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FACTORS AFFECTING THE PROFESSIONAL ROLE PERCEPTIONS OF AIR FORCE SOCIAL WORKERS

An Abstract of a Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Social Work

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ABSTRACT

The purpose of this study was to investigate factors associated with the professional role perceptions and functions of Air Force social workers. Existing evidence had indicated that they tended to restrict their professional activities to a psychiatric model of practice.

Several variables, including those of professional identity and professional security, were examined in relation to breadth of professional role perception. Fixed alternative response scales were constructed to measure these variables.

The results indicated that the workers who (1) were most secure in their role activities and (2) were able to distinguish the attitudes and skills of their profession from those of psychiatry were the ones who expressed the most comprehensive perception of desired role functions.

Implications of the study for the Air Force involved re-consideration of existing managerial and administrative structures in relation to the psychiatric role modeling expectation for social workers. Implications for the social work profession concerned the need for programs of continuing education. One implication for future research involved the need for replication of the study with other populations. Finally, the research instruments indicated potential for use as evaluative tools in the selection of personnel who are in agreement with agency role expectations.

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Chapter I

INTRODUCTION

This research was concerned with exploring the professional role perceptions and functions of social workers in the United States Air Force. This concern resulted from an identified problem involving a restriction of breadth in role perception by many Air Force social workers. This problem had been so identified by previous researchers, by Air Force administrative and service personnel, and as a result of the personal experiences of this researcher as a member of the Air Force. The following section discusses the manner in which this problem has been perceived by each of the parties mentioned.

THE SOCIAL WORK PROBLEM

Throughout its twenty year history, the Air Force has failed to provide a comprehensive program of social work services in response to the broad scope of social problems experienced within the Air Force community.[1] The delivery of the social work services that are provided

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[1]James L. Jenkins and others, "The United States Air Force Social Work Program" (unpublished paper, Keesler Air Force Base, Mississippi, 1974), p. 8.

has continued to evidence a focus upon psychiatric services within a clinical responsiveness model.[2] Normative practices and professional role models for the Air Force social worker have continued to be subsumed under the rubric of psychiatry, as specified by regulation (see Appendix A). Personnel assignment policies and the practicalities of the work situation have continued to require the assignment of most new Air Force social workers to practice settings where they are professionally isolated from other members of their own discipline.[3] Such professional isolation may have resulted in social workers looking to members of other disciplines in modeling their professional behavior for adaptation to the requirements of the new setting. Additionally, situations have often occurred wherein new workers have been assigned to settings in which other service professionals from both their own and from collateral mental health disciplines have been completely absent, but where the administrative expectations for social workers typically have been psychiatrically oriented.[4]

Overall, it has appeared that Air Force policies,

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[2] Ibid., p. 2.

[3] Based on a personal interview with Colonel John S. McNeil, Chief of Air Force Social Work, at Travis Air Force Base, California, April, 1975.

[4] Ibid.

agency expectations, and established patterns of supervision (or the lack of it) may all have contributed to confining the breadth of social work practice within a clinical responsiveness model. This model has lacked official encouragement for community-based services that would be reflective of a broader orientation towards social work practice. Since social workers are prepared by their professional education to offer preventive as well as remedial services, it appears that their full service potential has been under-utilized by the Air Force. This research has explored factors which may have contributed to this apparent restriction of the breadth of role function among Air Force social workers.

Previous researchers have emphasized the external pressures and organizational constraints upon the social worker as providing the primary force towards his conforming with a purely clinical model of practice. In 1974, Captain Jenkins suggested in his dissertation that:

> . . . More effective utilization of social work officers would be expected in those organizational units where a participative climate permits the professional practitioner to experience his desired level of decisional participation. 5

Survey research conducted among Army social work

5James L. Jenkins, "The Effects of Decisional Participation Upon Organizational Effectiveness: A Study of Social Work Officers in the United States Air Force" (unpublished Doctoral dissertation, University of Denver, 1974), p. 182.

personnel (who have their own comprehensive lines of administrative structure and professional supports) has given weight to Jenkins' findings in demonstrating that an apparently higher percentage of Army social workers than Air Force social workers appear to enjoy satisfaction with their professional roles and their identities within the Army as a host agency.[6]

These studies have suggested that Air Force social workers have demonstrated both explicit and implicit motivations to expand their role functions into the areas which they have espoused as being ideal for their degree of professional confidence and competence; further, these studies have suggested that these motives have been continually frustrated due to external (specifically organizational) constraints. However, despite the apparent motivation to expand role functions that was reported by these researchers, Air Force social workers have not been able to bring about congruence between their real and ideal role function perceptions (except in isolated instances).[7] This research has explored some additional dimensions of professional role perception and role function among social workers which relate to but are different from those dealt with

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[6]Robert R. Sellards, "Social Work Officer Survey Results" (unpublished research study, Academy of Health Sciences, U.S. Army, Behavioral Science Division, 1974).

[7]McNeil interview, op.cit.

in the research conducted by Jenkins. A shift of emphasis has occurred from the cognitive dimensions of the perceived problem to the affective dimensions of that problem. However, both dimensions have been recognized by this research as providing an influence upon Air Force social workers to restrict their breadth of professional role perception.

BACKGROUND OF THE STUDY

The personal experience of this researcher was that of an Air Force social worker initially assigned to be solely responsible for the initiation and operation of an entirely new mental health facility serving the total population of an Air Force base. He found that his traditional role as a social worker, for which he had been trained and in which he had functioned as a civilian in prior professional practice, became subordinated via administrative expectations to a psychiatrically oriented mode of practice that fit the medical model of this latter setting. He also began to realize (after leaving this initial assignment) that he actually had come to personally emulate this psychiatric model in all of his professional activities. Overall, the psychiatric aspects of his new role requirements had come to take predominance in his practice and thinking over the social work aspects with their wider, community-based and systems

preventive elements of practice application.

As he became more experienced and had a change in setting, the researcher found himself seeking out the counsel of senior social work staff as part of a gradually emerging desire to implement community-based and preventive elements of his practice. In so doing, he learned of their similar desires and frustrations in attempting to bring about such a broadening in the program of services offered by Air Force social workers as a total group. He also became aware of the interest among some (but by no means all) experienced social work staff in creating an administrative structure for social workers that would be totally separate from that of psychiatry.

Particularly instrumental in crystallization of these insights were discussions held with Colonel John McNeil, Chief of Air Force Social Work.[8] Further discussions with members of Colonel McNeil's local staff, who had widely varied levels of experience and widely varying perceptions of social work functions in the Air Force, helped this researcher reach the conclusion that the phenomenon of de-identification with profession as occurring in the Air Force social work setting was by no means unique to his own experience and, in fact, was reflected in the attitudes and behaviors of other Air Force

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[8] Ibid.

social workers. Where such attitudes and behaviors have occurred, there also has appeared to result an accompanying restriction in the breadth of services perceived by social workers as being ideally preferable for the performance of their duties.

An extensive review of the literature brought clarification and focus to the phenomenon of restricted role function by providing theoretical tools for analysis of it. Role theory, systems theory, cognitive dissonance material, and career development studies all have been drawn upon in formulating the design of this study. This theoretical and research material has been dealt with comprehensively in Chapter II.

PURPOSE OF THE STUDY

Where Jenkins was concerned with certain cognitive dimensions of role perception, the central concern of this study was directed towards exploring certain affective dimensions of role perception as they may arise in response to the interpersonal demands of specific work settings. These affective dimensions were explored in terms of their possible consequences for the social worker's definition of his job role, his relative feelings of confidence in performing that role, and his relationships with those persons who provide role behavior expectations and models for him.

This research has sought to contribute to a more complete explanation of why Air Force social workers have continued to function within the clinical psychiatric model for twenty years, despite the fact that researchers have pointed out the apparent discontent among the staff with such a model. Even though the staff have seemed to favor a shift to the more encompassing and idealized social systems preventive model of practice, this aim has not been accomplished. The key to understanding the failure to achieve this goal may lie not only in understanding administrative expectations and the administrative structuring of the host agency but also in understanding more fully the personal stress adaptation mechanisms at work among new professional social work staff who are confronted with role incongruities that must be resolved if they are to function in a mutually satisfying manner.

Another concern of this study was related to the ways in which social workers in general are assigned to and supported in field settings that may be at odds with the emphasis of their professional education. A further aspect of this concern was related to the specific impact of assignment and supervision policies and practices of the Air Force upon the service functions and role perceptions of social work staff. Also of interest was how certain aspects of social work education may be modified to meet the challenge presented by clinically

oriented field settings to the maintainence of a comprehensive view of professional role functions among workers in the field.

The central research question was therefore stated as follows:

What factors affect the professional role perceptions of Air Force social workers at varied levels of seniority and experience?

The responses of Air Force social workers regarding their felt professional identity, professional security, attitudes toward supervision, supervisory preferences, and perceptions of real and ideal role functions were expected to provide information pertinent to an explanation of the possible practice constraints placed upon social workers by themselves and/or the administrative structures within the host agency, across a range of practice settings. This research question arose from certain basic assumptions, which have been summarized in the following manner:

1. Social work is a profession in its own right; as such, its attitudes, values, skills, and dimensions of practice can be distinguished from those of other service professions in a clear and distinct manner.

2. The organizational structure of any work setting influences both individual role perceptions and role behaviors.

3. Social workers in the Air Force have restricted their breadth of professional role perceptions and their subsequent role behaviors as a result of certain discernible factors.

Derived from these assumptions were specific variables around which the design of this research was organized. The manner in which they and subsidiary variables were conceptually and operationally defined has been dealt with in Chapter III. For purposes of clarity, however, these variables are summarized as follows:

1. The independent variables included
   a. The nature of the Air Force job setting (both initially and presently, including both performed services and supervisory patterns,
   b. Professional security,
   c. Professional identity,
   d. Attitudes toward supervision (both from other social workers and from members of other disciplines).
2. The sole dependent variable was breadth of professional role perception.

As already stated, additional variables of the antecedent and intervening varieties were also included in examining factors which have had apparent effects on breadth of professional role perception.

SIGNIFICANCE OF THE STUDY FOR SOCIAL WORK

The field of mental health has continued to regard the model of psychiatric social work as being a desirable service emphasis for social workers in their training and practice, even to the extent of equating the role functions of social workers with those of members of other mental health professions.[9] However, some social work authors have defined the scope and responsibilities of social workers in terms of preventive services as well as remedial services, whatever the nature of the practice setting. Lutz has stated that:

> . . . It is desirable that the profession of social work assume once again the original and traditional responsibility accorded it by society. This is the responsibility to try to achieve the solution of social problems by removing or altering their causes, whatever their nature, whether cultural, political, economic, or social values and organization or intrapersonal values, emotions, and ideas. 10

Lutz has further suggested that social workers have restricted their professional horizons by maintaining a defensive refuge in technical competence (specifically in the areas of over-estimating the importance of psychiatric

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[9]William E. Henry and others, The Fifth Profession (San Francisco: Jossey-Bass, 1971), p. 181.

[10]Weiner A. Lutz, "Marital Incompatability," Social Work and Social Problems, ed. N.E. Cohen (New York: National Association of Social Workers, 1964), p. 320.

social work as a preferred specialty for practice), in spite of the indication that the profession has not dealt effectively with the broad social problems of the community as a whole.[11]

Similarly, Lourie has stated that social work must recognize social action as a part of its function in going beyond remedial services by facilitating the adaptation of social policies and institutions to changing social needs.[12]

Perlman has also pointed out the need for a critical examination of social work's professional boundaries in certain practice settings by observing that:

> . . . In social work's ounce of cure lies a pound of prevention. . . social work needs to take stock of its own prejudices and beliefs which have shaped its usual practices and limited its operational scope. When prevention is seen as provision, new perspectives will open to social workers. 13

These statements indicate a desirability for social work practitioners to provide an ever-broadening scope of service functions in response to changing community needs. Therefore, it becomes important to examine restrictions which may arise to limit or erode the continuance

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[11] Ibid.

[12] Norman V. Lourie, "Poverty," Social Work and Social Problems, op.cit., p. 40.

[13] Helen Harris Perlman, "Unmarried Mothers," Social Work and Social Problems, op.cit., p. 320.

of a broad services perspective by practitioners in the field. The aim of this research has been to examine such restrictions upon social work practice within the context of the Air Force setting.

SIGNIFICANCE FOR THE AIR FORCE

In the past, few Air Force social workers have chosen to remain in the Air Force as career officers. Consequently, few have achieved a high order of professional tenure and experience within the Air Force setting. While such tenure and experience, where acquired, might in themselves have produced an increase in power and a broadening of professional role functions, it would appear that such an extension of service parameters simply has not had a chance of occurring in most instances due to the historically high turnover rate among Air Force social workers.[14] By clearly defining a range of factors which may contribute to the restricted role perceptions and behaviors of Air Force social workers, this research has hoped to facilitate an administrative reconsideration of the purpose and functions of Air Force social workers. It also has hoped to help Air Force social workers become more personally aware of how their feelings and attitudes arise in response to the organizational setting and how these feelings and

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[14]McNeil interview, op.cit.

attitudes may subsequently influence their practice perceptions and behavioral responses.

CONCLUSION

Jenkins stated that self-determination in professional conduct is necessary for effective professional activity.[15] This professional autonomy may be considered to connote a sense of freedom in choosing the range of services which one wishes to offer in practice. Perceived restrictions upon that sense of professional autonomy may have contributed to a corresponding self-restriction by Air Force social workers upon their breadth of practice function in the face of a perceived threat from the organization where an expanded investment of professional self is concerned.

Whereas Jenkins was interested in the organizational constraints upon professional role definition, the present research was interested in the self-restrictions in role perception that also may have occurred as a function of those organizational constraints. A lack of breadth in role perception among Air Force social workers was identified as a significant problem. In this regard, the present research has identified the dimensions of professional security, professional identity, nature of

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[15]Jenkins, Doctoral dissertation, op.cit., p. 39.

setting (both initially and presently, including both performed duties and supervisory patterns), and attitudes toward sources of supervision as additional factors which needed to be explored, not only from the standpoint of the relationship between the organization and the individual but also in responding to the problem as stated. These added dimensions of professional role function are discussed from a theoretical standpoint in Chapter II.

Chapter II

THEORETICAL FRAMEWORK

Chapter I presented and defined the problem that was researched in this study. Certain basic assumptions were presented, as well as a central research question growing out of those assumptions. In addition, the variables for study were presented in order to provide a beginning framework for understanding the purposes of this research. Chapter III provides a detailed explanation of that framework. Chapter II focuses on certain basic theoretical considerations and previous research in order to provide a functional rationale for the selection of the major test variables that appear to relate to the problem at hand. Accordingly, the divisions of this chapter deal with each variable in examining its properties as those properties have been examined by other researchers and literary scholars. Additional conceptual dimensions that are vital for an understanding of the evolution of the purpose and design of this research have also been included in an effort to provide linkages between the variables so discussed.

BREADTH OF PRACTICE PERCEPTION IN SOCIAL WORK

A restriction upon the breadth of role perception

and role function among Air Force social workers was identified as the problem of concern for this study. Acting as the dependent variable for the purpose of this research, breadth of perception for job function requires further elaboration in terms of its importance to the profession of social work. Chapter I presented some material in this regard as an adjunct to the definition of the problem. The following discussion examines a wider range of theoretical and research evidence which supports the idea that a premium is placed upon breadth of professional role perception and role function by the profession of social work as a whole.

In the prevailing intradisciplinary dissension over the relative professional status of social work, some theorists have questioned the validity or even the desirability of social work's claim to professional status.[1] Others have logically derived conceptual frameworks which would appear to establish social work as a legitimate professional enterprise, with discernible values, goals, methods,

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[1]John C. Baird, "Issues in the Selection of Growth Goals for Social Work," Journal of Education for Social Work, VIII (Winter, 1972), 9-23; see also Betty Mandell, "The Equality Revolution and Supervision," Journal of Education for Social Work, IX (Winter, 1973), 43-54; Ralph E. and Muriel W. Pumphrey, The Heritage of American Social Work (New York: Columbia University Press, 1961), p. 305; Harvey Spect, "The De-professionalization of Social Work," Social Work, XVII (April, 1972), 3-16.

and sanctions.[2] In his research, Jenkins concluded that social work does meet the prerequisite criteria for being considered as a legitimate profession in its own right.[3]

From the time of Flexner until the present, social workers have continued to be "mesmerized" by questions concerning their professional status.[4] For the purposes of this research, however, a basic assumption has been taken that social work is, indeed, a profession whose parameters of practice evidence both breadth and distinctiveness of purpose in comparison to the parameters of practice held by collateral service professions. In stating this assumption, an acceptance has been made of Abrahamson's definition of professions, as follows:

> . . . professions are those occupations which involve the use of knowledge and techniques by a practitioner directly upon, or in behalf of, a client in order to maintain or induce in the client a culturally determined and socially approved state of well-being. 5

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[2]Harriet M. Bartlett, The Common Base of Social Work Practice (New York: National Association of Social Workers, 1970), p. 221; see also E. Greenwood, "Attributes of a Profession," Social Work, II (July, 1957), 11-17; Allen Pincus and Anne Minahan, Social Work Practice: Model and Method (Itasca, F.E. Peacock, 1973), p. 38.

[3]Jenkins, Doctoral dissertation, op.cit., p. 39.

[4]Alvan M. Block, "The Dilemna of Social Work Education: Restructuring the Cirriculum," Journal of Education for Social Work, VIII (Winter, 1972), 19-23.

[5]Mark Abrahamson, The Professional in the Organization (Chicago: Rand McNally, 1967), p. 12.

Other authors have discussed a similar framework for definition of professional practice.[6]

The acceptance of this assumption of the professional nature of social work within the definitional context just provided is important in considering the significance of a broad base of professional practice in the job setting. In this regard, Morris and Binstock have stated that:

> One boundary of social welfare as a profession can be found in those aspects of the human condition which public and private organizations try to meet through direct and immediate preventive or treatment measures. [7]

Note the inclusion of the term "preventive" in their conceptualization of the professional boundaries of social work as a profession. In agreeing with a social work practice focus that would include prevention along with the traditional remedial services, another author has warned of a "prevailing apprehension" that social workers might have to restrict the heritage laid down by Mary Richmond and the early social reformers in their concern for social reform as the price of achieving a public acceptance of their professional status.[8] This latter statement is

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[6]W.J. Goode, "Community Within a Community: The Professions," American Sociological Review, XXII (April, 1957), 194-200.

