation and the independent variable. No significant differences were found; consequently, the data did not allow for the rejection of the null hypothesis that theoretical orientation has no impact on feedback.

Hypothesis 4

An analysis was conducted to determine if social workers with a cognitive or behavioral theoretical orientation will perceive a higher level of task identity than social workers with insight-oriented theoretical orientations.
A one-way analysis of variance was computed using task identity as the dependent variable and theoretical orientation as the independent variable. The data did not allow for the rejection of the null hypothesis—theoretical orientation has no impact on task identity.

**Hypothesis 5**

Social workers identifying their theoretical orientation as cognitive or behavioral will have a lower mean score on growth need strength than will social workers identifying their theoretical orientation as insight oriented.

A one-way analysis of variance was computed between the dependent variable, growth need strength, and the independent variable, theoretical orientation. The null hypothesis was that there would be no difference in mean scores on growth need strength regardless of theoretical orientation. The data did not allow for rejection of the null hypothesis.

**Hypothesis 6**

Social workers with a greater level of perceived funding source influence will experience more turnover cognitions. A correlation was computed between the funding source influence scale and the turnover cognition scale. The finding of $r = .07$ was not significant.

A second analysis was conducted to determine if the level of brief treatment cases would impact the respondent's intention to leave the organization. The hypothesis stated that social workers with caseloads incorporating 75% or more strict insurance cases will have more turnover cognitions than social workers with caseloads incorporating 25% or less strict insurance cases.
An ANOVA was computed to test the hypothesis that there is no difference between the mean scores on turnover cognitions due to strictness of insurance. The analysis did not allow for the rejection of the null hypothesis.

Summary

The demographics of the sample were skewed in terms of geographical location, age, years of experience in mental health, and years of job tenure in their current employment setting. The impact of an older, more experienced sample is discussed in the following chapter.

The data provided support for the Job Characteristics Model. It was found that the core job dimensions led to the critical psychological states which in turn led to the dependent variable, job satisfaction. The data did not provide support for the hypothesized relationship to turnover cognitions. The demographics of the sample may account for this lack of significant findings. Specifically, since the sample was older with a significant amount of job tenure, it is not surprising that the respondents would not entertain ideas of leaving their current employment setting.

Two measures were used to determine the impact of managed care on the respondents. Due to the lack of previous research in managed care, there were no preexisting measures or theories that this research could utilize to determine the influence of strict insurance regulations. Consequently, two measures were employed to suggest the impact of managed care on clinical social workers. The first measure, adapted from Arches (1989), attempted to assess the respondents' perceived amount of funding source influence. The rationale for this measure was that a greater amount of perceived funding source influence would correspond to a greater amount of managed care. The
second measure was the amount of brief treatment that a respondent used with his or her caseload. Since managed care is noted for a reliance on brief treatment protocol, it was postulated that this would be an indicator of stricter insurance regulations. The difficulty with this measure, was that some practitioners may prefer a brief treatment protocol regardless of the insurer's guidelines. In addition, some of the life difficulties clients encounter, such as acute grief reactions, suggest the use of brief therapies.

The perceived funding source influence did result in a significant inverse correlation with the core job dimensions as well as with job satisfaction. Respondents' who had 75% or more brief treatment cases were found to have significantly lower scores on the core job dimensions than social workers with 25% or less brief treatment cases. No differences were found with these brief treatment groups and the dependent variable of job satisfaction.

Finally, no significant relationships were found with practitioners who differed on theoretical orientation or growth need strength. The following chapter discusses these findings in greater detail.
CHAPTER VI
Discussion
Summary of Major Findings

The job characteristics model was used to postulate the relationships between the core job dimensions, the critical psychological states, and job satisfaction. The findings supported the use of this model. Specifically, the scores on the core job dimensions were found to significantly correlate with the scores on the critical psychological states as proposed by the model. The critical psychological states accounted for approximately 46% of the variance in job satisfaction.

The perceived funding source influence--an indicator of the amount of managed care--correlated significantly with both the core job dimensions and job satisfaction. This suggested that the perceived funding source influence impacted both the scores on the core job dimensions and overall job satisfaction. In addition, the second indicator of managed care--the amount of brief treatment on the practitioner's caseload--accounted for differences in the mean scores on the core job dimensions.

The data did not support the hypothesis that turnover cognitions would increase as the amount of strict insurance guidelines increase. The sample demographics (i.e. an older sample with significant job tenure) are postulated to account for the non-significance in the findings.
The Job Characteristics Model

This research relied on the Job Characteristics Model (JCM) to describe the factors leading to job satisfaction and turnover cognitions. The first step in the data analysis was to determine if the JCM was valid for this sample. The data supported the use of this model. Specifically, all of the core job dimensions were found to correlate positively with the critical psychological states. The measure of growth need strength was found to correlate with both the core job dimensions and with growth satisfaction. There was no significant relationship found between the overall measure of job satisfaction and growth need strength. The critical psychological states accounted for nearly 40% of the variance in job satisfaction.

A separate multiple regression correlation was computed and found that the MPS (a computation of all of the core job characteristics) accounted for 20% of the variance in job satisfaction when the critical psychological states were excluded.

Growth need strength was found to impact core job dimensions; however no direct relationship emerged between the overall job satisfaction scores and growth need strength. Although the results were modest, Cherniss and Kane (1987) found no evidence for the mediating relationships. These researchers postulated that the sample's growth needs were met in places other than work. Further, Katz (1978a) found support for the mediating relationship of growth need strength only in the first three years of employment. Since the sample in the present research had a job tenure average of more than 11 years, this may account for the reduced, albeit significant, findings.

Job Satisfaction and Insurance Restrictions

The amount of funding source influence correlated negatively with job
satisfaction \(r = -0.16\). Simply stated, the more the respondents perceived high amounts of funding source influence, the lower their perceived job satisfaction. While this is a modest correlation, further research with less experienced workers may show different and possibly stronger relations. One implication of this finding is that as insurance industries and state and federal governments begin to restrict funding for mental health care, the job satisfaction of the persons providing mental health services may decline.

Impact of brief treatment conducted on core job dimension scores

One measure of insurance restriction incorporated in this research was the incidence of brief treatment cases. The rationale was that an increase in the amount of brief treatment cases would indicate an increase in the amount of insurance restrictions. The findings indicated that those social workers using brief treatment techniques in 75 to 100% of their caseloads had significantly lower mean scores on the core job dimensions than social workers using brief treatment techniques in less than 25% of their cases. Following the job characteristics theory, the core job dimensions lead to the critical psychological states which in turn lead to job satisfaction. Although this research did not show a direct relationship between the amount of brief treatment used by the respondents and job satisfaction, one could postulate that the relationship between the use of brief treatment and job satisfaction is mediated by the core job dimensions. Consequently, the findings suggest that the use of brief treatment would lead to the decrease in the perception of adequate levels of core job dimensions that contribute to the critical psychological states which lead to job satisfaction. The ultimate result of the reduction in the core job dimensions would be a decrease in perceived job satisfaction. Again, it is
Difficult to conjecture the possible influence of age and experience in this relationship.

**Impact of funding source influence on scores of core job dimensions**

The second measure of managed care influence used in this research was the impact of funding source influence. A significant negative correlation was found regarding the relationship between funding source influence and the index of scores on the core job dimensions ($r = -.24$). This indicated that respondents who perceived a greater amount of funding source influence had a correspondingly lesser score on the core job dimensions. The consequence of the lowered perception of the core job dimensions is the impact on the critical psychological states that in turn determine job satisfaction. Not only did the perceived funding source influence impact the core job dimensions, a direct inverse relationship was found between this variable and job satisfaction ($r = -.16$).

**The Impact of Theoretical Orientation**

**Theoretical Orientation and Feedback**

Social workers with a cognitive/behavioral orientation were hypothesized to have a higher level of feedback than social workers who used an insight oriented or systems theoretical orientation. The rationale was that social workers who used cognitive or behavioral theory to guide their treatment interventions would be more able to complete their work with a client and thus receive more information about that client's progress than would social workers whose theoretical protocol demanded a lengthier treatment time. The data did not support any differences in perceived level of feedback between social
workers based on theoretical orientation.

The lack of significance may be attributed to the individual worker's definition of the outcomes. If the practitioner defined the outcome as simply engaging with the client, the feedback would be more readily apparent than if the worker defined the outcome in terms of a psychological change regardless of theoretical orientation. The research did not measure any specific feedback content that may have been sought by the respondents. Consequently, more research is needed to identity the relationship between theoretical orientation and feedback.

**Theoretical Orientation and Task Identity**

Social workers with a cognitive/behavioral orientation were hypothesized to have a higher level of perceived task identity than social workers with an insight oriented or a systems theoretical orientation. Task identity concerns completing a task from beginning to end. It was postulated that practitioners with a cognitive or behavioral theoretical orientation would be more able to complete treatment in a shorter time frame based on the techniques that are associated with these particular theories. No differences were found in the perceived level of task identity based on theoretical orientation.

One reason for the lack of significant findings in task identity may be found in the nature of social work generally. Unlike industrial occupations where one can easily see a finished product, social work concerns itself with less concrete outcomes. Instead of focusing on an outcome such as "self-actualization", social workers may be content just to have formed a relationship with the client. Consequently, finishing a task from beginning to end may have an entirely different meaning for social workers than for workers in other fields.
Theoretical Orientation and Growth Need Strength

Social workers with different theoretical orientations were hypothesized to demonstrate different scores on a scale of growth need strength. Social workers with cognitive or behavioral theoretical orientations were thought to differ from social workers with insight oriented orientations. It was hypothesized that social workers with a cognitive/behavioral orientation would have a lower score on growth need strength than insight oriented practitioners. The rationale was that since insight oriented theories focus on long-term growth and childhood issues more than cognitive/behavioral theories, those practitioners using insight oriented techniques might have a higher need for growth in themselves. The data did not support this hypothesis.

Four separate factors may account for the nonsignificant findings. The first reason for the lack of significance based on theoretical orientation is that most social workers learned many different theoretical frameworks in their graduate education. For this reason, social workers may feel more comfortable utilizing techniques from differing frameworks as the situation changes. Consequently, a theoretical orientation may be less important as social workers may be more skilled at combining theories and corresponding techniques.

Second, selection bias may also contribute to the nonsignificance of the findings. If the respondents in this study chose to work with clients who were treated with a brief treatment protocol due to their own low growth need strength, the statistical analysis may have mistakenly shown that there were no statistically significant differences.

A third problem with the growth need strength variable was that the respondents' enjoyed a lengthy job tenure. Katz (1978a) found that growth need strength was only a factor within the first three years of employment. Since
the average respondent had been employed in his or her agency for an excess of 11 years, growth need strength may have been mediated by job tenure.

Finally, the respondents' age may have contributed to the nonsignificant findings. Since the respondents mean age was 51.6 years, they may have learned to meet their growth needs in settings other than the work place.

**Turnover Cognitions and Insurance Restrictions**

It was hypothesized that a greater level of funding source influence would lead to more turnover cognitions. The data did not allow for the support of this hypothesis. A second analysis tested whether social workers with 75 to 100% brief treatment cases had more turnover cognitions than social workers with 25% or less brief treatment cases. Again, the data did not allow for the support of the hypothesis.

Two factors could account for the non-significance of the data. First, the respondents in the survey had a long tenure both in the field of mental health and in the agency they were employed. This would suggest that the respondents were satisfied in both their field and in their agency. Second, the respondents had a mean age of 51.6 years. Consequently, social workers in this age category may have been less likely to entertain thoughts of leaving their current employment setting.