[7]Robert Morris and Robert H. Binstock, Feasible Planning for Social Change (New York: Columbia University, 1966), p. 20.

[8]H. Bisno, "How Social will Social Work be?," Social Work, I (April, 1956), p. 56.

quite pertinent in regard to the identified research problem of a restriction in breadth of service perception among Air Force social workers, who may respond to just such an influence from public and collateral profession sanctions. Still, this research agrees with those authors who assert that the profession of social work has no greater need than a "comprehensive conception of its essential nature."[9]

Others have stated that the profession has successfully defended a breadth of function that encompasses the widest possible perceptual scope, with a persisting dual focus on social reform as well as on individual well-being.[10] Several authors have discussed the desirability of assuring a breadth of professional practice perception by the inclusion of a substantial social activism and social advocacy format in the cirriculum of schools of social work.[11] Whittaker has summarized the concern of these several authors in his statement concerning the importance of formal recognition by professional social work education and practice

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[9]Gordon Hearn (ed.), The General Systems Approach (New York: Council on Social Work Education, 1971), p. 67.

[10]Baird, op.cit., p. 15; see also Werner W. Boehm, "The Nature of Social Work," Social Work, III (April, 1958), 16-17.

[11]Bisno, op.cit., p. 16; see also George A. Brager, "Our Organization Man Syndrome," Social Work, XIII (October, 1968), p. 101; Scott Briar, Social Work Practice (New York: Columbia University, 1967), pp. 19-33; Martin Rein, "Social Work in Search of a Radical Profession," Social Work, XV (April, 1970), 12-28.

of the social mandate for an increasingly broad perspective in practice:

> It is clear that much will have to be changed in the field of interpersonal helping if it is to retain its vitality. These needed changes include a greatly expanded view of the professional helping role, a reconceptualization of problem strategies and an integration of the efforts towards individual change with the larger ends of the social reformer. . . 12

Social work education has not been entirely remiss in addressing this concern for an expansion of the helping role. Certainly, schools of social work do educate their students for a wider range of role functions than suggested by a psychiatric model for casework; also included are the breadth dimensions of consultation, planning, and education.[13] Supervision may be regarded as an additional force lending to a widening of role functions in some instances.

The actual methods and techniques that result from a broad practice perspective could, in and of themselves, provide a lengthy research discussion which would be tangential to the purposes of the present research. Certainly, there are pros and cons to be considered in any approach adopted by social workers that leads them towards causing an impact on social institutions and structures. For the present purpose, however, there appears to be a

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[12]James Whittaker (ed.), Social Treatment (Chicago: Aldine Publishing, 1974), p. 21.

[13]Walter A. Friedlander and R.Z. Apte, Introduction to Social Welfare (Englewood Cliffs: Prentice-Hall, 1974), p. 461.

preponderance of support for the general idea of a broad frame of reference in defining the professional parameters of social work.

Gordon reflected this frame of reference in defining social work by succinctly stating that "a working definition of social work stresses the profession as a force in society rather than as a response."[14] Grinnell and Block have echoed such a definitional frame in their focus on a commitment to social change.[15] In terms of actual practice application of such a definitional frame, Perlman and Selby both have emphasized supporting the client's own efforts towards environmental modification while buttressing those efforts by seeking to favorably influence, on the client's behalf, all those persons who impinge upon his environmental space.[16]

Within an agency context, Smalley has stated that:

> Agency function requires the worker's use of all the resources of the agency and all the resources of the community. No agency should be limited to a

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[14]William E. Gordon, "Toward a Social Work Frame of Reference," Journal of Education for Social Work, II (Fall, 1965), p. 22.

[15]Richard M. Grinell, "Environmental Modification: Casework Concern or Casework Neglect?," Social Service Review, XLIX (March, 1973), 208-220; see also Block, op.cit.

[16]Helen Harris Perlman, "Social Components of Casework Practice," The Social Welfare Forum (1953), 124-126; see also Lola Selby, "Supportive Treatment," Social Service Review, XXX (December, 1956), 400-414.

single primary method for the accomplishment of its purpose. 17

It would appear from these numerous citations that social work can be identified as a broadly functional profession (within the context provided by Abrahamson and supported by Jenkins) because there is clear support within its ranks for dimensions of practice that are clear and distinct from the practice parameters of the other service professions with which social work traditionally has been affiliated.

An empirical study conducted by Taber and Vattono asked social workers about their feelings concerning the issue of the distinctive purpose of social work; that is, is social work just to provide therapy, or is it to engage in social actions as well? Their findings supported the conclusion of the present research that social workers in general appear to favor a broad social actions mission for social work, even though private practice and the casework method continue to be strongly endorsed by them.[18]

In this regard, the coordinated view of casework plus social reform as originally espoused by Mary Richmond continues to reflect the practice perceptions of most social

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[17]Ruth E. Smalley, Theory for Social Work Practice (New York: Columbia University, 1967), p. 154.

[18]Merlin A. Taber and Anthony J. Vattono, "Clinical and Social Orientation in Social Work," Social Service in Review, XLIV (April, 1970), 34-43.

workers.[19]

The importance of a breadth of perception and function for social workers has been established. The bulk of this review deals with factors which may contribute to a restriction or narrowing of the professional practice perceptions and parameters of Air Force social workers. However, it must be stated that Air Force social workers have not been alone in their exhibition of this problem concern. Other studies have indicated that this phenomenon is common among many psychiatrically functioning workers, as the following material demonstrates.

A comparative study by Ullman found that hospital social workers reflect a traditional casework orientation rather than one incorporating an orientation towards the larger community or even towards their own organizational objectives within the framework of their host agency.[20] Tubove has best stated this wider problem concern:

> In embracing psychiatry, social workers undoubtedly acquire a more sophisticated awareness of the subleties and amibguities of personality but in the process they undermine their capacity to promote institutional change and deal effectively with the problem of mass deprivation in an urban society. Psychiatry. . . deflects the social worker's attention from the social and cultural environment. 21

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[19] Ibid.

[20] Alice Ullman and others, "Activities, Satisfaction, and Problems of Social Workers in Hospital Settings," Social Service Review, XLV (April, 1971), p. 28.

[21] Roy Tubove, The Professional Altruist (Cambridge: Harvard University Press, 1965), p. 117.

The fact is that a psychiatric emphasis of practice does not necessarily negate the stated responsibility for social workers to be involved in preventive activities. Woodward has asserted that:

> . . . Psychiatric social workers should participate in community educational and consultant services in recognition of the need to broaden the base of informed and effective mental health work. 22

It would appear, then, that all social workers (including those of the psychiatric persuasion) have a vital role responsibility at all levels of prevention, involving an imaginative application of all social work methods in anticipating problems and needs.[23]

A comprehensive practice capacity consequently requires the adoption of multiple roles in meeting a complex of client-in-community needs.[24] The following sections deal with the concept of role as it impacts personality function within system networks. Of particular concern is the manner in which roles become personally vital in the manner just stated. Such a discussion necessarily involves consideration of the primary concepts of role theory and the ways in which the assumption of roles influences

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[22]Luther E. Woodward, "Changing Roles in Outpatient Clinics," Social Work, VI (April, 1961), p. 80.

[23]Lydia Rapoport, "The Concept of Prevention in Social Work," Social Work, VI (January, 1961), p. 12.

[24]Herbert S. Strean, "Role Theory, Role Models and Casework," Social Work, XII (April, 1967), p. 81.

individual behavior within a systems context. The concept of role conflict has been of a specific concern in this study for examining how discontinuity in occupational role may be one aspect of the problem of restricted breadth of perception in professional role functioning.

BASIC CONCEPTS UNDERLYING ROLE PERFORMANCE

An understanding of basic role concepts is necessary for an understanding of the specific theoretical impact of organizational role expectations upon social workers as they occupy agency positions. In his review of role theory in relation to social work, Deutsch has described the concept of social role as being derivative from the concepts of social status and position.[25] These latter terms seem to be used interchangeably in most of the literature. The preferred usage for this research is position because of the hierarchial connotations of status when taken as a subjective referent. A position is distinct from the individual who occupies it; it is simply a collection of rights and duties ascribed to or achieved by persons who occupay a socially discernible place in the social order.[26]

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[25]Morton Deutsch and R.H. Krauss, Theories in Social Psychology (New York: Basic Books, 1965), p. 244.

[26]Kingsley Davis, "Status and Related Concepts," Role Theory: Concepts and Research, ed. B.J. Biddle (New York: John Wiley and Sons, 1966), pp. 67-73.

It is a more general term than office, which describes a specific position in an organizational setting.[27]

Individuals occupy a great number of positions within a number of status systems.[28] Perlman has described role as a "social status in action."[29] Role denotes the perception and assumption of those behaviors which are implicitly stated by a given social position.[30] The emphasis of the concept of role is behaviorally dynamic when compared to the more static concept of position, even though the two are inextricably linked in the organization of human behavioral responses to the environment. Roles are functional in situations which contain prescriptions for interaction that are culturally defined and are independent of the particular personal relationships that may otherwise exist between persons occupying the position.[31]

The term, "role set," is used to describe the cluster of behaviors which a person assumes by virtue of

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[27]Bruce J. Biddle and Edwin J. Thomas (eds.), Role Theory: Concepts and Research, Ibid., p. 66.

[28]Strean, op.cit., p. 78.

[29]Helen Harris Perlman, Persona: Social Role and Personality (Chicago: University of Chicago Press, 1968), p. 38.

[30]Biddle and Thomas, op.cit., pp. 29-30.

[31]Strean, loc.cit.

occupying a position.[32] As persons occupy positions within a number of status systems, they relate to others based on role sets that correspond to each of those positions. Behavior is enacted which is reflective of how the position defines and prescribes the manner in which a position occupant should act towards one of the persons with whom his position rights and obligations put him in contact.[33] Thus, an individual's role performance in a given position is determined by (1) social norm demands and rules, (2) the role performance of others in their respective positions, (3) those who observe and react to that performance, and (4) the individual's particular capabilities and personality.[34]

Merton has given a similar description of social role as referring to "the behavior of status occupants that is oriented towards the pattern expectations of others."[35] Obviously, roles play a critical influence in the past and present socialization of individuals to changing environmental conditions.[36]

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[32]Arnold M. Rose (ed.), Human Behavior and Social Processes (Boston: Houghton Mifflin Company, 1962), p. 25.

[33]Deutsch and Krauss, op.cit., p. 244.

[34]Biddle, op.cit.

[35]Robert K. Merton, Social Theory and Social Structure (New York: Free Press, 1968), p. 41.

[36]Strean, op.cit., p. 79.

Another concept considered useful for this research was that of role reciprocity. This term introduces a subjective element in the role performance process that shifts the emphasis away from the simple (and mechanical) process of acting out a prescribed role to devising a performance on the basis of an "imputed other role."[37] Thus, role sets may be perceptually reassessed in consideration of the role of a relevant other. It would follow, then, that roles are not transient masks that can be taken on or put aside at will. While some time-limited roles do permit such an emotionally detached enactment, roles generally represent both the forms in which the total personality is expressed and the means through which object relationships are experienced and internalized into the ego structure.[38]

Each person enacts and modifies roles according to personal needs, knowledge, and practice of what the role requires and to reciprocal understandings of what is expected of the position occupant in his social transactions.[39] Feedback from others is important and traditionally has been emphasized as the most significant aspect of role enactment.[40] However, successful performance of some roles

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[37]Rose, op.cit., p. 23.

[38]Perlman, Persona, op.cit., p. 41. [39]Ibid., p. 42.

[40]Yvonne Fraley, "A Role Model for Practice," Social Service Review, XLIII (June, 1969), p. 148.

becomes vital to the intrapsychic well-being of the individual; such roles are called vital roles.[41] For the purposes of this research, role sets derived from occupation of a particular position within a specific organizational structure have been considered as just such a vital force, both in the individual's intrapsychic and extrapsychic life spheres.

It would appear from this discussion that action, feeling, cognition, and transaction all are critical components in the consideration of role-related behaviors. These components all serve to generate anticipations and expectations of the person's investment of self with behavior and with others.[42]

In summarizing this discussion of role theory, Perlman has provided a context which most closely relates to the subjective variables with which this research was concerned. She has stated:

> . . . Performance of and adaptation to vital roles affects the inner self. . . the sense of belongingness within the social system via social support and recognition, security, and stability in relationship to the environment. 43

In this manner, ego energy is freed up for other pursuits.

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[41] Perlman, Persona, op.cit., p. 43.

[42] Ibid., p. 49.

[43] Ibid., p. 51.

ROLE PERFORMANCE IN THE SOCIAL SYSTEM

The concept, social system, has been used in the discussion of basic role concepts. This is because position and role are assumed and performed within a social context, the relatedness of which has been alluded to by use of the term, role reciprocity. The social system is herein defined as a "structure of roles" with both instrumental and expressive interdependencies.[44] It has also been defined as "an interdependent social organization composed of social roles played by actors occupying statuses."[45] Systems theory seeks to overcome the vagueness of social context in the interpersonal perspective by emphasizing the impact of the environment upon the individual via the role sets which he enacts. The reciprocity of roles would seem to assure a stability of their interaction in interdependent events.[46]

Studies have shown that attitudes and role perceptions shift with changes in the sanctions and recognition

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[44]Howard Polsky, "System as Patient: Client Needs and System Function," The General Systems Approach: Contributions toward an Holistic Conception of Social Work, ed. Gorden Hearn (New York: Council on Social Work Education, 1971), p. 13.

[45]Charles Atherton, "The Social Assignment of Social Work," Social Service Review, XVIII (December, 1969), p. 246.

[46]Polsky, op.cit., p. 12.

motives which relate to the internal equilibrium of systems where the primary emphasis is one of adaptation.[47] The maintainence of a social system requires a sufficient proportion of its component actors being adequately motivated so as to act in accordance with the perceptual and adaptive requirements of their role sets.[48] Since social systems theory assumes a high order of interdependency between events within each system, changes that occur in one element of a system are likely to affect other elements or even the organizational framework of the system itself.[49] This static interfacing of events provided by systems theory presents a way of thinking and analysis that helps in understanding the relational determinants of behavior in the person-in-situation configuration.[50]

Social work is just such a social subsystem that is in itself one component of a greater social system, encompassing the whole of society. Social work as a system exists "to assist in the mediation and reconciliation of the conflicting demands and functions of other systems."[51]

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[47]Perlman, Persona, op.cit., p. 52.

[48]Talcott Parsons, The Social System (Toronto: Collier MacMillan, 1951), pp. 27-28.

[49]Whittaker, op.cit., p. 89.

[50]M.P. Janchill, "Systems Concepts in Casework Theory and Practice," Social Casework, L (1969), p. 77.

[51]Polsky, op.cit., p. 14.

This role of social work as an enabling subsystem which facilitates the effectiveness and continuance of a greater societal system brings to light a further role theory concept which only acquires ready significance in reference to the structure and ordering of system components. This is the concept of role conflict.

ROLE CONFLICT IN SOCIAL SYSTEMS

The types of human subsystems typically encountered by social workers have been characterized by certain universally applicable propositions, namely:

1. Living systems respond to continuously increasing stress, first by a lag in response, then by an overcompensatory response.

2. Systems that are successful in survival employ the least expensive defenses against stress.[52]

In this regard, Hearn has stated a two-fold goal of social work in promoting the "growth and development of the human system and the development of an environment capable of maintaining the growth and development of systems upon it."[53]

What this statement by Hearn overlooked is that social work, as a system in and of itself, is susceptible to the same potentially damaging forces of conflict and

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[52]Hearn, op.cit., p. 66. [53]Ibid., p. 68.

atrophy that affect the systems with which it deals. Perhaps one of the most disruptive forces that can threaten the system maintainence of social work as a profession is that of role ambiguity and role conflict. Role ambiguity has been defined as a lack of clarity concerning the role behavior expectations of the rights and duties of a given position.[54] Similarly, role conflict has been defined as "the opposition of role expectations for a position such that a position member cannot perform in terms of all of them at the same time."[55] The principle of role discontinuity exists where:

> . . . there is a lack of correspondence between the role expectations concerning one position that an individual has held and the role expectations associated with a different position that he now holds. 56

While occupations provide the security of a position in a social system, a lack of clarity or a sense of conflict concerning their corresponding role behaviors can be disruptive both to the individual subsystems and to the social systems within which they function.[57] This fact should be as true for social workers as an occupational group as for any other occupational system.

Wilensky and Lebeaux have stated that social work

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[54]Thomas, op.cit., p. 27. [55]Ibid.

[56]Perlman, Persona, op.cit., p. 63.

[57]Thomas, op.cit., pp. 27-28.

is concerned not with the faulty parts of a system but with the viability of human response and adaptation mechanisms of the system as a whole.[58] If this concept is true in considering the relationship of social work as a subsystem in its support of other subsystems and of the social system as a whole, then it should hold equally true in viewing individual social workers as personal subsystems who have a stake in the support and maintainence of the system supports and boundaries of their profession. Just as the systems model offers social workers "a conceptual framework that shifts attention from individual characteristics to interaction and relatedness," it would seem likely that the model would carry over as social workers perceive the interaction and relatedness of functions within their professional parameters of service.[59]

However, beginning workers may often find greater interest in content pertaining to intrapsychic processes (ala the psychiatric subsystem's role sets) than they do in content related to broader social processes that emphasize the social derivations and relatedness of client

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[58]H.L. Wilensky and C.N. Lebeaux, Industrialization and Social Welfare (New York: Russell Sage Foundation, 1955), p. 76.

[59]Ann Hartman, "To Think About the Unthinkable," Social Casework, LI (October, 1970), p. 467.

behavior.[60] Thus, it has appeared that there may exist a fundamental conflict concerning role perceptions and behavior between the profession as a system and some of its individual practitioners as personal subsystems.

Separate research studies conducted by Brennan and Khinduka and by Olsen and Olsen concerning the role perceptions and behaviors in organizational settings which have a direct treatment focus indicated that such a fundamental role conflict between the profession's ideals and the realities of the worker's particular role responses actually does exist.[61] In the former study, a gap was revealed between the ideal and actual role responsibilities of juvenile probation officers. Their findings were so significant for the emphasis and direction of the present research that a detailed discussion of them is necessary, as follows:

> Each encumbant of a position in a bureaucracy has to perform a number of role tasks that are incongruent with his own conception of what constitutes the role bundle for that position and the actor's conception of his ideal role is at least in part colored or conditioned by the sources of his professional socialization. 62

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[60] Roger R. Miller, "Learning Objectives of Beginning Workers," Social Work, VIII (January, 1963), p. 46.

[61] William C. Brennan and Shanti K. Khinduka, "Role Discrepancy and Professional Socialization," Social Work, XV (April, 1970), 87-94; see also Katherine and Marvin Olsen, "Role Expectations and Perceptions for Social Workers in Medical Settings," Social Work, XII (July, 1967), 70-78.

[62] Brennen and Khinduka, Ibid., p. 87.

> Identification with the professional subculture defines for professions what is their main task. . . in the absence of this anchorage, they become easy and willing accomplices of organizational demands that have little respect for one's sense of what is professionally proper. 63

> There exists a myth that formal organizations contain a rigid, explicit, and clearcut delineation of an actor's role with little or no margin for shrinkage, expansion, or other forms of role redefinition. 64

This latter concern highlights the necessity to explore and clarify the various determinants of role perception conflicts as they exist for those social workers who express a perception of role function that is at odds with the role expectations of their profession.

The following discussion examines the external and internal mechanisms for the resolution of role conflict and ambiguity, where these events occur. A parallel discussion involves how organizations influence and shape the behaviors of their employees within the context of the internal and external adaptation mechanisms that are employed by these workers. Implications from this material also have been related to the specific occupational position of social workers who occupy primary psychiatric role function capacities. While these two sections represent an extension of the conceptual presentation that already has been made, they also serve to shift the focus of this review into the area of the specific independent

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[63] Ibid., p. 92. [64] Ibid., p. 87.

variable dimensions of study as they have been seen to relate to the dependent variable dimension, that of perceptions of breadth of practice function by Air Force social workers.

The first of these independent variables that was utilized was that of professional security. It was dealt with in terms of internal and external mechanisms that are utilized for the resolution of role conflict. It was considered as an affective dimension of role perception, taken in terms of willingness to risk self professionally and measured in terms of degree of felt comfort in performing specific services. The aspects of role conflict resolution that follow are directed at just such a concern, i.e., the individual's relative feelings of safety vs. risk in investing himself emotionally in a specific role set and in a particular occupational position.

EXTERNAL RESOLUTION OF ROLE CONFLICT FOR SECURITY

External mechanisms for resolution of role conflict were regarded by this researcher as those measures undertaken by the individual or on the individual's behalf in modifying his environment in such a way so as to promote his feelings of role security and to minimize his feelings of role conflict or ambiguity.

Thomas has discussed mechanisms for the resolution or elimination of role conflict in those positions

where formal role performance is expected and required.[65] His framework included the following:

1. Preferential selection, or role performance which is consistent with only one set of the opposing role expectations.

2. Compromise, or incorporating some elements of both sets of role expectations into the role set.

3. Avoidance, or anticipating and preventing the occurrence of occupation of a position that involves role conflict.

4. Elimination of role conflict by achieving consensus over how to perform a new role.

5. Elimination of conflict by removing the person from the position altogether.

6. Eliminating the position itself as being potentially too destructive to the social system and to the individual subsystems which are its component elements.[66]

It was interesting to note that Thomas' emphasis for the resolution and elimination of role conflict within a system is reflective of his behavioristic background, with its corresponding emphasis upon externally discernible phenomonen. However, other theorists have dealt with certain internal mechanisms which also have been seen as effectively dealing with felt role conflict or ambiguity. Their

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[65]Thomas, op.cit., pp. 27-28. [66]Ibid.

material was important to this research not only in terms of presenting a comprehensive framework for considering role conflict resolution but for providing a logical framework supporting the rationale for the selection of one of the specific variables that was selected by this researcher in examining the problem of restriction of breadth in social worker role perception.

INTERNAL RESOLUTION OF ROLE CONFLICT FOR SECURITY

Internal mechanisms for resolution of role conflict have been regarded herein as those measures undertaken by the individual himself in modifying his internal cognitive structure (his gestalt concerning an environmentally determined role set) in such a way so as to promote his feelings of role security and to minimize his feelings of role conflict or ambiguity.

The concepts of congruity and dissonance as applied to the resolution of role conflict by internal means appeared to bear considerable relevance for the variable of personal security in performance of occupational role expectations. These concepts have been specified and dealt with empirically by Festinger.[67] In his early work, Festinger employed the terms, "dissonance and consonance," to refer to relations

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[67]Leon Festinger, A Theory of Cognitive Dissonance (Stanford: University Press, 1957); see also Leon Festinger, Conflict, Decision, and Dissonance (Stanford: University Press, 1964).

which exist between pairs of elements, or cognitive perceptions concerning the external environment.[68] Dissonance has been defined as the existence of non-fitting relations among cognitions; correspondingly, cognitive dissonance has been regarded as "an antecedent condition which leads to activity oriented towards dissonance reduction."[69] In other words, dissonance between one's prior perceptions, beliefs, and behaviors concerning a role set and the current impinging reality factors gives rise to internal pressures to eliminate that dissonance via intrapsychic as well as extrapsychic means. Thomas has provided an adequate discussion of the extrapsychic means of role conflict resolution, as has been discussed. The intrapsychic mechanisms, as stated by Festinger, include:

1. Initial understanding of the perceptual conflict involved, followed by a cognitive re-translation and distortion of it into more acceptable terms.

2. Rejection of the impinging reality perceptions as invalid (not representative of the real situation) and consequently not requiring a behavioral response.

3. Acceptance of the reality factors, but only as an exception to general and more typical experiences.

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[68] Festinger, A Theory, Ibid., p. 9.

[69] Ibid., p. 3.

4. Adoption of the reality perceptions as valid and therefore requiring behavioral change as well as cognitive reorganization.[70]

Incorporation of and adaptation to impinging reality factors that are dissonant with prior experience, perceptions, and expectations typically occurs when:

1. Adoption of the reality elements involves novel or attractive inputs for which the respondent has had no prior cognitive referents (or only those of a highly idealistic nature).

2. The individual has previously felt unresolved cognitive conflict and indecision (hence, low security) concerning the performance of the role set in question.[71]

These aspects of Festinger's theory parallel the theories of Piaget, according to which intelligence attempts to function as an integrated whole which produces a corollary drive towards equilibrium (the most central dimension of systems theory).[72]

Two closely interdependent functions of intelligence are organization and adaptation. Organization involves the cognitive processes which previously have been discussed. Adaptation involves two components, called

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[70] Ibid., pp. 42-47.

[71] Festinger, Conflict, op.cit., pp. 92-120.

[72] A.M. Kroll and others, Career Development: Growth and Crisis (New York: John Wiley and Sons, 1970), p. 55.

assimilation and accommodation.[73] Assimilation has been defined as the perception of new elements in the environment which appear to be so desirable as to necessitate their being taken in and integrated with established elements.[74] Accommodation has been defined as the modification of old perceptions so as to allow integration of the new (that is, a revision of existing gestalts).[75] These processes of adaptation, coming from a learning perspective, have been seen as having close parallels to the theoretical concepts of Festinger in explaining essentially the same phenomena. Both appear to satisfactorily explain how conflict and ambiguity in role expectations can be handled by the individual in his affective adaptation to a occupational position.

The social group in this perceptual context becomes at once a major source of cognitive dissonance for the individual and a major vehicle for eliminating and reducing the dissonance which may already exist for him. Thus, processes of social communication and social influence are "inextricably interwoven with processes of creation and reduction of dissonance."[76]

As dissonance is reduced, a sense of comfort and security in role performance increases. One of the most effective ways of eliminating dissonance is to discard one set of cognitive elements in favor of another, something

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[73] Ibid. [74] Ibid. [75] Ibid.

[76] Festinger, A Theory, op.cit., p. 177.

which can often only be accomplished if one finds significant others who agree with the cognitions that one wishes to retain or maintain.[77] The dissonance between one's own opinion and knowledge of a contrary opinion voiced by another person is greater if the other is important or attractive to the individual. Thus, the maintainence of a sense of professional security often may demand a transcending of the system boundaries of one's own profession and forming a new role set, adopted from the role sets of a collateral profession which has greater influence and prestige within the organization. A similar impact upon the worker's sense of professional identity (another major variable dimension of this study) has been explored more fully in a later section of this review.

Festinger has noted that a person usually accepts the opinions and values of the position into which he has moved if he wishes to find consonance between his opinions and his related behaviors. People who occupy a certain role or position respond to the expectations which others have of that role or position. The key point here is that "the person who moves into a new role is not a victim of this influence but actually seeks it out" in order to avoid internal tensions and disharmony.[78] Again, the need for personal comfort and security overrides the sense of

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[77] Ibid., p. 180. [78] Ibid., p. 274.

alliance to the role sets derived from prior identification with a parallel occupational subsystem.

Later work by Festinger, as supported in research conducted by Feather and others, reported that subjects often deliberately expose themselves to dissonant information.[79] This finding would seem to fly in the face of the equilibrium premise underlying systems theory as well as the proposed need for maintainence of a sense of security by whatever adaptive mechanisms are deemed necessary. However, this finding is satisfactorily explained if one considers the need to maintain and revitalize a system, so that its dissolution through atrophy is prevented. If presenting cognitions are perpetually consonant with prior knowledge, there will be no motivation to learn and gain new knowledge that is important for the development of the self in its progression towards some idealized end.[80] Additionally, the deliberate perception of dissonant cognitive elements may provide a surveillance function that gives strength to the original persuasion and action by providing a critical contrast to what has been the cognitive set.[81]

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[79]Festinger, Conflict, op.cit., p. 85.

[80]Lewis Coser, The Functions of Social Conflict (New York: Free Press, 1956), pp. 121-138.

[81]Jay G. Blumer and Elihu Katz, The Uses of Mass Communications (Beverly Hills: Sage Publishing, 1974), p. 24.

In such a way is the individual reassured of the inherent rightness of his stance and, thereby, of the security of his position within the system. It would appear that selective perception of dissonant cognitive elements in the system may be vital for constructive maintainence, growth, and security of the self-concept.[82]

It has also been noted that individuals who are rated as being highly confident show a greater readiness to risk exposure to dissonant information than do less confident persons.[83] It would appear that a balanced state between congruent perceptions and the sentiments connected with them is preferable to an unbalanced state, but there always remains a tendency to leave the comfortable equilibrium to seek the new and stimulating, where some degree of self-confidence in occupational role exists, especially as confidence in mastery of present role demands is increasingly secured.[84]

Hilton has stated that the reduction of dissonance among a person's beliefs about himself and his environment remains the major motivation of career decision making.[85] It is comforting and self-supportive to make a selection

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[82] Ibid. [83] Festinger, Conflict, op.cit.

[84] Coser, op.cit.

[85] Edwin L. Herr, Decision Making and Vocational Development (New York: Houghton Mifflin, 1970), p. 21.

and then rationalize its propriety while suppressing the costs of its unrealistic components through various self-deceptive devices. The chooser may know that there are other alternatives which previously were attractive or which he even previously may have pursued, but they gradually lose their appeal as he becomes entrenched in the rightness of the course which he has chosen, complete with its elements that are dissonant with the other options in the prior experience.[86] A career process is thereby launched which Super has characterized as "ongoing, continuous, and generally irreversible."[87]

Subsequent vocational decision making reduces the range of further vocationally related experiences as the individual becomes too heavily committed to a course of action to change or recognize the need for change (so long as he is getting along reasonably well in the situation), until such time as the stimulation of novel experiences becomes necessary for maintainence and growth of the system that has evolved.

This discussion of the internal adaptation to role ambiguity and conflict as provided by cognitive dissonance theory has lent considerable support to the research variable of professional security as a factor related to job role perception and performance. The next section examines

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[86] Ibid. [87] Ibid., p. 27.

other issues concerning organizational influences upon individual role behaviors as they have related the research variable of professional identity to breadth of role perception and performance.

ROLE PERCEPTION, VOCATIONAL CHOICE, AND IDENTITY

The importance of self-concept in role perception and performance has been dealt with extensively in literature dealing with individual career development. Of particular interest have been those career development theories which view the process as that of developing and implementing the relationship of self-concept to position role set.[88] Researchers in this field have found that the occupational sense of security and comfort (which has just been discussed) is inversely related to the discrepancy between (1) self-concept and occupational role, (2) ideal occupational concept and occupational role, and (3) self-concept and ideal occupational role concept.[89]

Ginzberg has stated that:

> . . . Career development denotes the lifelong sequence and pattern of an individual's work-related behavior . . . it is a continual process of working out a compromise between the self and the reality opportunities

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[88] Samual H. Osipow, Theories of Career Development (New York: Meredith Corporation, 1968), p. 117.

[89] Ibid., p. 140.

and limitations of the world. 90

Thus, career development is part of the emerging cognitive structure of the self as it relates to the environment. As such, vocational self-concept forms a vital part of personal identity.

It is necessary at this point to explain just what this research has meant by the term, personal identity, so that aspects of the concept, as they have been related to professional identity, may be understood in an examination of the interactions between organizational structure, professional identity, and the breadth of role perception within the organization.

Solomon has described personal identity as referring to "those unique aspects of the individual which differentiate him from all others."[91] However, the person also maintains a social identity, which is comprised of those categories and attributes which are imputed to him by society.[92] In other words, two aspects of a person's identity are made up of the individual's distinguishing characteristics which differentiate him from all others,

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[90]E. Ginzberg and others, Occupational Choice: An Approach to a General Theory (New York: Columbia University, 1951), p. 35.

[91]Barbara Solomon, "Conceptualizations of Identity in Social Work Practice," The Social Service Review, XLI (March, 1967), p. 2.

[92]Ibid., p. 4.

coupled with the extent to which he is like some or all others in the social system in terms of positions and role sets.[93] These two aspects are synthesized into the individual's ego identity, or "his subjective sense of his own situation and his own continuity and character resulting from the integration of his internal and external life experiences."[94]

Ego identity, in turn, is crucial in the development and maintainence of the capacity to perceive and perform role sets effectively for the gratification of self as well as the social subsystems which provide the positions that have been occupied.[95] The perception and performance of an occupational role set would appear to be one of these crucial functions of the ego identity, so that occupational identity (or, as in the case of this research, professional identity) may be regarded as a vital aspect of the ego identity formation.

The development of a sense of occupational identity evolves from a cognitive decision making process, concerning the individual's vocational choice and including the developmental steps of anticipation, exploration, crystallization, choice, implementation, adjustment, reformation, and integration.[96]

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[93] Ibid. [94] Ibid., p. 5. [95] Ibid.

[96] Kroll, op.cit., p. 66.

These latter concepts were influenced by the work of Erikson in the formulation of psychosocial steps in the development of personality.[97] In a model formulated by Tiedeman and O'Hara, the developmental step of anticipation results as a function of the awareness of the existence of a career-related problem that requires a solution, accompanied by personal adjustment to that solution.[98] Exploration involves the withholding of self-investment in the seeking of problem resolution as the cognitive processes explore the parameters and the nature of that problem in relation to the self-concept; that is, the vocational role is mentally tried on for size.[99]

This research has inferred that part of the exploratory process involves cognitive referencing of the problem to previous life experiences in order to determine whether or not the choice options fit with one's prior behavioral repertoire and values. Successful referencing of the potential career decision to prior experience, values, and goals results in a solution of the vocational choice problem through crystallization of the vocational role. Self-investment subsequently occurs, thereby resulting in a deliberate choice to enter the particular role and to make it

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[97]Erik Erikson, Childhood and Society (New York: Norton and Company, 1963), pp. 247-269.

[98]Osipow, op.cit. [99]Ibid.

a part of one's self-concept.[100] This commitment, in turn, leads to implementation of the vocational role through work-related behaviors, usually by actual assumption of a job.[101]

In the critical adjustment phase, the person has become defensively invested in the solution to which he has become committed as his vocational choice.[102] He remains somewhat malleable in his behavioral focus during this phase, reacting to any and all environmental pressures with adaptive responses. Gradually, he begins to adopt a repertoire of behavioral traits, the performance of which further alters and refines his self-concept. Finally, the self becomes relatively abandoned to the purposes and goals of the vocational group during the step of reformation, wherein many aspects of personal self-concept maintainence become secondary.[103]

Only after the person re-establishes a sense of internal equilibrium through achieving a certain objectivity about the group purpose (via successful role behavior experiences within the group) does the final phase of integration occur.[104] This integration involves the regaining of a balance between personal and vocational self-concept maintainence and developmental needs, with a behavioral

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[101] Ibid. [102] Ibid. [103] Ibid.

[104] Ibid.

emphasis upon behaviors that reciprocally support each aspect of the self.[105]

The particular impact of the adjustment and integration factors has received particular attention in the present research, with a focus upon their influence on the formation of a sense of professional purpose and identity.

It has been observed that external adjustment and internal integration factors form the basis for resolution or elimination of role conflict in a variety of life positions. In the same light, the processes of differentiation and integration, as basic cognitive processes, interplay throughout a career.[106] Just as the individual is faced with psychosocial crises in the development of his overall sense of identity, career development involves adaptation via the mechanisms that have been discussed. Two aspects of career development, decision and action, provide the basic framework for the constructs of differentiation and integration.[107]

The set of decisions employed by an individual in seeking congruence between his own and social expectations constitutes the essence of vocational development, assuming

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[105] Ibid.

[106] Joseph Zaccaria, Theories of Occupational Choice and Vocational Development (Boston: Houghton Mifflin, 1970), p. 47.