**The Sample**

The demographics of the sample may have accounted for some of the results. The average age of the respondents was approximately 52 years. Only 8% of the respondents were under 40 years of age. Lee and Wilbur (1985) concluded that job satisfaction increases with age without regard for salary, job
tenure, or education. Consequently, this research may have shown little impact on job satisfaction as the dependent variable simply because of the respondents' age.

The length of time the respondents had been practicing in the field of mental health and had been in their current agency or private practice setting could also be seen as important in interpreting the results. The subjects had a mean of 21.2 years employed in mental health, while they had been in their current agency setting an average of 11.3 years. Because of this employment tenure, one could postulate that the sample had a high level of satisfaction with the type of employment, and with particular characteristics of their agency or private practice setting. Lee and Wilbur (1985) reported that employees over 50 scored highest on satisfaction with promotion, compensation, and working conditions. Compared to younger employees, persons over 50 years of age had received more promotions, had higher earnings and enjoyed better working conditions.

The Setting

Nearly half (46%) of the respondents were employed primarily in private practice. The remainder of the sample were employed in a mental health agency or a hospital or school setting. The organization in which the subject was employed may have acted as a buffer between the respondent and the funding source. A correlation between the amount of funding source influence and the conflict experienced with the organization was significant at the .01 level (r = -.17). The less funding source influence that was perceived by the respondent corresponded to a lower level of conflict with the organization (Conflict with the organization was coded so that a low number corresponded to
a high level of conflict).

In addition, the respondents have enjoyed a significant amount of tenure in their agency (mean = 11.3 years). Although the data did not allow for specific comparisons on the basis of tenure, one could assume that this would contribute to the buffering effects of the organization.

Summary

The antecedent variables that accounted for the variance in job satisfaction were age, years in current agency or private practice, and years experience in mental health. Both funding source influence and the amount of brief treatment cases impacted the core job dimensions. The data lent confirmation to the job characteristics model in which the core job dimensions lead to the critical psychological states. In addition, the data support the contention that the critical psychological states in turn led to job satisfaction. In addition to growth need strength a new mediating variable that emerged from this research was the organization. The employing agency was found to buffer to impact of funding source influence on the core job dimensions. Figure 3 depicts the significant results of the research.
<table>
<thead>
<tr>
<th>Antecedent Variables</th>
<th>Intervening Variable</th>
<th>Core Job Dimensions</th>
<th>Critical Psychological States</th>
<th>Dependent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Funding Source</td>
<td>MPS</td>
<td>Experienced Meaningfulness of the work</td>
<td>Job Satisfaction</td>
</tr>
<tr>
<td>Years in agency</td>
<td>Influence</td>
<td></td>
<td>Experienced Responsibility for work outcomes</td>
<td></td>
</tr>
<tr>
<td>Years experience</td>
<td>Amount of Brief Tx. on Caseload</td>
<td></td>
<td>Knowledge of Actual Results</td>
<td></td>
</tr>
</tbody>
</table>

\[
(MPS) \text{ Motivating Potential Score} = \frac{\text{Skill Task Task Variety + Identity + Significance \times Autonomy \times Feedback}}{3}
\]

Figure 3: The Impact of Managed Care on Clinical Social Workers
CHAPTER VII
Summary and Conclusions

This chapter explored the implications for practice and research. The implications for practice included the impacts on the social worker, the client, and the agency. In addition, social work education and policy implications were discussed. Finally, much more research is needed to further define the parameters of managed care, including research measures and influence on a younger, less seasoned population.

Implications for the Social Worker

Decrease in the Core Job Dimensions

This research found that there was a decrease in the scores on the perceived core job dimensions for social workers who perceived a great amount of funding source influence. Specifically, autonomy, feedback, task identity, skill variety, and task significance were reduced. According to critical theory, as explicated in chapter one, a decrease in the amount of perceived autonomy results in the alienation of the worker. Alienated workers are more susceptible to job dissatisfaction and burnout.

Feedback is the degree that workers obtain direct information about the efficacy of their work. When feedback is reduced, social workers have little way of evaluating their own work with clients. The consequence of this reduction in feedback could be a lack of growth in the individual social worker's job performance. It is often suggested that practitioners can grow as much in the therapeutic relationship as the client (Weinberg, 1984). Therefore, when the
client is referred out early in the therapeutic process, the social worker
clinician's growth as a practitioner may be stunted.

Task identity is the ability to complete a job from beginning to end. The
implication for a reduction in task identity is that the social worker may feel less
fulfilled in his or her work due to the inability to complete the task—in this case
the therapeutic relationship. It would follow that when a social worker is less
fulfilled by his or her job, there would be a concomitant decrease in job
satisfaction.

Skill variety is the ability to use a number of differing interventions or
techniques in the work with a client. A decrease in the dimension of skill variety
could result in the social worker feeling that his or her job was more technical
and less spontaneous. The reliance on the technical aspects of the work could
lead not only to job dissatisfaction, but also to a decrease in autonomy. This
could result in alienation from the work and symptoms of burnout.

Task significance is the amount of impact the work has on the lives of
other people. A decrease in task significance would correspond to the feeling
that the work had little justification. The decrease in task significance would be
another contributing factor to the symptoms of burnout.

Decrease in job satisfaction

This research found a direct, inverse correlation between job satisfaction
and the influence of funding sources. Simply stated, as the perceived influence
of funding sources increases, the job satisfaction of social workers decreases.
With the growth of more stringent insurance requirements, one could postulate
that the relationship between funding source influence and job satisfaction will
become stronger. In addition, although this research did not explore various
age categories, one might postulate that younger, less experienced workers may perceive a greater significant impact from funding sources than their more senior counterparts. A significant decrease in job satisfaction may result in alienation from the work. The alienated social worker is less fulfilled by her or his work and thus is less able to develop her or his creative powers. This lack of fulfillment may then result in emotional and physical exhaustion. Not only would this impact the individual social worker, but his or her work with a client would be affected. If the worker is exhausted both emotionally and physically, he or she could not be expected to engage as creatively or as energetically in the therapeutic relationship as a practitioner not experiencing the same symptoms.

As job satisfaction decreases, one would anticipate a corresponding increase in turnover cognitions. This research did not reveal an increase in turnover cognitions with this sample; however, more study is warranted to determine if younger workers with less job tenure experience turnover cognitions at a greater rate.

Implications for the Client

This research did not actively evaluate the direct impact managed care would have on the client. However, some hypotheses could be generated from this study. Although job satisfaction has been studied in a wide variety of work settings, it has been difficult to link to performance (House & Wigdor, 1967). In addition, it would be extremely difficult, if not impossible, to evaluate the performance of an aggregate group of practitioners and provide meaningful results. It is reasonable to suppose that if a social worker has a low level of job satisfaction she or he may also have a high level of or tendency for burnout. The impact of burnout for the practitioner has been well documented (Arches,
The reported symptoms of burnout are low morale, high job turnover, job dissatisfaction, negative feelings about clients and a depersonalization of clients (Arches, 1985, 1991; Carrilio & Eisenberg, 1984; Daley, 1979; Kestnbaum, 1984; McGee, 1989; Maslach, 1978; Minahan, 1980; Savicki & Cooley, 1987). Because these symptoms impact the worker/client relationship negatively, the client is ultimately affected by the worker's level of burnout (Basch, 1980; Thoits, 1983).

Implications for the Agency

As shown in Figure 3 the organization may act as a buffer for the effects of funding source influences and the amount of brief treatment on the individual social workers caseload. If the social worker perceives little conflict between the goals of the agency and the client's treatment, then the impact of the funding source is reduced. Consequently, agencies must be aware not only of the demands of the funding sources, but also of the agency's role in minimizing the impact of those demands.

As the administration of the organization increases their awareness of the impact of funding sources, concrete actions could be instituted. First, support group sessions could be held for agency social workers so that they might have an appropriate outlet to express their concerns. Second, educational seminars could be conducted. These seminars would include information about insurance companies as well as strategies to comply with the company demands. Third, training social workers in the conduct of brief treatment could increase their confidence in working with clients in a shorter time frame. Fourth, as insurance companies increase their demands there is a
concomitant increase in the amount of paperwork and telephone calls required by the social worker to assist the client in obtaining benefits. Typically, this time is not billable; consequently, the practitioner's workload is increased without any decrease in another substantive area. The time spent is usually not reflected in her or his salary. To counteract this problem, agencies should either reduce the number of billable hours required for each social worker, or contract with the insurance companies to compensate the agency or the individual social worker for his or her time utilized for negotiating with insurers and completing necessary documentation.

Each agency needs to begin to assess the impact of managed care in their own setting. This research has been conducted very early in the development of managed care. At the time of this research, state funding (e.g. Medicaid) for mental health in Ohio and Michigan has not been substantially impacted. However, some states (e.g. Tennessee) have already implemented managed care protocols in their state insurance systems, and other states, including Ohio, are rapidly following suit. It is unclear what the impact of these upcoming changes will have on mental health practitioners; however, the data from this study suggests that perceptions of funding source influence in practice decisions do impact the scores on the core job dimensions as well as overall job satisfaction.

Although this research did not examine younger, less experienced workers, one might postulate that the findings might be augmented in this age group. If research confirmed this hypothesis, agencies would need to be aware that younger social workers who are new to the field may have more difficulty with the demands of funding sources. They may require more support from supervisory personnel or senior staff members. Agencies with the ability to
assign cases with discretion may want to have senior staff members work with clients who have more stringent insurance policies.

**Implications for Social Work Education**

The trend toward managing mental health care continues to increase at an exponential rate, as evidenced by the institution of managed care at the state level. Conducting treatment in a brief design has significant educational implications. Currently, social work programs at the undergraduate level focus on a generalist practice model. This model is based both on the development of a therapeutic relationship, and on the adherence to a problem solving method (Kirst-Ashman & Hull, 1993). The difficulty in using this model with a brief treatment protocol is the severe time restriction. For example, although a social worker can develop a relationship in 5 to 10 sessions it is much more difficult. Brief treatment protocols are more directive than the generalist practice theory recommends (de Shazer, 1985). Generalist practice focuses on exploring the problem with the client as well as with the client system (Kirst-Ashman & Hull, 1993). A lengthy amount of time could be used in the exploration process. However, with session limitations, the social worker needs to be intensely focused on a specific problem. Consequently, it would be increasingly difficult to conduct an extensive exploration with the client system.

The implication for social work education is that undergraduate students, as well as graduate students, need enhanced training in working within a brief treatment framework. Although there is debate about whether undergraduate students should conduct counseling, casemanagers in mental health are being hired at the bachelors level. Bagarozzi & Kurtz (1983) report that in a study of
mental health centers in Georgia, 75 percent of the agency directors expected case managers to perform therapy.

**Implications for Practice**

More research is needed in the area of social worker ethics and the influence of managed care. One of the concerns that was noted in this research was that funding source influence may conflict with social worker ethics. A close inspection of the National Association of Social Workers Code of Ethics reveals some possible conflicts with the managed care system. Section II of the Code concerns social worker's responsibility to clients. Specifically, the code states that "[t]he social worker's primary responsibility is to clients" (NASW, 1979, in Compton & Galaway, 1989, p. 203). Although there is a potential for clients' to pay for their own treatment, strict insurance guidelines could interfere with the client's right to self-determination. For example, when the client believes that he or she needs more sessions than is allowed by his or her insurance, the social worker is forced to make a decision about the course of treatment. Without insurance restrictions, social workers could discuss treatment solely with the client to determine the best course of treatment. However, with insurance restrictions that discourse must also include the funding source.