[107] Ibid.

that the context of relevance for the anticipation and implementation of each is understood. It appears that the individual tries to choose a career in which he can employ his interests and capacities in such a way so as to satisfy and be congruent with his values and goals; however, he must also continually weigh his alternative opportunities and the limitations of his environment in order to assess the extent to which they will contribute or detract from his securing a maximum degree of harmony in his work experience.[109]

Once an occupational choice is made and the individual begins to conceive of a particular occupational identity for himself, any discrepancy which he perceives between his self-concept and the role-related perceptions will motivate attitude change towards seeking congruity between the sets of perceptions.[110]

Herzberg has discussed maintainence and motivational factors which enhance identification of self with a particular vocation.[111] Maintainence factors are those

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[109] Robert M. Roth and others (eds.), The Psychology of Vocational Development (New York: Meredith Corporation, 1968), p. 99.

[110] Ibid., p. 262.

[111] Frederick Herzberg, "One More Time-- How do You Motivate Employees?," Harvard Business Review (January-February, 1968), pp. 53-62.

components of the work environment which are required for the individual to maintain at least a minimally satisfactory life style and to adequately meet his basic needs so that he will have potential for vocational motivation.[112] These maintainence factors include sufficient pay and benefits, the acceptability of the physical environment, and a supportive management structure. However, full investment of self with a particular organization in such a way as to produce harmony between the self-concept and the ideal self-concept requires that certain higher level motivational factors be fulfilled. These include achievement, recognition, responsibility, challenge, and a chance for occupational growth and advancement.[113]

There also exist factors which decrease the chance of integration between vocational self-concept and personal self-concept and which weaken the likelihood of one's remaining in a particular occupational role. These include:

1. An exposure to a malevolent environment (such as excessive demands, a lack of support, or failure to meet maintainence and motivational needs).

2. A high opportunity for change of career through the availability of perceived occupational alternatives.

3. A high heterogeneity among these perceptual alternatives, coupled with a certainty of knowledge about

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[112] Ibid. [113] Ibid.

them.

4. A premise regarding the career decision as being a reversible one (even though most vocational development literature has suggested that it is not).

5. Outside social pressures.[114]

If people could be entirely logical in selecting their career patterns or even specific job roles, it would follow that congruity would be high between self-concept and perception of role expectations in relation to career self-concept. However, studies have shown a tendency on the part of many persons to choose occupations that are inappropriate for their level of skills and/or aptitudes.[115] An adjunct question arises in regards to what happens to personal perception of role function when an individual enters a career that largely is incongruent with previous training and experience. This latter concern has been a major focal point for the present study in terms of its impact upon breadth of professional role perception.

IDENTITY WITH THE PROFESSION OF SOCIAL WORK

Pumphrey and Pumphrey have described a profession as:

> . . . a brotherhood-- almost, if the word could be purified if its invidious implications, a caste. Professional activities are so definite, so absorbing in

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[114]Roth, op.cit., p. 443. [115]Ibid., p. 292.

> interest, so rich in duties and responsibilities that they completely engage their votaries. The social and personal lives of professional men and of their families thus tend to organize around a professional nucleus. A strong class consciousness develops. 116

Zaccaria has stated that differentiation, integration, and the development of independence characterize the meeting of developmental tasks in the formation of a sense of vocational identity.[117] These concepts appear to be closely related to Kroll's concepts that previously were discussed as forming the basis for the vocational decision making process that precedes occupational identity formation.

If these principles are valid in examining the formation of occupational identity, they should equally be valid in application to the derivative subsystems of the professional occupations. The following discussion has sought to establish a logical framework for considering the major research variable of professional identity as it may have an impact upon subsequent professional role perceptions and behavior.

First of all, the person who is identified with a given profession must have a sense of its knowledge base, goals, methods, and sanctions (both from the public and from other professions).[118] Professional identity formation,

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[116] Pumphrey and Pumphrey, op.cit., p. 302.

[117] Zaccaria, op.cit., p. 54. [118] Bartlett, op.cit.

as suggested by Meyer, is a vital role task for every social worker.[119] Professional identity can be regarded as the inner acceptance of and emotional investment in the basic values, purposes, and methods of the discipline as they are taught in the classroom and experienced in the field. Both the internalization of knowledge and the investment of self in that knowledge equally contribute to this sense of professional identity.[120] The individual who enters a profession generally is exposed to these factors during his formal education. These factors then serve as a catalyst for the process of professional identity formation.

The first step of this process involves professional self-awareness. Professional self-awareness concerns a perception of professional values, goals, and activities as being congruent with and corresponding to personal values, goals, and desired pursuits. Self-awareness in and of itself involves resistance to incongruent feedback which may cause distortions in self-perception.[121]

Developing out of self-awareness is a sense of felt

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[119]Marguerite S. Meyer, "Dimensions of Professional Identification," Paper presented at Supervisor's Symposium, June, 1971, Texas State Welfare Department, Austin, Texas.

[120]Ibid.

[121]Chris Argyris, Integrating the Individual and the Organization (New York: John Wiley and Sons, 1964), p. 24.

competence and self-esteem, a conscious positive evaluation of personal worth in relation to the values, goals, and activities of the profession.[122] This stage also involves a sense of being able to fulfill those values, goals, and activities in a personally and professionally satisfying manner. Success in professional pursuits also yields a satisfaction in career choice, a sense of rightness concerning the course of career development.[123]

Such a sense of professional satisfaction results in what Martin Buber has described as a sense of confirmation.[124] Confirmation in the professional sense involves the perception and acceptance of positive feedback from the professional community, the lay community, and the client community concerning the appropriateness of one's professional responses to client needs.[125] The person perceives himself as successful in his relationship to his profession. This research has regarded this phase of confirmation as the most vital one for professional identity formation; in fact, it has equated confirmation with the initiation of a conscious sense of professional identity. The conceptual and operational definitions of professional identity that were employed by this research, as stated in Chapter III, reflect this view of the concept.

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[122] Ibid. [123] Ibid., p. 28. [124] Ibid.

[125] Ibid.

Following Zaccaria, it would appear that the processes of differentiation, integration, and the development of independence all serve to sustain a sense of professional identity after it has been established through the process of confirmation.[126] Professional differentiation involves perceptions by the self and others of the professional as having unique and specialized responses to offer in potential service situations in comparision to the potential responses of collateral professional disciplines, which may be called upon to respond to the same or to similar problem situations. Professional differentiation also involves a continuing ability to place a value on one's own profession that is equal to or higher than the value one places on the activities and the identity of members of collateral professions.[127]

Professional integration denotes that success in fulfilling all of the other developmental criteria for professional identity formation eventually results in a fusion between perceived professional identity attributes and personal attributes, so that profession becomes an inherent part of self that is as vigorously defended as are all other parts of the self (as suggested in the Pumphrey and Pumphrey definition).[128] Further life and career experiences are

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[126] Zaccaria, op.cit. [127] Ibid.

[128] Pumphrey and Pumphrey, op.cit.

sought to continually reinforce this sense of total self. Intellectual curiosity is aroused at this point and challenges or demands upon self for performance are no longer regarded as potentially threatening, but rather as containing potential for further broadening of the scope and depth of professional identity and for enriching the whole self.[129]

At this point of professional integration, the individual becomes able to regard his professional identity as dynamic and capable of continued growth through risk taking experiences. A static defense of professional self no longer is required or important for self-maintainence of professional identity. Consequently, the factor of professional independence emerges. The individual has become self-reinforcing and self-maintaining.[130]

If this process of professional identity formation always managed to proceed in such a harmonious manner within organizational systems, it is likely that the problem of a restricted sense of professional role perception which was the concern of this study would not be of the significance that previously was indicated to be the case. Therefore, it seems apparent that other factors may intervene to retard or disrupt this process, much in the same way that external forces intervene to disrupt the process

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[129]Festinger, Conflict, op.cit., p. 85.

[130]Zaccaria, op.cit.

of personal identity formation as discussed by Erikson.[131]

The following sections have examined the factors of (1) the professional practice emphasis of the host agencies within which social workers function and (2) the source and extent of the professional supervision received by social workers as it affects their attitudes towards supervision. These factors have been regarded by this study as two further independent variables which may have had importance in their impact upon the dependent variable dimension of breadth of perception in professional role function.

ROLE PERCEPTION AND NATURE OF SETTING

The nature of the occupational setting within which a social worker performs his role expectations was the third major variable of this research which was explored in its relationship both to the dependent variable of breadth in professional role perception and to the other variables which have been discussed.

The particular job setting is of special importance in focusing reality perceptions as well as in determining service function parameters.[132] In turn, this focusing effect involves role modeling and patterning of

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[131]Erikson, op.cit.

[132]Harold M. Proshansky and others, Environmental Psychology (New York: Holt, Rinehart, and Winston, 1970), pp. 386-397.

professional behaviors and values according to the expectations of those persons (usually supervisors) within the agency environment who either determine agency policy or who actually perform agency functions and, thereby, provide the normative expectations of that agency.[133] In this light, Zald has stated that the employing organization appears to largely determine the nature of the role set expectations perceived and performed by the social worker.[134]

A study conducted by Sims and Spray concerning the similarities between the four mental health professions found that social workers, more frequently than members of other collateral professions, are influenced by their actual work experiences so as to modify their subsequent occupational interests and related job satisfactions.[135] It was also noted that social workers are distinguished from the members of the other professions by the higher frequency with which they report the need to achieve affiliation with others (not just members of their own profession). The choice of a psychiatric specialty seems to be, for social workers, more a product of exposure to the field and of

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[133]John J. Horwitz, Team Practice and the Specialist (Springfield: Charles Thomas, 1970), p. 49.

[134]Mayer N. Zald, Practice in Organizing for Community Welfare (Chicago: Quadrangle Books, 1967), pp. 31-32.

[135]William E. Henry and others, The Fifth Profession (San Francisco, Jossey-Bass, 1971), p. 3.

influence by practicing professionals than of their training and peer contacts.[136] This viewpoint is in keeping with the theoretical position of the cognitive dissonance theories of role adaptation in the face of role conflict, as has been discussed earlier.

One question raised by the Sims research was whether or not there is a significant difference in practical application between casework and psychotherapy, a question echoed by the Group for the Advancement of Psychiatry.[137]

If the existing differences are minimized in the job setting, the identification with profession for social workers obviously becomes even more blurred as a result.

Henry has maintained that mental health professionals constitute a self-selected subsystem of their own which can and should be identified in terms distinctive from the parameters of their parent disciplines.[138] Goode also has stressed the idea that all members of a given occupational group are alike and, thereby, can better by identified by their occupational speciality than by their profession of origin.[139]

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[136] Ibid., p. 131.

[137] Group for the Advancement of Psychiatry, On Psychotherapy and Casework New York: GAP Publications, VII (1969), p. 39.

[138] Henry, op.cit., p. 3. [139] Goode, op.cit.

However, others have warned the service professions of over-responding to the suggestion of a synthesization of the entire range of interdisciplinary activities into one uniform model. In this regard, Horwitz has suggested that interdisciplinary team work must not be interpreted as a symbolic acceptance of the contention that all professions are equally able, much less that differences in expertise are unimportant.[140] This viewpoint contends that the practicing professional should recognize the desirability of a comprehensive perspective, involving pooled efforts in certain service situations while maintaining professional integrity in his own field.[141]

Despite this warning from Horwitz, some social workers have continued to be attracted to the psychiatric model when they enter an interdisciplinary practice situation. This problem of interdisciplinary diffusion of the professional self has provided the focus for the rest of this discussion of the impact of type of job setting upon professional self-perception.

SOCIAL WORK IN THE INTERDISCIPLINARY SETTING

As a collaborative discipline, social work often has become embedded in bureaucratic organizational structures. A basis for cognitive conflict immediately ensues

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[140] Horwitz, op.cit., p. 112. [141] Ibid.

in such situations, since the social worker in the bureaucracy is faced with serving two masters. The first is his professional self, with its background of knowledge, beliefs, and expertise. The second is his employing agency with its own particular demands and constraints.[142]

Wasserman conducted a study of newly affiliated social workers who reported no prior experience in working together as members of a professional collectivity. Their experience with the bureaucratic system resulted in a reinforcement and a stimulation of defensive behaviors rather than a promotion of constructive coping and adapting behaviors, while they remained in a state of functional disequilibrium throughout most of their early experiences with the organization.[143] Schein and Bennis have stated that, by working in organizations rather than independently, social workers have been encouraged to identify more with organizational models that reflect the organization's value system than with the values and role expectations of their own profession.[144]

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[142]Harry Wasserman, "The Professional Social Worker in a Bureaucracy," Social Work, XVI (January, 1971), pp. 88-94.

[143]Ibid.

[144]Edgar H. Schein and Warren G. Bennis, Personal and Organizational Change Through Group Methods (New York: John Wiley and Sons, 1967), p. 282.

The collaboration of different professions is a characteristic feature of the latter-day service organization where social work is concerned, but the emphasis provided by the organization might best be upon a division of labor among equals. That is, while the professional behavior of each person within the organization may become subject to general consent, each person should maintain primary responsibility for his particular function as it differs from the functions and responsibilities of other disciplines under similar conditions.[145]

Cohn has stated that the maximum utilization of teams would be achieved through an operation which:

> . . . would permit the fullest use of the unique contribution of each profession on the team. . . based on an equality among members. The institutionalized subordination of the professional contributions of social work leads to an assimilation by the social worker with the high prestige profession on the team, the one to whom he has ascribed the decision making role. The social worker is in danger of reducing his professional usefulness by yielding his own professional base while assimilating the professional orientation of the leading profession. The psychiatric social worker on the psychiatric team becomes a little psychiatrist, absorbing psychiatric modes of thinking, values, and preferences and organizing his own professional performance and contribution accordingly. 146

Thus, the nature of the setting, particularly where interdisciplinary team operations are concerned, appears to

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[145] Pumphrey and Pumphrey, op.cit., p. 304.

[146] Yona Cohn, "The Social Worker in the Multi-Disciplinary Team," Social Service Quarterly, XIV (Autumn, 1971), p. 40.

bear strong implications for the maintainence and orientation of one's sense of professional identity as well as for the role adaptations resultant from a need to maintain a sense of professional security within the organizational system.

Borenzweig has traced the historical move to affiliation by social work with the psychoanalytic movement.[147] It appears that the wide intellectual legitimacy given to Freudian interpretation of human behavior fifty years ago led to their acceptance by caseworkers. Social workers diminished the importance of Mary Richmond's social diagnostic focus with its basis on the rational model of human behavior. Richmond herself applauded the insights of psychiatry, yet warned that the profession was "leaning too heavily on individual psychology and neglecting studies of the mental reactions of the small group."[148] It now appears that, in the process of adopting the psychoanalytic model, there were negative side effects created by discarding or diminishing the importance of other traditional social work roles.[149] Borenzweig concluded that:

> . . . When the social work profession accepts a theory such as psychoanalysis, it must keep in mind that the new involvement creates losses caused by what the profession must discard from its current knowledge and techniques. 150

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[147]Herman Borenzweig, "Social Work and Psychoanalytic Theory," Social Work, XVI (January, 1971), 13-16.

[148]Ibid., p. 14. [149]Ibid. [150]Ibid., p. 16.

It appears from these statements that social work is a field that has continued to experience some difficulty in maintaining its units of practice differentiation, especially when interdisciplinary team operations in psychiatric settings are involved. This difficulty may have led to problems in achieving optimal use of social work personnel through specialization. Where such specialization has occurred (such as in psychiatric social work), it has been noted that social workers appear to readily accept their status as an ancillary group to other disciplines.[151]

This research previously has quoted Brager concerning the "organizational man" syndrome.[152] That is, commitment to agency taken as a hallmark of professionalism (rather than as a necessary concomitant of employment) often results in over-identification with the goals and traditional strategies of the agency, with a consequent inability to distinguish between organizational and professional roles.[153]

In terms of the problem which this research has explored, it appears that the willingness by many social workers to function in a role capacity that is subordinate to

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[151]Alvin Zander and others, Role Relations in the Mental Health Professions (Ann Arbor: University of Michigan Press, 1957), p. 5.

[152]Brager, op.cit. [153]Ibid.

psychiatry and to rely upon that profession for guidance may reduce the social worker's spontaneity and readiness to experiment, thereby narrowing his perceptual scope of function.[154] Such a limitation on the social worker's professional security in broadening his scope of activities appears to result in a phenomenon identical with that which has been observed among many Air Force social workers (i.e., a restriction of their breadth of practice perceptions and functions).

A study conducted by Barker and Briggs into the role relationships of state hospital personnel found that the social work role indicated by the consensus of social workers, administrators, and psychiatrists as having prime importance was that of "providing concrete social services to the patient directly."[155] Developing service resources and doing preventive or public relations work were listed nearly at the bottom of the list of priorities in role function by all groups in describing proper social work responsibilities. While social work personnel expressed the ideal of working towards the betterment of social conditions so as to promote better mental health via prevention (a sentiment similarly expressed by the group in Jenkins' study), they

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[154]Anselm Strauss and others, Psychiatric Ideologies and Institutions (New York: Free Press, 1964), p. 83.