When social workers are employed in an organization that is specifically designed for brief interventions (e.g. Employee Assistance Programs) it becomes more difficult to assess who the client is. The client could be the person or family who comes to the social worker's office or the client could be the employing organization who wants healthy working employees. Another concern arises when the client requires long-term care in this type of setting. Typically, the practitioner refers the client to community providers who provide
longer treatment. The code of ethics states that social workers "should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation" (NASW, 1979, in Compton & Galaway, 1989, p. 204). Arguably, the social worker is referring the client to another competent practitioner; however, the interruption of a relationship has the potential for the disruption of the client's progress.

The social worker's confidentiality with the client is another area for concern. The client's right to privacy has been one of the hallmarks of the therapeutic relationship. Although the client has to give consent for information to be released to the insuring agency, the content of the material that is released can pose dilemmas for both the social worker and the client. The code of ethics does not provide guidelines for the release of information to insurance companies with the exception of requiring consent of the client. With the rapid changes in insurance management of mental health care, it seems that this issue should be reviewed by the NASW Delegate Assembly.

The final policy issue is the autonomy of the social worker to make decisions with the client about the course of care. Social workers providing mental health care are highly trained professionals. When insurers make decisions about the length of treatment, based solely on the mean length of time needed to treat a particular diagnosis, the autonomy of the social worker is in jeopardy.

**Implications for Future Research**

Both the sample demographics and the relative infancy of the managed care system make additional research in this area imperative. The sample was skewed in terms of the respondents' geographical location, age, job tenure, and
experience in mental health. A more representative sample may increase the magnitude of the results. In addition, the results can only be generalized to practitioners of European descent. It is important to discover the impact of managed care on practitioners of other cultures and ethnicities.

The novelty of the managed care system posed significant challenges in this research. First, the definition of the impact of managed care is still tenuous. Research of a qualitative nature would enhance the precision of what constitutes managed care. More accurate measures should emerge from this endeavor.

Second, managed care in mental health is still developing. As demonstrated in Table 5.2, major insurance companies continue to fund mental health care at varying rates. As insurance companies and state funding sources begin to standardize reimbursement schedules, the impact of funding guidelines should be both more measurable and of a greater magnitude.

**Summary**

It is apparent from this research that funding sources do impact the job satisfaction and the core job dimensions of clinical social workers. Moreover, the organization that employs social workers may act as a buffer for that impact.

More research is needed to assess the implications of managed care for younger and less experienced social workers, as well as for practitioners not of European descent. Additional research also needs to occur as managed mental health care becomes more widespread in both the public and private sector. Subsequent research should focus not only on worker satisfaction, but also on worker productivity and effectiveness.
Appendix A

Survey
Clinical Social Work In the 1990's

Please answer all questions as best you can. There are no "trick" questions. Your individual answers will be kept completely confidential. Please answer each item as honestly and frankly as possible.

Thank you for your cooperation.

1. How would you describe your primary work setting?

_____ Community Mental Health
_____ Children and Family Service Agency
_____ Other Outpatient Mental Health Center
_____ Private Practice
_____ Hospital Setting
_____ Other (please specify) ____________________________

2. Although many social workers identify with eclectic, please check which theoretical background best fits with how you prefer to conduct the majority of your clinical practice. (Check only one).

Behavioral _____
Cognitive _____
Ego Psychology _____
Gestalt _____
Psychodynamic _____
Systems Theory _____

3. My theoretical preference is easily incorporated into brief treatment techniques (5 to 10 sessions).

1  2  3  4  5
Strongly agree Strongly disagree

4. In what percentage of your cases do you engage in brief treatment (5 -10 sessions)?

_____ 0 - 24%
_____ 25 - 49%
_____ 50 - 74%
_____ 75 - 100%
5. Please check the phrase that best describes your practice.

_____ My use of brief treatment has **decreased** over the last three years.

_____ My use of brief treatment has **stayed about the same** over the last three years.

_____ My use of brief treatment has **increased** over the last three years.

6. How would you describe the problems of the clients you generally see in your primary work setting (circle letter)

A. **CHRONIC**
B. **ACUTE**
C. **BOTH**
D. **NOT APPLICABLE** (please explain) ____________________

7. Please estimate the percentage of your cases that fall into the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>_____%</td>
</tr>
<tr>
<td>Medicare</td>
<td>_____%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>=100%</td>
<td></td>
</tr>
</tbody>
</table>

8. Refer to #7, of your privately insured clients, please estimate the percentage that fits into each of the following categories.

Client's Insurance Pays Annually:

<table>
<thead>
<tr>
<th>Session Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10 sessions</td>
<td>_____%</td>
</tr>
<tr>
<td>11 - 20 sessions</td>
<td>_____%</td>
</tr>
<tr>
<td>21 - 30 sessions</td>
<td>_____%</td>
</tr>
<tr>
<td>31 or more sessions</td>
<td>_____%</td>
</tr>
<tr>
<td>=100%</td>
<td></td>
</tr>
</tbody>
</table>

9. How much control do you feel you exert over the following:

(circle one number for each item)

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Complete/</th>
<th>A Lot/</th>
<th>Some/</th>
<th>Not Much/</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Selection of cases you work on</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>B How long and hard you work</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>C The techniques/procedures used</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
10. How often do you experience conflict between the policies of your organization and meeting the needs of those you serve? (circle the most appropriate number)
   A FREQUENTLY
   B SOMETIMES
   C RARELY
   D NEVER
   E. NOT APPLICABLE (please explain) ____________________

11. The next questions concern how you feel your PRIVATE INSURANCE funding sources influence how you work (Do not include Medicaid, Medicare, or other self-pay). Please refer to the following categories in responding to the statements about your primary work place. (circle one letter for each item)

FUNDING SOURCE INFLUENCE

1= Completely
2= Often
3= Occasionally
4= Rarely
5= Not At All

A Funding Sources Specify The Type Of Client I Can Work With .......................................................... 1 2 3 4 5

B Funding Sources Influence The Length Of Time I Treat A Client .......................................................... 1 2 3 4 5

C Funding Sources Influence The Number of Clients I See .......................................................... 1 2 3 4 5

D My Schedule Is Influenced By Funding Sources.....1 2 3 4 5

E Funding Sources Limit the Types of Treatment Activities to the Detriment of My Clients ...............1 2 3 4 5

F I Find The Demands Of The Funding Sources Conflict With Professional Ethics ...................... 1 2 3 4 5
On the following pages you will find several different kinds of questions about your job. Specific instructions are given at the start of each section. Please read them carefully. It should take no more than 20 minutes to complete the entire questionnaire. Please move through it quickly.

The questions are designed to obtain your perceptions of your job and your reactions to it.

SECTION ONE

This part of the questionnaire asks you to describe your job, as objectively as you can.

Please do not use this part of the questionnaire to show how much you like or dislike your job. Questions about that will come later. Instead, try to make your descriptions as accurate and as objective as you possibly can.

A sample question is given below.

A. To what extent does your job require you to work with mechanical equipment?

1-----------2----------3------------4-----------5-----------6-----------7

Very little; the job requires almost no contact with mechanical equipment of any kind

Moderately

No contact with mechanical equipment

Very much; the job requires almost constant work with mechanical equipment

You are to circle the number which is the most accurate description of your job. If, for example, your job requires you to work with mechanical equipment a good deal of the time--but also requires some paperwork--you might circle the number six, as was done in the example above.
1. How much **autonomy** is there in your job? That is, to what extent does your job permit you to decide **on your own** how to go about doing the work?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Little</td>
<td>Moderate Autonomy</td>
<td>Very Much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. To what extent does your job involve doing a "**whole**" and identifiable piece of work? That is, is the job a complete piece of work that has an obvious beginning and end? Or is it only a small part of the overall piece of work, which is finished by other people? [or by automatic machines]

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>My job is only a part of the work</td>
<td>My job is a moderate-sized &quot;chunk&quot; of the overall piece of work</td>
<td>My job involves doing the whole piece of work from start to finish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How much **variety** is there in your job? That is, to what extent does the job require you to do many different things at work, using a variety of your skills and talents?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very little</td>
<td>Moderate Variety</td>
<td>Very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. In general, how **significant** **or important** is your job? That is, are the results of your work likely to significantly affect the lives or well-being of other people?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not very significant</td>
<td>Moderately significant</td>
<td>Highly significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. To what extent does **doing the job itself** provide you with information about your work performance: That is, does the actual **work itself** provide clues about how well you are doing — aside from any "feedback" co-workers or supervisors may provide?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very little</td>
<td>Moderately</td>
<td>Very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section Two

Listed below are a number of statements which could be used to describe a job.
You are to indicate whether each statement is an accurate or an inaccurate description of your job.
Once again, please try to be as objective as you can in deciding how accurately each statement describes your job -- regardless of whether you like or dislike your job.

Write a number in the blank beside each statement, based on the following scale:

<table>
<thead>
<tr>
<th>How accurate is the statement in describing your job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6  7</td>
</tr>
<tr>
<td>Very Mostly Slightly Uncertain Slightly Mostly Very</td>
</tr>
<tr>
<td>Inaccurate Inaccurate Inaccurate Accurate Accurate Accurate</td>
</tr>
</tbody>
</table>

1. The job requires me to use a number of complex or high-level skills.
2. The job is arranged so that I can do an entire piece of work from beginning to end.
3. Just doing the work required by the job provides many chances for me to figure out how well I am doing.
4. The job requires me to perform a variety of tasks.
5. This job is one where a lot of other people can be affected by how well the work gets done.
6. The job gives me a chance to use my personal initiative or judgment in carrying out the work.
7. The job provides me the chance to completely finish the piece of work I began.
8. After I finish a job, I know whether I performed well.
9. The job gives me considerable opportunity for independence and freedom in how I do the work.
10. The job itself is very significant and important in the broader scheme of things.
Section Three

Now please indicate how you personally feel about your job. Each of the statements below is something that a person might say about his or her job. You are to indicate your own, personal feelings about your job by marking how much you agree with each of the statements.

Write a number in the blank for each statement, based on this scale:

<table>
<thead>
<tr>
<th>How much do you agree with the statement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly</td>
</tr>
</tbody>
</table>

____ 1. It's hard, on this job, for me to care very much about whether or not the work gets done right.
____ 2. My opinion of myself goes up when I do this job well.
____ 3. Generally speaking, I am very satisfied with this job.
____ 4. Most of the things I have to do on this job seem useless or trivial.
____ 5. I usually know whether or not my work is satisfactory on this job.
____ 6. I feel a great sense of personal satisfaction when I do this job well.
____ 7. The work I do on this job is very meaningful to me.
____ 8. I feel a very high degree of personal responsibility for the work I do on this job.
____ 9. I frequently think of quitting this job.
____ 10. I feel bad and unhappy when I discover that I have performed poorly on this job.
____ 11. I often have trouble figuring out whether I'm doing well or poorly on this job.
____ 12. I feel I should personally take the credit or blame for the results of my work on this job.
____ 13. I am generally satisfied with the kind of work I do in this job.
____ 14. My own feelings generally are not affected much one way or the other by how well I do on this job.
____ 15. Whether or not this job gets done right is clearly my responsibility.
____ 16. I am planning to search for a new job during the next 12 months.
____ 17. If I have my own way, I will be working in a new setting one year from now.
Section Four

Now please indicate how satisfied you are with each aspect of your job listed below. Once again, write the appropriate number in the blank beside each statement.