[155]Robert L. Barker and Thomas L. Briggs, Differential Use of Social Work Manpower (New York: National Association of Social Workers, 1968), p. 85.

evidenced a commitment to devoting their actual work energies to those things which were considered as more urgent (inevitably meaning direct patient care).[156]

While much of the literature which Barker and Briggs reviewed indicated that mental health program personnel have a primary obligation to work towards the betterment of social conditions that would result in better mental health, such an activity (while claimed as a province of social work) was ranked low as an actual service priority by all professional groups, with psychiatrists ranking it the lowest of all social work role expectations.[157] If the social service departments in mental health settings are responsive to this expectation of both administration and peer professionals, it belies the common conception that there has been occurring a substantial movement among social workers towards broader social involvement.[158]

This discrepancy between real and ideal motives was explained by Barker and Briggs in role status identification terms. Since psychotherapy has been the principle activity of psychiatrists, and since psychiatrists have traditionally enjoyed the highest level of esteem and authority in the medical setting, it has appeared that other professionals have placed a priority on emulating psychiatrists so that their esteem and authority might

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[156] Ibid. [157] Ibid., p. 95. [158] Ibid.

be shared in at least a vicarious manner.[159]

The study further stated the concern that:

> . . . Many NASW social workers do not want the broad social mandate that has been claimed for their organization. Many seem to want to be left alone to do the job that they recognize as important and that seems to call on the highest level of their skill. They wish to do psychotherapy. 160

However, the authors (social workers themselves) pointed out the shortcoming of such a rationale in practice:

> If this (conducting psychotherapy) is the objective of the social worker, he will never achieve the recognition he craves, because the mandate for providing psychotherapy generally and properly belongs with the psychiatrist. A member of a discipline whose contribution is restricted to an activity that another profession can do better is, as a general rule, only an ancillary person, an expedient to the shortage of psychiatrists. He does not have a distinct job in his own right and his occupation depends on the amount of work that is permitted him by the members of another profession. He can thus never lay claim to being a professional on his own. 161

The study concluded with the admonition that a social service organization will never achieve its objectives of optimum personnel utilization until it finds some means of differentiating the activities of its staff.[162]

The failure to promote or maintain differentiation in function is not solely attributed to the social worker, however. Arnoff has discussed the rigidities of the

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[159] Ibid., p. 148. [160] Ibid., p. 157. [161] Ibid.

[162] Ibid.

jurisdictional-hierarchial lines of authority in mental health agencies, stating that:

> . . . These rigidities require workers in other areas or new kinds of personnel to be absorbed and controlled so as not to interfere with existing professional prerogatives. 163

While acknowledging that psychiatry has provided the core knowledge and skill content to social workers in their in-service training for mental health practice, he predicted that such heretofore ancillary professions will gradually become less willing to follow the leadership of psychiatry, especially as the demands of the communities become more pressing.[164]

Other theorists and researchers have also dealt with interdisciplinary team role relations. Horwitz observed that overlap of recognized boundaries of competence is commonplace on interdisciplinary teams.[165] In referring back to research conducted by Festinger, cognitive overlap of this nature allows a lesser sense of stress and internal conflict in selecting among alternative behaviors as the qualitative distinctions between them decrease.[166] Horwitz continued in the same vein by observing that "team operations almost invariably engender a continuing process of role clarification and redefinition-- a fair amount of

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[163] F.N. Arnoff and others, Manpower for Mental Health (Chicago: Aldine Publishing, 1969), p. 196.

[164] Ibid., p. 62. [165] Horwitz, op.cit., p. 19.

[166] Festinger, A Theory, op.cit., p. 41.

negotiation seems necessary."[167] Thus, confusion about role definition becomes manifest, although the felt conflict over this confusion may not be apparent.

In examining the leadership of teams, Horwitz found that leadership often devolves upon the individual whose profession dominates the organization under whose auspices the group practices.[168] Consequently, acculturation to the way of life of the interdisciplinary team may be accompanied by some attenuation of the individual's working ties with his primary occupational reference group.[169]

> As his ties to the group of original affiliation stretch thin, his occupational role may be perceived by his erstwhile associates as a repudiation, and a circular process of continuing dissociation and progressive alienation may ensue. The worker may thereupon develop a new professional self-image and turn towards different reference groups. . . colleagues in the higher status discipline may be the ones to whose values the practitioner orders his behavior. Indeed, the worker who is impatient with the narrowing bonds of his own profession's expertise can derive deep satisfaction from practice in an interdisciplinary team. 170

This rationale corresponds quite closely to that presented earlier in relation to role definition as an aspect of self-identity and in relation to the cognitive dissonance phenomenon.

Horwitz concluded by observing that there are settings in which it is a condition of employment that workers

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[167] Horwitz, op.cit., p. 16. [168] Ibid., p. 41.

[169] Ibid. [170] Ibid., p. 42.

abandon all traditional self-images and accommodate to the "local legend that all therapeutic personnel constitute one single occupation."[171] This idea certainly is reminescent of the viewpoint expounded by Henry, as discussed earlier. The Air Force medical corps certainly fit within the category of such a setting. Yet, it is apparent that this external pressure may be only part of the professional de-identification phenomena which has been discussed. The internal adaptive mechanisms that come into play as a result of placement of an individual in a job role setting that varies from his primary training may exert very real pressures to reduce the resultant self-role conflict by triggering a set of conforming behaviors which may even exceed adaptive necessity as the person receives the reinforcing supports of higher esteemed professions.

Researchers have made the following remarks concerning manpower utilization in mental health programs:

> Roles should be as clearly defined as possible, with functions as definitive as feasible. It is obvious that some overlapping always will be necessary in order to give complete coverage to patients. But vague, ill-defined and duplicating roles are unfortunate for the patients, highly destructive of morale in personnel, and dysfunctional in organizations. . . It would seem rational that when professions of differing status and with different amounts of preparation and reward have precisely the same functions in roles in the treatment of patients, then the differential status and rewards received become problematic. It is in this context that the role and training of

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[171] Ibid., p. 46.

> the social worker must be developed. We will need to serve as liason between patient and community, serving as the integrating mechanisms for the patient in his various contacts with social institutions. . . If the profession does not assume this role, then we will have to develop a new profession for this purpose. 172

In summarizing this discussion of the effects of the organizational setting upon the breadth of role perception, the professional identity, and the professional security of social workers, it seems appropriate to consider what some authors would substitute for the hierarchial professional organization between disciplines that has been so commonly found in psychiatric settings.

Mandell has stated that a shift from hierarchial organization to equalitarianism in staff relationships involves a reassessment of the professional identities of each staff member.[173] Psychiatrists appear to derive "considerable narcissistic gain" from the admiration and respect of others, and social workers apparently have not failed to gratify their needs in this regard.[174] Yet, as stated by Dana and Sheps:

> . . . Interpersonal behavior. . . is an entity of its own that does not require members of related professions to think alike but rather to act together. . . It asks that the professional person put problem ahead of profession and/or institutional auspices and accommodate particular professional knowledge and skills to

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[172]Thomas Carlsen, Social Work Manpower Utilization in Mental Health Programs (New York: Syracuse University, 1968), p. 7.

[173]Mandell, op.cit., p. 46. [174]Ibid.

> the collective exercise of professional responsibilities in the assessment of the problem to be solved. 175

Practitioners in all professional disciplines and in all interdisciplinary organizational settings might do well to consider the ramifications of this insight.

ROLE PERCEPTION AND SUPERVISION

The type of job socialization experiences most frequently mentioned by social workers as most important to their professional competency and growth has been that of supervision, from whatever source.[176] Thus, it appears that the supervisor provides the social worker with his most significant role model.

The following sections of this review have dealt with the final variable dimension of concern for this research, that of the source and extent of professional supervision as it affects workers' attitudes toward different sources of supervision and as it influences their breadth of professional role perception. Some relationships between this variable and the other major research variables also have been considered in this discussion of the role of supervision as an influence upon professional role perceptions and expectations.

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[175] Bess Dana and C.G. Sheps, "Trends and Issues in Interprofessional Education," Journal of Education for Social Work, IV (Fall, 1968), pp. 35-41.

[176] Henry, op.cit., p. 180.

Role Perception and Social Work Supervision

Charlotte Towle once described social work supervision as "an administrative process with an educational purpose," a statement which clearly emphasizes the view of supervision as a process involving the functions of administration and teaching in a related and interdependent manner.[177] Berkowitz has echoed this viewpoint by stating the equal importance of the administrative and the educative functions in supervision.[178] However, his discussion mainly focused on the administrative process, including:

1. Implementation-- the process of creating the conditions and providing the instruments which help to get the job done effectively and efficiently, while additionally supporting utilization of appropriate channels for institutional modification where needed.

2. Integration-- the process of helping the worker view his role behavior within the context of the total agency program and, thereby, establishing identity with that program.

3. Evaluation-- the process of providing critical feedback to the worker regarding his successes or failures

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[177]Margaret Williamson, Supervision: New Patterns and Processes (New York: Association Press, 1961), p. 26.

[178]Sidney Berkowitz, "The Administrative Process in Casework Supervision," Techniques of Student and Staff Supervision (New York: Family Service Association of America, 1962), p. 26.

in the performance of his duties as well as in his integration of his skills and values with those of the agency.[179]

Mary Hester has further supported the administrative aims of social work supervision in stating that "the purpose of supervision of staff in a social agency is to promote the effective carrying out of the purpose for which the organization exists."[180] The goals for the learner become integration of knowledge, development of skills in practice, and (almost as an after-thought) personal emotional growth.[181] The emphasis here was that change by the new worker is required in his ways of thinking, feeling, and acting since the new is different and therefore opposes what has been learned before, or at least what has been familiar. As the emotional equilibrium is thus disturbed, the integrative processes of the ego are supported by the supervisor until a resolution of the relationship of self to the occupational setting is achieved.[182]

Williamson has followed suit in proclaiming that:

> . . . The ultimate objective of worker supervision in a group service agency. . . is to implement agency purposes and plans, and continually to deepen the quality

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[179]Ludwig Berkowitz, "The Administrative Process in Casework Supervision," Techniques of Student and Staff Supervision, Ibid., p. 26.

[180]Mary C. Hester,"Educational Process in Supervision," Techniques of Student and Staff Supervision, Ibid., p. 16.

[181]Ibid. [182]Ibid.

> of the service through which the agency seeks to express its purposes. . . Growth and development of workers as persons do not, in themselves, constitute the end to which the supervisory process is directed. 183

In discussing the supervisor's role, each of these authors has seemed to be more concerned with the supervisor facilitating an adjustment by the worker to the organization (even to the extent of unlearning and relearning) than with the supervisor supporting and maintaining the prior identification and the professional socialization of the new worker. This emphasis for social work supervision appears to neglect the importance of professional identity maintainence in favor of the organizational needs of the agency in seeking to quickly socialize the worker to that agency.

Watson has stated that:

> Social work supervision has vacillated between perpetuating a tutorial model that needlessly restricts and infantilizes competent workers and abandoning its model for some type of group method that it hopes would do the supervisory job more efficiently. . . a range of options is essential. . . a more flexible approach to supervision accommodates itself to greater variation in worker needs and tends to support creativity and experimentation. 184

This statement would appear to support the position that the traditional models of social work supervision do little to enhance the worker approaching his job role with

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[183]Williamson, op.cit., p. 21.

[184]Kenneth W. Watson, "Differential Supervision," Social Work, XVIII (November, 1973), p. 88.

a sense of creativity and a desire to maximize the range of services which he is to offer. The traditional model, with its focus upon agency adaptation, has seemed to be directed more at achieving conformity and compliance with set agency expectations than with tapping the worker's full range of service potential.

Henry has stated, in further supporting this line of thinking, that it is the supervisor who provides the social worker with the primary professional socialization influence, emphasizing the changes in certain personal characteristics concerning occupational attitudes and perceptions which consequently occur and which affect the worker's role set.[185] Professional socialization is given primary importance here. There is no apparent consideration given for maintaining congruity of experiences between the educational and work frameworks or for reinforcing a generic practice base against which all subsequent practice experiences may be referenced by the worker as he moves from position to position.

This traditional view of the role of supervision in relation to the practice of social work has also been supported by Brazer, who has stated that:

> . . . Learning for the profession cannot be thought of apart from learning to practice more and more competently and responsively within the policies, the administrative structure, and the procedures and requirements

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[185]Henry, op.cit., p. 168.

of the agencies that make the services possible. 186

In contrast to these viewpoints with their strict organizational emphases in connection with the purposes of supervision, Charlotte Henry has focused on the desirability of the supervisory experience promoting a breadth and variety of function and experience for the new worker during his initial supervisory period, instead of just focusing on adaptation to agency expectations.[187] She has recognized the practical circumstance of the young worker's lack of readiness to concentrate on depth and quality of performance and the resultant threat to him when such an instantaneous adaptation to the host agency is expected of him.[188] A more realistic supervisory function, in her view, would be to help the new worker obtain a broad perspective of the aims and views of casework as practiced in the new agency and then to promote and allow as many personal variations as reasonably possible (as drawn from his prior experience and training) in furthering the agency's philosophy and goals.

This innovative and integrative focus, as opposed to the purely adaptive focus, helps the worker more quickly

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[186] Williamson, op.cit., p. 25.

[187] Charlotte S. Henry, "Criteria for Determining Readiness of Staff to Function Without Supervision," Administration, Supervision, and Consultation (New York: Family Service Association of America, 1955), p. 41.

[188] Ibid.

realize the need for both maintaining and expanding his own sense of professional identity as he has brought it to the new job setting and as it has been further expanded as a function of working in that job setting.[189]

These varying viewpoints appear to support the inclusion of a variable concerning the nature of supervisory exposure and the subsequent attitudes towards supervision among Air Force social workers as one having possible significance for the breadth of professional role perception of Air Force social workers. However, additional consideration has been given to this issue in examining the impact of interdisciplinary supervision and of autonomous practice upon the new worker as he assesses his purpose and function within his organizational position.

Role Perception and Interdisciplinary Supervision

If an expectation for social work supervision is a significant one for social workers as they move into new situations (and the Henry research indicated that it is), then internal cognitive stress could be expected to be aroused in the absence of social work role models (as could be predicted on the basis of cognitive dissonance theory).[190] Where the supervisor of the new social worker is a member of another professional discipline such as psychiatry, or where

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[189] Ibid. [190] William Henry, op.cit.

the social worker operates in the complete absence of supervision but under the medical model of practice expectation from administration, one might suspect that the new worker may experience a weakening or even a loss of his sense of identification with his own profession. The research previously quoted concerning an examination of social workers' role perceptions in interdisciplinary team settings appears to support this suspicion.[191]

There may be a seductive function at work in interdisciplinary team settings where differential levels of esteem and prestige exist; however, the social worker newly placed in the traditional psychiatric setting has seemed to become the willing victim of such seduction in modifying his role perceptions to adapt to the psychiatric model of practice.[192]

In his research, Zander discovered that when a person is high in power, he will react towards those in another role capacity in a fashion which helps him to maintain a high power position.[193] If he is low in power, his inter-role perceptions and behaviors will represent his desire to protect himself against any unpleasant consequences of his position (ala the cognitive dissonance argument).[194] A

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[191] Barker and Briggs, op.cit.

[192] Zander, op.cit., p. 24. [193] Ibid. [194] Ibid.

social worker who sees himself as being relatively high in power (for a member of a profession considered as ancillary by the host agency) will want few contacts with psychiatrists, while a desire for independence and autonomy will be apparent in his accentuation of positive aspects of his own profession in its comprehensiveness of purpose and function.[195]

Zander further anticipated that the ancillary social worker with low power will reveal much concern with being liked and respected by those with greater power.[196] He will also seek to make a favorable impression upon psychiatrists in order that their greater relative power will be used in a supporting and rewarding manner rather than in a depriving one, even to the extent of emulating them in a conscious manner over social work peers (particularly if they are higher in status than those peers or more immediately available as consultants).[197]

These findings and impressions closely support the research assumption that new Air Force social workers restrict their breadth of professional role perception as a function of the psychiatrically oriented hierarchy into which they typically are placed. More experienced social workers with higher power may begin to become restless in ancillary positions so that they may seek to revitalize a

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[195] Ibid. [196] Ibid. [197] Ibid.

a sense of commitment to their parent profession and its wider range of service options as a result of a felt need for personal and professional growth and stimulation (as suggested by the cognitive dissonance literature).[198] However, the occurrence of this phenomena seems to appear in spite of prior experiences with agency expectations and supervisory structures rather than as a natural continuation of those experiences. It seems that working within a psychiatrically modeled role set, coupled with supervision by a psychiatrist or psychologist, may well have ramifications for the dependent variable of this research as well as for the sense of professional role identity held by Air Force social workers.

Role Perception and Professional Autonomy

Moore has discussed autonomy as an important dimension of the professional growth experience for social workers which has been sometimes ignored by supervisory expectations.[199] His conceptualization of autonomy for the professional closely parallels that step of the professional identity growth process which previously has been discussed. He has stated:

> . . . An important. . . step in professionalism is the possession of esoteric but useful knowledge and skills

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[198]Festinger, Conflict, op.cit.

[199]Wilbert E. Moore, The Professions: Roles and Rules (New York: Russell Sage Foundation, 1970), p. 5-6.

> based on specialized training or education of exceptional duration and perhaps of exceptional difficulty . . . In the use of his exceptional knowledge, the professional proceeds by his own judgement and authority; he thus enjoys autonomy restrained by responsibility. 200

Professional autonomy was previously discussed as the end result of the professional identity growth process when the process is successfully maintained. Jenkins has stated that:

> . . . the concept of organizational professionalism is inconsistent since professionals require a certain amount of autonomy or freedom to act which is incongruent with bureaucratic expectations. 201

It appears, then, that there may exist a fundamental conflict between the concepts of supervision and autonomy as they are perceived by the social worker, particularly the experienced social worker.