<table>
<thead>
<tr>
<th>How satisfied are you with this aspect of your job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Extremely Slightly Neutral Slightly Satisfied Extremely</td>
</tr>
<tr>
<td>Dissatisfied Dissatisfied Dissatisfied</td>
</tr>
<tr>
<td>Satisfied Satisfied</td>
</tr>
</tbody>
</table>

1. The amount of job security I have.
2. The amount of pay and fringe benefits I receive.
3. The amount of personal growth and development I get in doing my job.
4. The people I talk to and work with on my job.
5. The degree of respect and fair treatment I receive from my boss.
6. The feeling of worthwhile accomplishment I get from doing my job.
7. The chance to get to know other people while on the job.
8. The amount of support and guidance I receive from my supervisor.
9. The degree to which I am fairly paid for what I contribute to this organization.
10. The amount of independent thought and action I can exercise in my job.
11. How secure things look for me in the future in this organization.
12. The chance to help other people while at work.
13. The amount of challenge in my job.
14. The overall quality of the supervision I receive in my work.
Section Five

Now please think of the other people in your organization who hold the same job you do. If no one has exactly the same job as you, think of the job which is most similar to yours. Please think about how accurately each of the statements describes the feelings of those people about the job.

It is quite all right if your answers here are different from when you described your own reactions to the job. Often different people feel quite differently about the same job.

One again, write a number in the blank for each statement, based on this scale.

How much do you agree with the statement?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree Strongly</td>
<td>Disagree Slightly</td>
<td>Disagree Neutral</td>
<td>Agree Strongly</td>
<td>Agree Slightly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ 1. Most people on this job feel a great sense of personal satisfaction when they do the job well.

_____ 2. Most people on this job are very satisfied with the job.

_____ 3. Most people on this job feel that the work is useless or trivial.

_____ 4. Most people on this job feel a great deal of personal responsibility for the work they do.

_____ 5. Most people on this job have a pretty good idea of how well they are performing their work.

_____ 6. Most people on this job find the work very meaningful.

_____ 7. Most people on this job feel that whether or not the job gets done right is clearly their own responsibility.

_____ 8. People on this job often think of quitting.

_____ 9. Most people on this job feel bad or unhappy when they find that they have performed the work poorly.

_____ 10. Most people on this job have trouble figuring out whether they are doing a good or a bad job.
Section Six

Listed below are a number of characteristics which could be present on any job. People differ about how much they would like to have each one present in their own jobs. We are interested in learning how much you personally would like to have each one present in your job.

Using the scale below, please indicate the degree to which you would like to have each characteristic present in your job.

NOTE: The numbers on this scale are different from those used in previous scales.

<table>
<thead>
<tr>
<th>Would like having this only a moderate amount (or less)</th>
<th>Would like having this very much</th>
<th>Would like having this extremely much</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ 1. High respect and fair treatment from my supervisor.
_____ 2. Stimulating and challenging work.
_____ 3. Chances to exercise independent thought and action in my job.
_____ 4. Great job security.
_____ 5. Very friendly co-workers.
_____ 6. Opportunities to learn new things from my work.
_____ 7. High salary and good fringe benefits.
_____ 8. Opportunities to be creative and imaginative in my work.
_____ 9. Quick promotions.
_____ 10. Opportunities for personal growth and development in my job.
_____ 11. A sense of worthwhile accomplishment in my work.
Section Seven

People differ in the kinds of jobs they would most like to hold. The questions in this section give you a chance to say just what it is about a job that is most important to you.

For each question, two different kinds of jobs are briefly described. You are to indicate which of the jobs you personally would prefer — if you had to make a choice between them.

In answering each question, assume that everything else about the job is the same. Pay attention only to the characteristics actually listed.

One example is given below.

<table>
<thead>
<tr>
<th>Job A</th>
<th>Job B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A job requiring work with mechanical equipment most of the day.</td>
<td>A job requiring work with other people most of the day.</td>
</tr>
<tr>
<td>1 Strongly Prefer A</td>
<td>2 Slightly Prefer A</td>
</tr>
<tr>
<td>2 Slightly Prefer A</td>
<td>3 Neutral Prefer A</td>
</tr>
<tr>
<td>3 Neutral Prefer A</td>
<td>4 Slightly Prefer B</td>
</tr>
<tr>
<td>4 Slightly Prefer B</td>
<td>5 Strongly Prefer B</td>
</tr>
</tbody>
</table>

If you like working with people and working with equipment equally well, you would circle the number 3, as has been done in the example.

* * * * *

1. A job where the pay is innovative.

<table>
<thead>
<tr>
<th>Job A</th>
<th>Job B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strongly Prefer A</td>
<td>2 Slightly Prefer A</td>
</tr>
<tr>
<td>2 Slightly Prefer A</td>
<td>3 Neutral Prefer A</td>
</tr>
<tr>
<td>3 Neutral Prefer A</td>
<td>4 Slightly Prefer B</td>
</tr>
<tr>
<td>4 Slightly Prefer B</td>
<td>5 Strongly Prefer B</td>
</tr>
</tbody>
</table>

2. A job where you are often required to make important decisions.

<table>
<thead>
<tr>
<th>Job A</th>
<th>Job B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strongly Prefer A</td>
<td>2 Slightly Prefer A</td>
</tr>
<tr>
<td>2 Slightly Prefer A</td>
<td>3 Neutral Prefer A</td>
</tr>
<tr>
<td>3 Neutral Prefer A</td>
<td>4 Slightly Prefer B</td>
</tr>
<tr>
<td>4 Slightly Prefer B</td>
<td>5 Strongly Prefer B</td>
</tr>
</tbody>
</table>

* * * * *
<table>
<thead>
<tr>
<th></th>
<th>Job A</th>
<th>Job B</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>A job in which greater responsibility is given to those who do the best work.</td>
<td>A job in which greater responsibility is given to loyal employees who have the most seniority.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>A job in an organization which is in financial trouble--and might have to close down within the year.</td>
<td>A job in which you are not allowed to have any say whatever in how your work is scheduled, or in the procedures to be used in carrying it out.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>A very routine job.</td>
<td>A job where your co-workers are not very friendly.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>A job with a supervisor who is often very critical of you and your work in front of other people.</td>
<td>A job which prevents you from using a number of skills that you worked hard to develop.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>A job with a supervisor who respects you and treats you fairly.</td>
<td>A job which provides constant opportunities for you to learn new and interesting things.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
8. A job where there is a real chance you could be laid off.  
A job with very little chance to do challenging work.