Epstein has defined autonomous professional practice as "expressing the right and power to practice without outside controls, within the context of appropriate social sanctions."[202] Katz has added that "the greater the degree of specialized knowledge and skills required of the assignment of a position, the greater the degree of autonomy that

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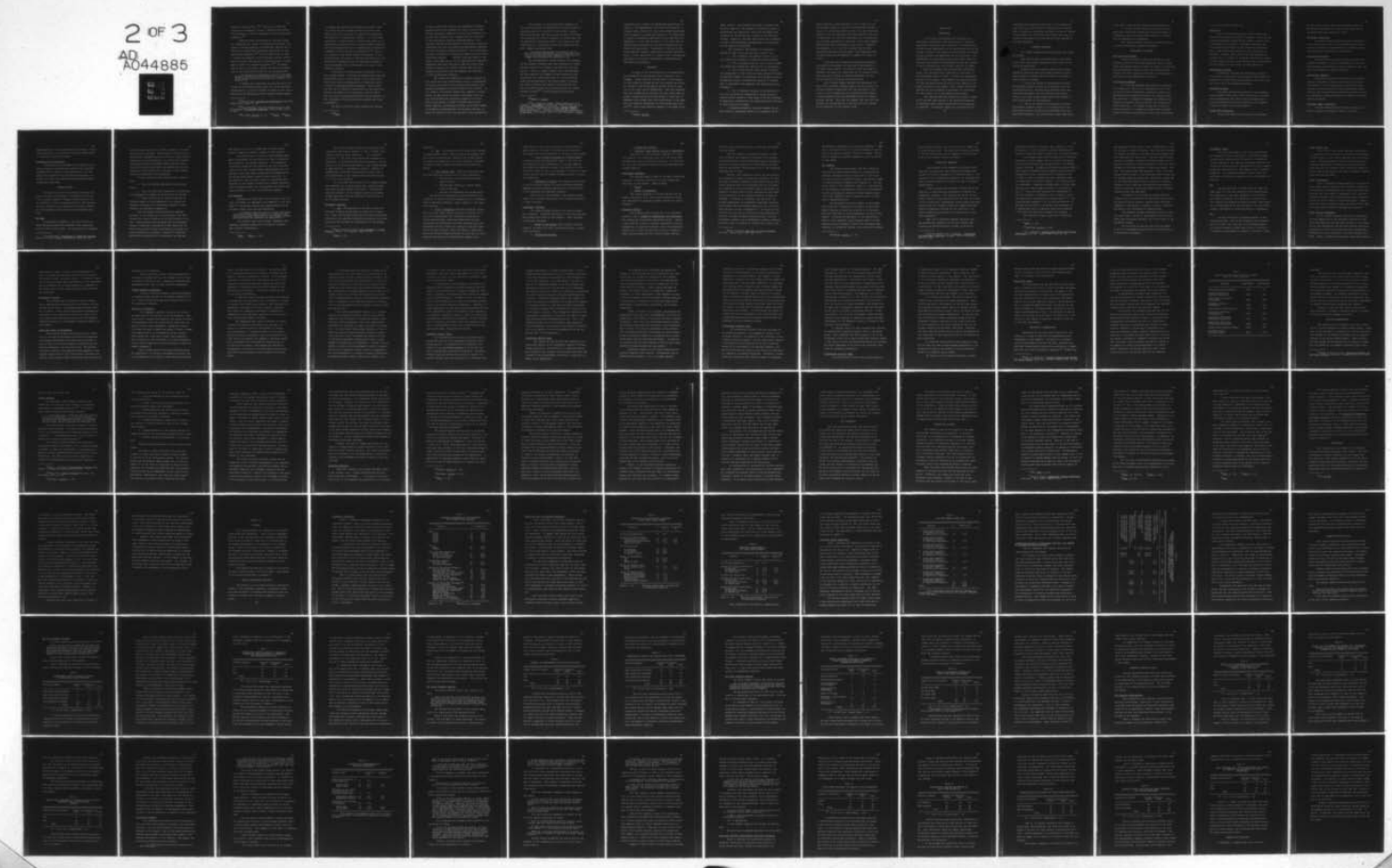
[200] Ibid.

[201] Jenkins, Doctoral dissertation, op.cit., p. 42.

[202] Laura Epstein, "Is Autonomous Practice Possible?," Social Work, XVIII (March, 1973), p. 10.

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accrues to that position."[203] Stelling has described autonomy as necessarily "elastic," expanding and contracting according to others' assessments of the professional's competence.[204]

Charlotte Henry has provided an excellent schema for considering the concept of professional autonomy in relation to the maintainence of professional identity and to the role of professional supervisory experiences as they affect role perception.[205] She has stated that, in order to develop the capacity for professional autonomy, the worker must do more than acquire a prescribed amount of knowledge or submit to a supervisory process.[206] He himself must be part of the process through utilization and awareness of the needs and structures of his own personality.

> . . . His professional preparation cannot be considered adequate unless it includes learning to reconcile what he has always thought and believed about himself in his practice. 207

It appears that supervision and autonomy should not be seen as conflicting process states for the professional social worker to occupy as a matter of chance or even choice. Supervision can and should provide linkages between phases

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[203]Fred E. Katz, Autonomy and Organization (New York: Random House, 1968), p. 21.

[204]Joan Stelling, "Autonomy and Monitoring on Hospital Wards," Sociological Quarterly, XIII (Autumn, 1972), p. 432.

[205]C. Henry, op.cit., p. 47. [206]Ibid. [207]Ibid.

of professional identity growth that are brought to the job setting and the eventual autonomy in practice that ideally results as a product of experience and demonstrated competence in professional practice. In other words, supervision of social workers in their early stages of organizational experience should be geared towards preparing them for independent practice by emphasizing utilization of a breadth of skills and service innovations.[208] Only in such a manner is the social worker then prepared to comfortably assume the breadth of professional services in fulfilling his occupational role that was earlier stated as being concomitant with the achievement of a sense of professional autonomy.

The element of timing becomes an important one in this linkage process. Autonomy too quickly thrust upon the social worker can be just as harmful to his professional self-concept and role perception as is supervision which is aimed at creating extended dependency. Either situation may lead to cognitive restructuring by the worker who receives the impact of such situations, with the result that his sense of professional identity and his capacity for full utilization of his full practice potential are thereby diminished.

The goal of Air Force social workers for autonomy

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[208] Ibid.

in their professional practice (as suggested by Jenkins) presently may not be attainable in view of the fact that initial supervisory supports from their own profession often have been lacking, thus breaking down the continuity of the professional identity growth phenomenon. Professional identity and professional security may become disrupted when the only role models and expectations available are those provided by another profession. As a consequence, the goal of professional autonomy as stated by the Air Force social work populati[illegible] Jenkins' study may remain in the realm of the ideal because of the perceptual and behavioral adaptations that have been made by many Air Force social workers in response to a service setting that has been basically inconsistent with the emphasis and priorities of their professional education.

The concern for expansion of services expressed by some senior Air Force social workers cannot be implemented so long as the effects of the present administrative and personnel assignment structures override such concerns. In this respect, the present research has suggested a consideration be made by the Air Force of providing closer social work professional supervisory supports to new Air Force social workers in order to promote their professional identity, professional security, and a wider breadth of perception of professional role functions that may enhance the quality of the total services of the organization.

The provision of close supervisory supports for the new social worker in maintaining his identity with his parent discipline is only part of the picture, however. Several writers who have been quoted throughout this study have indicated the fruitful prospects of turning away from the hierarchial supervisory model to one of group or peer supervision or a consultative model for guidance and support. Mandell has stated that:

> . . . Peer group supervision, consultation, and in-service training are potentially more democratic training methods than individual supervision and could encourage self-confidence and creativity. 209

The relationship is obvious between this statement and the research variables that were considered as having potential import for a breadth of professional role perception. Studies by Apaka, Fizdale, Judd, and Williamson all have supported this regard for peer supervision and consultation as a preferable model for the professional growth and maintainence of the social worker if creativity, self-confidence, and breadth of role function are seen as desirable goals for his functioning in the organizational setting.[210] It would therefore follow that

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[209] Mandell, op.cit.

[210] T.S. Apaka and others, "Group Supervision in a Hospital," Social Work, XII (October, 1967), 54-60; see also Ruth Fizdale, "Peer Group Supervision," Social Casework, XXXIX (October, 1958), 443-450; Ludwig Judd and others, "Group Supervision: A Vehicle for Professional Development," Social Work, VII (January, 1962), 96-102; Williamson, op.cit.

consultation as a vehicle for maintaining professional integrity in the appropriately autonomous setting may be a valuable skill attribute for new social workers which needs further emphasis in social work education. The importance of superior-subordinate supervisory patterns may have been emphasized in social work education to the extent that dependency needs extending into the work setting have been created and perpetuated. Consequently, a failure to meet those needs may trigger a cognitively dissonant experience which, in turn, may result in a cognitive restructuring and narrowing of the scope of professional identity and professional role perception.

CONCLUSION

For many of the new professions, the determination and delineation of professional roles continues to be a struggle. Social work has not been alone in this regard, but the profession perhaps has felt the problem more keenly as a result of how the profession defines itself in relation to the other service professions. Some have suggested that this dilemma can be resolved only when social work acquires a theory and practice base unique to itself and independent from reliance upon the receptiveness of host agencies or collateral disciplines for interdisciplinary practice.[211] Such a goal presently remains in the realm of the

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[211]Hearn, op.cit.

ideal, however. This research has hoped to explore some practical aspects of the problem of restricted breadth of professional role perception, along with associated test variables, as the problem has occurred in the Air Force setting. Hopefully, resultant implications can be applied to other interdisciplinary settings where the psychiatric mode of practice is prevalent.

The findings of this research (as discussed in Chapters IV and V) have provided some insights into:

1. How to maximize the practice potential of social workers who function in interdisciplinary settings.

2. How to strengthen the new social worker's sense of professional security and identity with his profession.

3. How to structure the social worker's supervisory experiences in such a way as to make possible the goals of enhancing breadth of professional role perception and of maintaining a sense of professional identity in a manner that is comfortable and compatible with organizational requirements.

4. How to implement the goals of professional social work education for preparation of social workers to acquire lateral breadth in their range of service offerings by suggesting considerations for strengthening the structure of their educational program.

A remaining dilemma for educators regards the relative merits of preparing workers for specialized versus

generic practice responsibilities in such a way as to set an equitable balance in response to professional considerations of a broad based nature as well as to the situational demands of the host agencies, with their specific role sets. If workers are cast into the functional role of specialists, can a natural progression be expected on their part towards broader dimensions of practice as they gain in confidence and expertise, or is it better to place them in multi-dimensional settings from the start? The theoretical base as herein presented has appeared to support the latter position.

Certainly, this research has produced implications concerning the assignment and supervisory maintainence of Air Force social workers. The present study has sought to determine the impact of a particular set of variables which have been given credence as having significance for the problem faced by this group of social workers.

The following chapter presents the operational design of this research, drawing largely upon the logical connections between concepts that have been provided in this review of prior research and the literature which pertains to role perception and role performance within the organizational setting. The final two chapters then deal with the findings and interpretations of the data that was obtained in the conduction of the research study.

Chapter III

METHODOLOGY

This research was designed and undertaken as a quantitative-descriptive study which sought to delineate significant factors that may contribute to or detract from a social worker maximization of his professional service potential in terms of the range of services which he considers as most desirable and appropriate for him to provide. The significance of relationships among and between these factors also was explored in determining how they may interact in their influences upon the problem condition as stated.

While the research took an hypothesis testing approach, the hypotheses were formulated as questions of a non-directional nature in order to reflect the exploratory nature of the research. This approach was adopted because the test variables previously had not been examined in the manner specified by the design. Also, current theoretical material was not considered as sufficient for predicting the exact nature of the anticipated relationships.

The findings that were obtained are stated in Chapter IV and have been related to the theoretical material in explaining their logical derivations and consequences for practice. The present chapter is concerned with the

conceptual and operational definition of the research design itself as it was utilized in gathering the research data. In addition, procedures that were utilized in testing the instruments for reliability and validity have been included in discussions of pretest and post-test sampling of the test population.

RESEARCH QUESTIONS

The central research question previously was stated as follows:

What factors affect the professional role perceptions of Air Force social workers at varied levels of seniority and experience?

Stemming from this central question were several derivative questions which more clearly reflect the principle research variables that were outlined in Chapter I. These questions included:

1. How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision of Air Force social workers affect the breadth of their professional role perceptions?

2. How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision

of Air Force social workers interact among themselves?

3. How do certain antecedent conditions and the particular intervening variables of tenure and number of assignments affect the relationships between the independent and dependent test variables?

This chapter details the manner in which solutions to these questions were sought and obtained.

DEFINITION OF CONCEPTS

Air Force Social Worker

An Air Force social worker was defined as a commissioned officer in the United States Air Force who previously had earned a Master's degree or better in social work from an accredited school of social work and who was assigned an Air Force specialty code with a corresponding social work function expectation (91 series).

Job Setting Assignment

A job setting assignment was defined as placement of a social work officer in an organizational unit at an official Air Force installation containing a primary and administratively recognized function for assigned social work personnel. A change of assignment was considered as having occurred when either or both of the following conditions were met: (1) a change in physical location to another base and (2) a change in assigned and/or assumed duties involving a restructuring of more than fifty percent

of the social worker's work time.

Supervision

Supervision was defined as an administrative process with an educational purpose of regular, formalized, and ongoing professional communications between a superior and a subordinate of the same or collateral disciplines and with content being related to the evaluation and enhancement of the professional behavior of the subordinate individual. A social worker who has had administrative responsibility to a doctor or a hospital administrator without an educational purpose to their contacts was not considered, for the purposes of this study, as being supervised.

Professional Autonomy

Professional autonomy was defined as placement of an Air Force social worker in an assignment that lacked the provision of a supervisory relationship for him with a member of his own or a collateral discipline.

Performed Services

Performed services were defined as those assigned and/or assumed duties (both in the initial and in the most recent assignments) which the social worker performed in providing professional services within his duty capacity as well as outside of his duty capacity.

Social Work Supervision

Social work supervision was defined as placement

of an Air Force social worker in an assignment where he was directly supervised by a senior social work officer and administratively responsible to him.

Collateral Supervision

Collateral supervision was defined as placement of an Air Force social worker in an assignment where he was directly supervised by a psychiatrist or psychologist and administratively responsible to that person.

Professional Security

Professional security was defined as an affective response considered in terms of willingness to risk self professionally and measured in terms of degree of felt comfort in performance of specific services.

Professional Identity

Professional identity was defined as an affective response considered in terms of the personal and social confirmation of one's professionally derived service attitudes and skills as they have been perceptually differentiated from the professional attitudes and skills of other professional service disciplines in response to similar service situations.

Attitudes toward Supervision

Attitudes toward supervision were defined as affective responses considered in terms of the felt

appropriateness of being professionally autonomous, collaterally supervised, or supervised by another social worker in a variety of practice settings.

Professional Role Perception

Professional role perception was defined as an affective response concerning which services the respondent indicated that he ought to be giving priority to in his present duty capacity as an Air Force social worker, regardless of actual role behavior or administrative and/or situational constraints.

RESEARCH DESIGN

Kerlinger has defined the research design as "the plan, structure, and strategy of investigation conceived so as to obtain answers to research questions and to control variance."[1] The following presentation has discussed the plan, structure, and strategy of the present research as it conceptually evolved from the stated research questions.

The Plan

As discussed in Chapter I, the idea for this research was derived from the researcher's own experiences as an Air Force social worker. The research may be regarded

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[1]Fred Kerlinger, Foundations of Behavioral Research (New York: Holt, Rinehart, and Winston, 1964), p. 275.

as also being related to the Jenkins' research in the manner previously discussed. While Jenkins dealt with the organizational constraints upon the Air Force social workers' attaining job role satisfaction via professional autonomy, the present research considered certain affective dimensions of Air Force social work role expectations and perceptions as those factors have influenced social workers' breadth of professional role perception.

The two research studies therefore were related in that:

1. They both studied essentially the same population.

2. They both dealt with dimensions of professional role perception as related to the Air Force job setting.

3. Their focal points of concern (autonomy for Jenkins, breadth of role perception for the present researcher) evidenced close theoretical parallels in many respects, as discussed in Chapter II.

The two research studies differed in approach primarily in the dimensions of role perception that were selected for study in relation to the focal points of concern. Whereas Jenkins was concerned with the externally imposed, bureaucratic constraints as they affect the Air Force social worker's sense of professional autonomy, the present research was intended to examine both cognitive and affective dimensions of role perception as they may

have served to inhibit or enhance the Air Force social worker's capacity to assume a breadth of role function.

The survey method, utilizing a fixed-response package of instruments, was selected as the plan for gathering data related to the research questions. The experiences of previous researchers had indicated that the total population of Air Force social workers (approximately one hundred and thirty) was readily accessible and dependable via the mailed questionnaire method of data collection. It was decided to test the whole population concerning their responses to the research variables and research questions, since any samples drawn from the population would have been highly restrictive in size for statistical purposes.

The Structure

Kerlinger has stated that "the structure is the outline, the scheme, the paradigm of the operation of the variables."[2] The present research was characterized as an ex post facto study, which has been defined as:

> . . . a systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulable. 3

The variation that occurs between independent and dependent variables becomes more a process of inference than of direct intervention.

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[2] Ibid. [3] Ibid., p. 379.

The present research further was characterized as quantitative-descriptive research in that it sought "quantitative relations among variables. . . for a specific population."[4] The major study purpose was regarded as an exploration of factors affecting the professional role perceptions of Air Force social workers, using "formal methods as approximations to experimental design."[5] Features of validity and reliability testing were included so as to lend significance to any findings resulting from exploration of the test questions.

It is the plan and structure of the research design that determines in a logical manner what variable assignments that the test factors will receive. The specific variables alluded to by the research questions as having primary importance for this study have been described in the following sections.

Antecedent variables.

1. Age: The population of Air Force social workers have evidenced an age range of twenty-one to fifty-five. While differences in age also have been inferentially reflected in the specified intervening variables (see below), this factor was included for clarification in identifying

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[4]Tony Tripodi and others, The Assessment of Social Research (Itasca: F.E. Peacock, 1969), p. 25.

[5]Ibid., p. 39.

subgroups.

2. Sex: The population of Air Force social workers included thirteen women. While it was not anticipated that they would show significant variance from the male population along the dimensions of the test variables, they were included for their potential differences from other subgroups.

3. Prior Service Time: Some Air Force social workers had prior service time in one of three capacities:

a. Enlisted man, not associated with mental health services.

b. Enlisted man, serving as a mental health clinic technician.

c. Officer, not associated with mental health.

The second of these groups received particular consideration in terms of possible consequences for co-variance with the dependent variables. Again, however, a very small N was involved.

4. Level of Education (including financial source): Those Air Force social workers who held a Doctorate in social work (approximately six) or who were pursuing Doctorates (approximately three) were regarded as possibly evidencing some differences from other subgroups along the independent variable dimensions; therefore, they were examined as another subgroup. Since both Master's degree personnel and Doctorate degree personnel may have had Air Force financial sponsorship in obtaining their degrees, this

factor may also have been influential in their responses. Again, however, the small N involved may have precluded any significance being attributed to findings in this regard.

5. Prior Civilian Experience as a Social Worker: A larger and possibly significant number of Air Force social workers had prior experience in a civilian capacity. This factor was examined in terms of the nature of (a) the civilian setting, (b) job role functions, (c) source of supervision, and (d) attitude towards different sources of civilian supervision.

6. Motivation to Enlist: The expressed motivations of Air Force social workers for their enlistment also were regarded as bearing possible significance in consideration of the independent and dependent variables.

The section on the strategy of the research design leads into an extensive discussion of the operationalization of these variables.

Independent variables.

The research design focused on four major independent variables. Conceptual definitions of the terms employed have already been stated in this chapter. These variables included the following:

1. Nature of Job Setting (both initially and most recently, including both their duties and the type of supervision received).

2. Professional Security.

3. Professional Identity.

4. Attitudes toward Varying Sources of Supervision.

The nature of job setting was regarded as a cognitive dimension of occupational role, while the other three variables were seen as affective dimensions. For this reason, the test instruments required an attitudinal/affective response capacity.

Intervening variables.

The research design focused on two major intervening variables. Conceptual definitions of them already have been given in this chapter. They included:

1. Tenure.

2. Number of Assignments.

The overall dimension of concern here was for the relative experience of Air Force social workers as it may have influenced the dependent variable outcome for various subgroups.

Dependent variable.

The research design focused only on one dependent variable, that of breadth of professional role perception. This concept was conceptually defined previously. Chapter I dealt with it in terms of concerns expressed by previous researchers, by qualified observers, and by the researcher himself, all of whom had seen lack of service breadth as being a problem among Air Force social workers that has

affected their work effectiveness, efficiency, and organizational inputs.

The test questions specified the manner in which these variables were examined in relation to one another. The directionality of such relationships was not predicted prior to the actual conduction of the research, although implicit expectations obviously were held by the researcher regarding some of them.

Finally, there remained a concern for the possible and unexpected influence of extraneous variables, or those antecedent (thereby, potentially independent) and/or intervening variables which could interfere with and influence the variation in the relationships between independent and dependent variables without their consequences being taken into consideration by the research design as a matter of oversight. According to Rosenberg, they may cancel out and make symmetrical the potentially significant relationships between the test variables where they are not recognized and given control consideration.[6] Kerlinger has stated that they best can be controlled through randomization, selection of highly homogenous subjects along a selected independent variable, and recognizing the possible influence from this source of variance by building such factors into

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[6]Morris Rosenberg, The Logic of Survey Analysis (New York: Basic Books, 1968), pp. 54-57.

the design as independent or intervening variables.[7] Hopefully, sufficient control for them was employed in the design of the present research variables as stated. The relatively homogenous population appeared to serve as an aid in this regard.

The Strategy

The research questionnaire that was utilized in measuring the relationships between the independent and dependent variables involved construction of both objective and subjective instrument formats, each having a range of fixed-alternative responses (see Appendix B). The specific content of the instruments became the responsibility of the researcher, as appropriate measures of professional security, professional identity, attitude towards supervision, and breadth of service preference were not available in standardized form.

The rationale for the development of the primary test scales and a detailing of the manner in which demographic data was selected for inclusion in the questionnaire are discussed in the following major section of this chapter. Following the discussion of the operationalization of these variables, the next major section of this chapter concerns the manner in which the instruments were subjected to reliability testing, via a post-test procedure,

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[7]Kerlinger, op.cit., p. 310.

and to validity testing, via use of a panel of judges and of a pretest procedure. The operational measures discussed in the following section may be regarded as the final products of the validity testing procedures.

OPERATIONAL MEASURES

Those aspects of the research questionnaire that dealt with the antecedent and intervening variables were focused on objective responses of a cognitive nature. Construction of the corresponding questions for obtaining this data consisted primarily of a check-list type of response categorization.

Likert scaling techniques were utilized almost exclusively in formulating the instruments to measure the independent variables. This approach was chosen for its overall clarity of presentation and for its ease of scoring in test construction. Standardized scoring thereby was made possible with the otherwise subjective response material. Likert's explanatory criteria for the selection of response statements also proved to be helpful from a technical standpoint.[8]

Each set of subjective response questions that was selected was intended to be of such a nature that "persons with different points of view, so far as the

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[8]Gary M. Maranell (ed.), Scaling: A Sourcebook for Behavioral Scientists (Chicago: Aldine Publishing, 1974), p. 232.

particular attitude is concerned, will respond to it differentially."[9] Such statements represent expressions of desired or undesired behavior rather than of factual matters.

The response range used for measuring the affective dimensions of study ranged from one to seven numerically and covered continuums from strongly positive to strongly negative feelings. Allowances were made for neutral stances. These response alternatives were assigned their numerical designations so that composite sets of responses could be drawn in order to characterize each respondent along the dimensions of each test variable. Such scales reflect the respondent's "organized predispositions to think, feel, perceive, and behave toward a referent or cognitive object."[10] These attitude responses also demonstrate "a state of readiness, a tendency to act or react in a certain manner when confronted with certain stimuli."[11] The Likert approach appeared to be the most satisfactory for attitude scaling since it has gained wide acceptance as an appropriate means of measuring attitudinal responses of the type with which this research was concerned.

The responses of each subject were totaled and

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[9] Ibid., p. 233.

[10] Rosenberg, op.cit., p. 495.

[11] A.N. Oppenheim, Questionnaire Design and Attitude Measurement (New York: Basic Books, 1966), p. 105.

and averaged for each scale so that a representative score for each person could be obtained. They then were assigned to subgroups according to the empirical group medians that were established for each scale. A priori median scoring had been considered, a method involving assignment of respondents according to the relationship of their test score averages to the actual midpoint of each scale range. However, this latter method was rejected in favor of the empirical method because (1) the empirical median better fits the research approach assumed with exploratory studies and (2) the empirical median allows an analysis of research findings in such a way that the potential significance of results is enhanced, particularly where groups of closely clustered scores are concerned.

An exception to the empirical median guideline naturally had to be made with the open-ended survey, which did require a priori response classification (arbitrary judgement of narrowness vs. breadth in written responses) according to pre-determined key response words.

The dependent variable instrument utilized a check list type format, similar to that employed with the antecedent and intervening variables, due to the nature of the information sought.

The following two sections deal with the manner in which the demographic material and the primary test instruments were formulated.

Demographic Scales

The first three pages of the final questionnaire were designed to elicit responses of a descriptive nature, concerning the background and job position circumstances of each respondent. Six specific antecedent variables were selected as having potential significance for this research, as was discussed earlier in this chapter from a conceptual standpoint. The operational manner in which these variables were constructed is detailed in the next several subsections.

Age.

Age was dealt with by establishing the upper and lower limits for the test population and by partitioning the responses into six equal categories, each covering five years (altogether, from twenty-one to fifty-five). This variable was regarded as having potential significance as a corollary measure to that provided by the intervening variable combination of tenure and number of assignments.

Sex.

Sex was included for screening purposes, as previously explained. None of the literature has considered any of the major test variables in a sex-related manner, but it was included to insure that it did not contribute to otherwise unexplainable co-variance or the lack of same.

Prior service time.

Prior service time seemed important, particularly in considering those individuals who had had prior exposure to mental health clinic service capacities as enlisted personnel. Related operational measures included check-list questions regarding prior experience as an enlisted man, prior experience as a mental health technician, and prior service time as an officer in an area not related to professional service activities.

Level of education.

Level of education seemed important, since some Air Force social workers have had their education financed by the Air Force and therefore may have shown significant differences from other staff in responding to the subjective variables because of their potentially greater investment of self in the Air Force as a host organization. Again, a check-list form of response format, applicable both to Master's and Doctoral levels of training, was utilized.

Prior civilian experience.

Prior civilian experience was seen as potentially the most significant of the antecedent variables in that those respondents who had had prior exposure to role models and to role expectations that may have differed from those encountered in the Air Force may have shown corresponding differences in their responses to the major research variables. Again, a simple item check-list format was utilized,

requesting (1) length of prior civilian experience (if any), (2) primary and secondary job functions (ten alternatives were listed, including "other"), (3) nature of supervision received (social work, psychiatric, or not supervised), and (4) preference for civilian supervision, regardless of the actual source of the supervision which they currently were receiving.

Motivation to enlist.

This variable was considered in terms of respondents' expectations concerning their role behavior as they entered the Air Force. The response range covered a variety of factors. Those response alternatives designated as "potential to use a variety of skills" and "nature of duties as specified" were seen as the two with the greatest potential relevance for the dependent variable dimension of the research.

Tenure and number of assignments.

These variables were selected because the literature on the cognitive dissonance phenomenon had suggested that greater professional risk taking and involvement of self is liable to occur as a result of experience and the need for stimulation via novel activities. The position familiarity resulting from experience also appeared to bear possible implications for felt job security, expressed role identity, and attitudes toward subordinates and superiors, as

indicated by the literature.

Using a check-list format, tenure was measured in intervals of eighteen months, with a range from one month to thirty-six months or more. Assignment categories were designated as one, two, or three (or more) assignments.

Primary Research Instruments

The rest of the questionnaire required development of separate scales for each of the primary variables involved. Likert scaling techniques were utilized with all of the independent variables.

Nature of job setting.

The independent variable, nature of job setting, was dealt with in two sections of the questionnaire. The first section concerned the nature of the initial Air Force duty assignment, while the second section dealt with the present or most recent assignment. Appropriate instructions were included to explain the manner in which a change of assignment was to be considered as having occurred. Those workers who still were in their first assignment were instructed to omit the section on initial assignment, since it was the same for them as the section on nature of present assignment.

Each of these sections also was subdivided along the dimensions of (1) nature of assignment and actual services performed and (2) nature of supervision received and

given. As indicated by the literature, the physical make-up of a position does much to determine the nature and emphasis of services subsequently provided. In this regard, the model of the agency role expectations and that of the supervisory pattern provided were regarded as major test variables in considering influences upon breadth of professional role perception. A check-list format was used for the response categories.

In addition, Likert scaling techniques were employed in determining the respondents' felt involvement in a range of services, both within and outside of their official role capacities. The range of services listed in connection with their duty assignment represented a comprehensive compilation of all significant activities in which an Air Force social worker might be involved.

The respondents were asked to describe the extent of their involvement in each service by circling a response on a continuum from "no involvement" to "almost total involvement." A cumulative score for each respondent was derived and assigned a value that represented his total service involvement, as compared to the group median. Thus, respondents were identified as evidencing high or low job role involvement. This measure was obtained in consideration of the possibility that highly involved workers might also demonstrate a wider breadth of role preference.

An identical scale was utilized in asking the respondents about their involvements in professionally related activities outside of their prescribed duties. The list of these activities was representative of those most typically engaged in by Air Force social workers and included only those which have been allowed by regulation. Work involvement in civilian agencies obviously was not included, since such activities are proscribed by the Air Force as representing a conflict of professional interests. Again, a cumulative score index was derived for utilization in the same manner that the breadth of actual involvement was derived.

Both service performance indices (i.e., initial services involvement and present services involvement) seemed to bear relevance for considering breadth of professional service preference, since they represented a translation of attitudes into past and present role behavior. In other words, this variable dimension of the research was seen as reflecting actual breadth of professional services, while the operational measure utilized in testing the dependent variable was focused on ideal breadth of professional role preference. However, this dimension of actual service performance could not be partitioned out as a dependent variable because it appeared to have been determined by a variety of largely unidentified antecedent variables, many of which were regarded as so

idiosyncratic that their isolation would have been nearly impossible. Moreover, actual performance of a role task often has been seen to be at odds with the affective judgement concerning role tasks.

As evidenced in the literature, role behavior experiences often condition and modify subsequent role perceptions, as the phenomenon of cognitive adaptation indicates. Logically, role perception does precede and parallel actual role performance to a certain extent, but the concern of this research was for those role perceptions which grow out of and are modified by experience. Therefore, it seemed appropriate to deal with actually performed services as an independent variable and breadth of role perception as a dependent variable in order to follow the theoretical considerations that have been presented. It was concluded that a connecting link between these two variables could only be substantiated in the sense of predicting from the real to the ideal, rather than the reverse.

Performed services scale.

The performed services scale was developed as an operational measure of the independent variable, professional security. As indicated by the literature, felt comfort in role performance appeared to be the key concept in operationally defining this variable. Therefore, a Likert scale was devised that provided a range of numerical responses (one through seven) on a continuum from

"always comfortable" to "always uncomfortable." The respondents were provided with a list of practice activities which had previously been validated as being mutually exclusive and exhaustive. They were asked to respond to each by (1) indicating whether or not they actually were offering the service at that time and by (2) indicating the extent of their felt comfort or discomfort in performing the service (whether actual or potential performance was involved). Cumulative responses within each category of actual and potential performance were obtained and compared to the group medians, so that each respondent was placed in a response category which indicated his composite score on the scale as a whole. These categories represented the four possible combinations of high and low comfort in presently and potentially performed activities. Thus, a respondent who was low in both categories was regarded as being considerably less willing to risk himself professionally by an expansion of his role parameters than was one who was high in both categories.

Supervisory opinion scale.

The supervisory opinion scale was developed as an operational measure of the independent variable, attitudes toward supervision. The definition of supervision which was utilized by this research (as previously discussed) was included in the questionnaire instructions, along with examples of its application.

As evidenced by the literature concerning the effects of the source and extent of supervision upon role perception, the operational component of this variable that seemed most pertinent was that of felt appropriateness concerning different sources of supervision in different practice settings. Likert scaling was again employed. The scale alternatives ranged from "always appropriate" to "never appropriate," with responses to each of the nine possible Air Force practice settings being partitioned into the categories of social work supervision, psychiatrist or psychologist supervision, and no direct supervision.

(NOTE: Throughout this research, psychologist and psychiatrist have been used interchangeably, since the emphasis was on the effects of influences from any collateral discipline. While there are acknowledged practice differences between psychiatry and psychology, these differences were not seen to be nearly as important in their effects upon collateral profession relationships of social workers as was the potential impact of a prescribed role or supervisory model from any collateral discipline. In addition, the actual number of social workers in the Air Force being supervised by psychologists was very slight.)

Cumulative responses in all three supervisory experience categories were obtained. Subsequently, the respondents were assigned to one of the eight possible

categories that exist in combining responses to the three classes of events according to the high-low criterion of comparison to the group medians. For example, a social worker who evidenced a positive (high) attitude towards the appropriateness of social worker supervision in most practice settings, with a negative (low) attitude towards the appropriateness of collateral supervision and/or autonomy in most practice settings, might be expected to evidence greater professional identification and a more comprehensive range of service preferences than would a social worker who evidenced an attitude towards social work supervision that was equal to or lower than his attitude towards collateral supervision and autonomy. In other words, the matter of concern here was the respondent's felt identification with a particular supervisory role model as being the most appropriate in a given practice setting.

Professional opinions scale.

The professional opinions scale was developed as an operational measure of the independent variable, professional identity. As evidenced by the literature on professional identity formation, the key operational component of the definition previously given for this concept appeared to be a perception of an existing difference between the attitudes and skills of the social work profession as compared to collateral professions. Therefore, a Likert scale was constructed that utilized a range of responses,

from "strongly agree" to "strongly disagree." The same comprehensive list of Air Force professional activities that was employed with the professional security scale also was employed here. Respondents were asked to indicate the extent of their agreement or disagreement with a statement that differentiated social worker attitudes and skills from those of collateral professionals in different service activity situations. The approach to a service activity was considered to be more crucial than a perceived differential in the actual performance of the activity, since the question of actual performance was fraught with the same host of antecedent variables that were discussed in the section on nature of performed services. It was the attitude, not the actual performance, which was highlighted in this instance as bearing the greater potential significance for the dependent variable of breadth of professional role preference.

A composite score for each respondent was obtained by comparing his cumulative response total to the group median. Each respondent was then assigned to one of two categories, either low or high professional identity, based on the extent to which each had differentiated the attitudes and skills engendered in the social work profession from those of collateral disciplines.

Professional services scale.

The professional services scale was developed as

an operational measure of the dependent variable, breadth of professional role perception. This concept was conceptually defined earlier in this chapter. The instructions to this instrument emphasized respondents checking such service activities as they thought they "ideally ought" to be performing. It was noted that not everyone can do everything, thereby requiring the respondents to make choices in considering what services they thought to be important.

As a further refinement, the scale of service alternatives was subdivided into three equal parts. This division was done in anticipation of the fact that respondents generally would respond heavily to casework and administratively oriented services, due to the nature of their work environment and agency expectations. It was also felt that a differential between responding groups along the independent variable dimensions of the study would occur in their responses to the third subdivision, the one concerning community and preventive activities. Therefore, the final scale was devised so as to allow consideration of each respondent's total response as well as his response to each subdivision.

An index was established for each subdivision and for the scale as a whole which assigned respondents to the categories of high or low breadth of service preference, based on the empirical group medians.

The section on test validity discusses in detail

certain difficulties that were anticipated and encountered in the utilization of this scale and what measures were taken to counteract those difficulties.

Open-ended survey.

The open-ended survey was provided to allow respondents to elaborate more fully on their attitudes concerning their role perceptions of social work, the impact of the Air Force administrative structure upon those perceptions, and their preferences for future professional employment. However, an even more important purpose of these questions was to provide some additional means of enhancing the predictive validity of the participants' responses to the research questionnaire as a whole. The rationale for and results of this intent have been dealt with more fully in the section of this chapter on predictive validity as well as in the final test results.

RELIABILITY DETERMINATION

Reliability is the first major component for consideration in order to establish the meaningfulness and significance of any research. Reliability is concerned with the consistency of results over time. Goldstein has described intrasubjective reliability as referring to "agreement with one's self on different occasions."[12] Reliability

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[12]Harris K. Goldstein, Research Standards and Methods for Social Workers (Wheeling: Whitehall Press, 1969), p. 248.

of the test instruments was dealt with in this research by administering a post-test to a random sample of that initial seventy percent of respondents who had returned their questionnaires within the allowable time limit. Forty respondents subsequently were sent the post-test (see Appendix E) out of the final total of one hundred and ten (91%) of respondents to the main test questionnaire.