<table>
<thead>
<tr>
<th>Strongly Prefer A</th>
<th>Slightly Prefer A</th>
<th>Neutral</th>
<th>Slightly Prefer B</th>
<th>Strongly Prefer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. A job in which there is a real chance for you to develop new skills and advance in the organization.  
A job which provides lots of vacation time and an excellent fringe benefit package.

<table>
<thead>
<tr>
<th>Strongly Prefer A</th>
<th>Slightly Prefer A</th>
<th>Neutral</th>
<th>Slightly Prefer B</th>
<th>Strongly Prefer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. A job with little freedom and independence to do your work in the way you think best.  
A job where the working conditions are poor.

<table>
<thead>
<tr>
<th>Strongly Prefer A</th>
<th>Slightly Prefer A</th>
<th>Neutral</th>
<th>Slightly Prefer B</th>
<th>Strongly Prefer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. A job with very satisfying team-work.  
A job which allows you to use your skills and abilities to the fullest extent.

<table>
<thead>
<tr>
<th>Strongly Prefer A</th>
<th>Slightly Prefer A</th>
<th>Neutral</th>
<th>Slightly Prefer B</th>
<th>Strongly Prefer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. A job which offers little or no challenge.  
A job which requires you to be completely isolated from co-workers.

<table>
<thead>
<tr>
<th>Strongly Prefer A</th>
<th>Slightly Prefer A</th>
<th>Neutral</th>
<th>Slightly Prefer B</th>
<th>Strongly Prefer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**Background Information**

1. Please estimate your length of time working in the field of mental health.

____ Years ____ Months
2. How long have you been working in your current agency and/or private practice? Years____ Months ____

3. Sex: (circle letter)
   A. Female
   B. Male

4. What was your age at your last birthday? ____YEARS

5. Race/Ethnicity: (circle letter)
   A. African-American
   B. Asian-American
   C. European-American (Caucasian)
   D. Hispanic
   E. Native American
   F. Other (please specify) ____________________

6. Living Arrangement:
   Please check the category that best describes your living situation:
   ____ Married
   ____ Living together as 'married' (heterosexual)
   ____ Living together as 'married' (homosexual)
   ____ Single (includes never married, separated, divorced, widowed)

7. How many hours per week are you working? ____ hours

8. What was your gross income last year from all your work settings? (do not include other household members)
   $ ______________

9. Why did you join this particular agency or private practice? ____________
   ___________________________________________________________________
Appendix B

Letters to Respondents¹
Dear Colleague:

How much is managed care affecting our work lives today?

We need to begin evaluating the impact of managed care on ourselves as well as on our clients. With this information we can impact policy decisions, affect legislation, provide input to NASW, and work to improve the quality of work life for social workers and quality of care for our clients.

To do this, we need your help. Your name has been randomly selected from the National Register of Clinical Social Workers. In order for the results to truly represent the opinions of social workers, it is important that each questionnaire be completed and returned. The questionnaire will take approximately 30 minutes to complete. If you are not currently employed as a social worker, please fill out the first section and return the questionnaire.

Responses to this questionnaire are confidential despite the number that appears on the front. This number enables us to cross your name off the mailing list when your questionnaire is returned so we will not send you further reminders.

Given the changing nature of the mental health system, we are excited about this research. If you would like to receive a summary of the results, please write "copy of results requested" with your name and address printed underneath on the back of your return envelope.

If you have any questions, please contact me at (614) 292-5300 or (513) 542-4236. Thank you so much for your cooperation. Your contribution to this study is greatly appreciated.

Sincerely,

Holly A. Riffe, M.S.W.  Beverly G. Toomey, Ph.D.

Footnote

1The author is indebted to Arches (1989) and Dillman (1978) for the preparation and content of the letters to the respondents.
Post Card Follow-up

Last week a questionnaire seeking your opinion about the impact of managed care on clinical social workers was sent to you. Your name was selected from a random sample of clinical social workers in Ohio and Michigan.

If you have already completed and returned your questionnaire please accept our sincere thanks. If not, please return it today. Because it has been sent to a small sample of social workers, it is vitally important to have your responses so that the results accurately reflect the opinions of social workers.

If you did not receive the questionnaire, or it was misplaced, please call collect (513-542-4236) right away so that I can get another one in the mail to you today.

Sincerely,

Holly A. Riffe
Dear Colleague:

About one month ago I wrote to you to seek your assistance in obtaining information about clinical social work in the 1990's. To this date we have not received your completed questionnaire.

This research has been undertaken because there is an overwhelming lack of information regarding the impact of new insurance regulations on clinical social work. We believe that the new knowledge this research will provide will help impact policy and thus will be beneficial not only to social workers, but also to the client community.

Since your name was randomly selected from social workers practicing in Ohio and Michigan, it is imperative that you return the questionnaire. Even if you are not working in a clinical setting at this time, it is essential that we receive the information that is relevant to your position. It is the only way the results of the study will be meaningful.

I have enclosed a questionnaire in case you have misplaced the original.

We sincerely thank you for your time and cooperation.

Sincerely,

Holly A. Riffe, M.S.W.
Project Coordinator
LIST OF REFERENCES