The demographic information was considered, for post-testing purposes, as already being fairly stable over time and therefore reliable; consequently, only the primary test instruments dealing with the independent and dependent variables were submitted to the post-test sample.

Specifically, ten variables were selected for correlation of post-test results with original test results. These variables are included in Table 1, along with their corresponding correlations and levels of significance. Spearman correlation coefficients were utilized in analyzing the comparison of these sets of variables, all of which were ordinally ranked, composite representations of responses to individual questions within each of the primary research instruments. Spearman correlation was chosen over other means (such as Kendall correlation) because of its capacity to yield a close approximation to product-moment correlation coefficients where the data is more or less continuous, as was the case with the composite

Table 1

Correlation Coefficients of Test Variables with Post-Test Variables

Variable	Coefficient	Significance
Total Servicies Preferences	.6514	.001
Community/Preventive Services Preferences	.6793	.001
Administrative Services Preferences	.4407	.008
Treatment Services Preferences	.4635	.005
Professional Identity Scores	.2132	.129
Supervisory Attitudes-No Supervision	.0140	.471
Supervisory Attitudes-Collateral Supervision	.2512	.091
Supervisory Attitudes-Social Work Supervision	.4262	.010
Actual Duties Security Scores	.5554	.001
Potential Duties-Security Scores	.8255	.001

rankings.[13]

The results of the post-test were analyzed by computer on February 21, 1976, after thirty post-test responses had been received. All of the results except that of attitude towards not receiving supervision (i.e., professional autonomy) were deemed to be moderately significant in allowing for meaningful analysis and interpretation of the research findings. The variable concerning no supervision received a correlation coefficient significant only at the .47 level, thus minimizing the potential significance of research relationships concerning this variable.

Overall, it was felt that the post-test results were sufficient to establish a moderate degree of reliability for the instrument package as a whole.

VALIDITY DETERMINATION

The determination of instrument and content validity is a crucial component of social research design. Therefore, it was necessary to establish both content and predictive validity of the research instrument and its component concepts to the fullest extent possible. These concerns were met through the utilization both of a panel of judges and of a pretest of the research instruments before they

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[13]Norman H. Nie and others, Statistical Package for the Social Sciences (New York: McGraw Hill, 1975), p. 289.

were put into their final form.

Content Validity

In discussing content validity, Lastrucci has stated that "the validity of an instrument is generally established by consensual definition."[14] In the same light, Dubin has stated that validity denotes:

> . . . a consensus that an empirical indicator measures values on a stated unit. . . a man-made consensus. . . a conventional agreement among a group of interested spectators that the empirical indicator and theoretical unit whose values it measures are homologous. 15

Both authors have discussed the aspect of validity known as content validity. Kerlinger has described validity as "the representativeness or sampling adequacy of the instrument. . . its representativeness of the universe of content of the property being measured."[16]

This issue of content validity was dealt with in the present research via referral of the instrument package to a panel of judges for consideration of and response to specific questions dealing with the issues raised by these definitions. The protocol used by these judges in critiquing the instruments has been included in Appendix C.

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[14]Carlo L. Lastrucci, The Scientific Approach (Cambridge: Schenkman Publishing, 1967), p. 81.

[15]Robert Dubin, Theory Building (New York: The Free Press, 1969), p. 206.

[16]Kerlinger, op.cit., p. 458.

Their attention was called to the specific issues of:

1. Logic and adequacy of the conceptual and operational definitions.

2. Mutual exclusiveness and exhaustiveness of response alternative within each instrument.

3. Comprehensiveness and inclusiveness of major antecedent and intervening variables, coupled with reasonable exclusion of extraneous variables.

4. Representativeness of scale items in terms of the universe of content embodied by each of the concepts being studied.

5. Logical derivation of the scales from the conceptual definitions for the specific population under study.

6. Overall clarity and workability of the instrument.

Editing considerations were a minor concern for the judges.

The panel of judges consisted of four Doctoral students in social work and one Master's degree student in social work at the University of Denver. One Doctoral student and the Master's degree student were or had been members of the Air Force in social work or mental health capacities and therefore were familiar with the population involved as well as the demographic subject areas of the instruments. Additionally, the former Air Force student (who was also a Doctoral student) completed the whole

instrument package in detail as part of an anticipated pretesting of the package with another group. Finally, follow-up interviews were conducted with all respondents.

High congruence was obtained among all observers in their responses to the protocol questions. They were unanimous in their confirmation of the logic and adequacy of all conceptual and operational definitions as these related to the group of social workers under study in the research. Only very minor suggestions were made in regards to scale construction and scale item inclusion, with these suggestions being implemented in the pretest instruments. The variables for study were considered to be appropriate. No indications were made concerning other possibilities. The observers stated their assessment of high congruity between the scales, the conceptual definitions, and the central concepts from which they were derived. The major input of the panel of judges was in terms of editing comments, which enhanced the clarity and preciseness of the wording of the instruments.

The former Air Force, Doctoral student who completed the entire instrument demonstrated in his responses some apparent and important relationships between the independent variables, the antecedent variables, and the intervening variables. However, his responses to the scale measuring the dependent variable did not appear to relate to his responses on the other scales. An interview with

him suggested that this scale failed because its instructions may have been poorly worded and because he was familiar with the purposes of the instruments before hand as one of the judges. However, his concern over the instructions for the dependent variable scale seemed to be justified, so that a revision of them was made prior to the full pretest. The scale was revised to allow for elicitation of a stronger affective response that was personalized for each respondent (what services they thought they "ideally ought" to be providing); before the revision, the scale had allowed a more generalized response in terms of ideal servies for the group of Air Force social workers as a whole, without any emphasis upon individual responsibility in following through with actual behavior. The new instructions seemed better adapted to eliciting discriminate responses.

Overall, the panel of judges were helpful and supportive in establishing the content validity of the instrument and central research question. The subsequent pretest, which is discussed in the following section on predictive validity, also confirmed the content validity of the questionnaire.

Predictive Validity

Predictive validity is an equally important aspect of the validity issue. Tripodi has discussed the "predictive potency of knowledge. . . the extent to which the conclusions of the research allow propositions to be stated

that link with more inclusive theory."[16] Kerlinger has stated a concern for the outcome in actual behavior of respondents who express attitudes which could indicate the probability and the directionality of behavioral responses.[17] In other words, the concern of predictive validity is in determining whether or not respondents actually follow through with their feelings, perceptions, and attitudes by investment of these sentiments in behavioral terms. One of the major weaknesses of ex post facto research has been the risk of improper interpretation because of the failure to consider predictive validity.[18]

The present research saw the proof of predictive validity as a major task and one which was difficult to resolve in a completely satisfactory manner. However, two means were implemented in attempting to meet the demands of this issue. First, open-ended questions (as previously discussed) were provided in the final instrument package in order to allow Air Force social workers to describe more fully their professional perceptions and expectations. By asking them to speculate regarding future behavior, parallels could then be drawn between their comments and their

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[16]Tripodi, op.cit., p. 118.

[17]Kerlinger, op.cit., p. 458.

[18]Ibid., p. 390.

previous responses to the test instruments. It appeared that actual observation of their behavior would only be possible in a longitudinal study, particularly since actually performed role activities were dealt with as an independent variable dimension of the research for purposes previously discussed.

Chapter IV discusses in detail the results of the open-ended questions both in regards to their relationships to other test variables and to the issues raised by the validity question. It did appear, however, that they were successful to a very satisfactory extent in contributing to the predictive validity of the test instruments.

The second procedure utilized in seeking predictive validity involved a pretest survey that was made of a group of former Air Force social workers and of Air Force social work Doctoral students at other universities. It was anticipated that stronger predictive validity supports would ensue from the responses of these two groups, especially in regard to the present professional role behavior of former Air Force social workers. That is, if they were found to indicate a choice of a civilian role setting and range of service functions which corresponded to their expressed breadth of preferred role functions, then the predictive validity of the questionnaire would have been supported. Also, the projected duty and professional activity preferences of the Air Force Doctoral students were

seen as possibly lending predictive strength to findings related to their breadth of professional role perception. The questions used with both groups in the pretest have been included in Appendix D.

The pretest was administered by mail to the Doctoral students and the former Air Force social workers on December 15, 1975. Additionally, the Chief of Air Force Social Work was also asked to respond. Unfortunately, legislation invoking privacy restrictions for information held by the government resulted in the researcher not being able to obtain current addresses on the former Air Force social workers. Since the questionnaire had to be forwarded from their last base and since they were considered from the beginning to be a reluctant test group, only two out of twelve of them responded. Two Doctoral students and the Chief of Air Force Social Work also responded, for a total of five returns (31%) for analysis in the pretest. Naturally, the limited size of this return precluded any significant statistical analysis of results. Moreover, further pretesting, utilizing the main research population, could not be considered due to the limited N size involved.

However, it was discovered that each pretest respondent did evidence a pattern of responses across all instruments which indicated that some degree of co-variation between test variables was occurring. For example, three respondents, who had previously received only psychiatric

supervision and who had limited experience in assigned duties, all evidenced a narrow range of actually performed services, a low differentiation between the skills and attitudes of social workers from those of collateral professions, a certain degree of discomfort in performing services that went beyond the purely psychiatric model, and a narrow range of role preference where community and preventive services were concerned. Their responses related to supervisory attitudes seemed to vary, with a surprisingly more positive attitude towards social work supervision than towards other conditions of supervision.

By contrast, the two respondents who had the widest variety of experiences with various settings, duties, and supervisory patterns evidenced a wider range of actual service offerings, a heavier involvement in outside activities, greater comfort with all types of services, greater differentiation of social work from collateral services, and a blanket endorsement of all potential social work activities. Likewise, their open-ended responses were indicative of a preference for a greater breadth of role function than was evidenced by the other group.

In consideration of the predictive validity measures which were designed for the pretest group, those respondents who evidenced the narrower range of role preferences also indicated a desire to continue working in a mental health framework. In contrast, those respondents who had endorsed

a wider range of service preferences also indicated a desire to work in positions that were not characteristic of the psychiatric model (such as in education and information planning activities). While no statistical significance could be attached to these limited findings, there nevertheless appeared to be patterns which seemed to support the design of the research instruments for testing the research questions along the stated variable dimensions.

DATA COLLECTION

The final study questionnaire was distributed to one hundred and twenty-two active duty Air Force social workers (of the originally anticipated population of one hundred and twenty-eight, six had been discharged or retired by the time of the survey). Authorization to conduct the study was requested and received from the Air Force (see Appendix F). As predicted from previous research, a high return of one hundred and ten (91%) was received, thereby providing a very strong representation of the study population for data analysis purposes. The mailing consisted of the actual questionnaire, a pre-paid return envelope, and two letters of introduction (see Appendix B). The cover letter served to introduce the purpose and background of the research, while the letter from the Chief of Air Force Social Work served to provide support for the research and to enhance the volume of return.

The survey questionnaires were sent to the research population by first class mail on January 17, 1976. Within three weeks of the distribution date, seventy percent of the questionnaires had been completed and returned to the researcher. Follow-up letters were mailed on February 7, 1976, to the remaining thirty percent, with the result that ninety-one percent of the research population responded within allowable time limits (four additional questionnaires were received after the cut-off date).

STATISTICAL ANALYSIS

The quality as well as the quantity of the data received was considered to be excellent. No questionnaires had to be discarded due to incomplete or improper completion. The instrument related to attitudes towards varying conditions of supervision appeared to be the only one with which the respondents had any difficulty, with nine respondents being omitted along this one dimension due to incomplete responses. The other primary test instruments received responses from all one hundred and ten respondents, with the exception of the professional security scale, which three respondents failed to complete.

There were many relationships which could have been examined in analyzing the data that was gathered by this survey. Ultimately, two hundred and twenty-two cross tabulations were compiled. Because of the type of partitioning that was involved and because of the fairly large

number of statistical cells (as well as for reasons discussed below), the chi-square test of independence was selected for determining the statistical significance regarding the relationships among the data.

Chi-square helps determine whether or not a systematic relationship exists between two variables by computing the cell frequencies which would be expected if no relationship occurred between the variables. The greater the discrepancy between expected and actual frequencies, the larger (hence, the more significant) chi-square becomes.[19] Roscoe has described the chi-square test of independence as "the most valuable of the nonparametric procedures available to the behavioral scientist."[20] Normally, chi-square is the measure of choice for dealing with nominal data in bivariate frequency tables. However, in the case of ordinal data (as in several parts of the present research), the Kalmogorov-Smirnov statistic or measures of correlation often become more useful alternatives. The Kalmogorov-Smirnow is particularly useful in this regard, since it can be applied to smaller samples than chi-square, is less complicated computationally than chi-square, and has greater testing power than chi-square when both are applied to

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[19]Nie, Ibid., p. 223.

[20]John T. Roscoe, Fundamental Research Statistics (New York: Basic Books, 1968), p. 203.

ordinal data.[21] However, the Kolmogorov-Smirnov and other statistical tests of a higher order are not reccomended for use with grouped data or in cases where there are many tie scores (thus violating these tests' assumptions of continuity).[22] Much of the data yielded by the present research contained tie scores, thus requiring rejection of the Kolnorov-Smirnov method (which was not available as part of the computer analysis package anyway). Measures of correlation were also rejected because their assumption of linear relationships did not appear to apply to the design or purposes of this research. The intent here was to ascertain whether or not any form of relationship existed between the test variables, without primary consideration of the directionality of such relationships. In addition, the contingency coefficient and Phi measures require evenly divided and dichotomized samples of a relatively large size, conditions which the present research could not meet.[23] Therefore, the concern for test efficiency and population size made it necessary to utilize chi-square as the primary test measure.

The .05 level of statistical significance was chosen as the lowest allowable level for interpretation of results. This level of significance has been indicated to be an

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[21] Ibid., pp. 209-215. [22] Ibid., p. 209.

[23] Ibid., p. 202.

appropriate one in conducting research with an exploratory intent.[24]

It was anticipated that many subgroupings of the data would be so small and unevenly divided as to preclude not only measures of correlation but chi-square as well. Fortunately, the statistical package utilized for computer analysis of results provided an automatic shift from chi-square to the Fisher exact probability test where data cells were too small for chi-square analysis.

The Fisher exact probability test is used to compare independent samples on a dichotomous criterion.[25] It is based on exact probabilities, rather than on approximations of the multinomial. Its efficiency lies in the fact that it is intended for use with very small samples.[26] Therefore, both chi-square and Fisher exact measures of probability were utilized in the final computer analysis of the data. The size of the subgroups, the nature of the data, the intentions of the researcher, and the work efficiency of the plan of analysis all dictated such a statistical utilization. Actually, very few cross-tabulations ultimately required application of the Fisher exact test; in those instances where it was applied by the computer, significant results were not forthcoming.

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[24] Ibid., p. 155. [25] Ibid., p. 219.

[26] Ibid.

The compiled data was coded for key punch purposes from the research questionnaires and was programmed for computer analysis. The researcher himself did the required key punching and programming in order to minimize potential error through interpretation which might have occurred with a paid assistant. The Burroughs 6700 computer at the University of Denver computer center was utilized for the computation of the statistics. The Statistical Package for the Social Sciences provided a comprehensive computer program which, in addition to the probability measures, also allowed the researcher easily to obtain frequency distributions, means, medians, standard deviations, and similar descriptive statistics for each of the test variables.[27] Findings obtained from these statistical analyses are discussed in Chapter IV.

LIMITATIONS

Some limitations of the design of this research previously have been discussed in this chapter. The role of extraneous variables entering into the research has been mentioned. The inherent weaknesses of ex post facto research designs were also explained. Certainly, the disappointing return in the pretest prevented a statistically significant basis for establishing predictive validity of

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[27]Nie, op.cit.

the research to a fully satisfactory extent. The fairly large amount of partitioning that occurred along several variable dimensions precluded meaningful analysis of some results which otherwise might have been found to be of significance. Likewise, the nature of the data allowed only probability assessments of relationships, rather than linear correlations which might have provided greater predictive validity.

A major limitation concerned the fact that the study was restricted to one population, thus affecting the generalizability of the results and, thereby, the external validity of the study. However, it was both necessary and desirable to the researcher to limit the study to the population of Air Force social workers. First, both the finances and time allocated by the Air Force to the researcher precluded any consideration of studying an additional population group. Second, the Air Force population was familiar to the researcher and immediately accessible to him, with a high probability of questionnaire return. Third, the Air Force expected the research to be related to some concern of interest to the Air Force, since that agency sponsored the researcher's Doctoral education. Finally, the researcher's own intimate identification with the career group of Air Force social workers made a study of that population desirable to him.

There may have been other dimensions of breadth of

professional role perception which were not explored by this research and which may have had relevance for its purposes. The concern here was for the affective determinants of the role perceptions of Air Force social workers, and such measures always are open to varying interpretations, no matter how much that outside judges may agree on content.

Overall, the research did suffer some limitations which reasonably could be expected with a study of this type. However, the intent here was not to hypothesize concerning the specific nature of relationships between variables but to explore some new dimensions of a problem which previously had been identified as existing for the population that was surveyed. In this regard, it was felt that the research fulfilled its purpose. The findings, implications, and conclusions that follow in Chapters IV and V represent the culmination of this exploratory effort.

Chapter IV

FINDINGS

This chapter presents the findings of the research study along three dimensions. First, selected demographic features of the test population are presented, with groupings of data provided in a way that is both meaningful to the reader and pertinent to the purposes of the research design. Second, an analysis of the data in relation to the research questions is presented. Finally, a secondary analysis of the data is presented, concerning those relationships which were significant and of interest among the variables but which were not directly related to the research questions.

The chapter concludes with a summary of the results and some conclusions drawn from the findings. Implications of the results are discussed in Chapter V.

SELECTED DEMOGRAPHIC FEATURES

The material in this section provides a statistical summary of the demographic variables. Comparative tables have been provided to illustrate this material so that the results of several test items may be examined simultaneously.

Antecedent Conditions

Table 2 illustrates demographic features of the population related to age, sex, prior military experience, source of support for education, and motivation for enlisting. As indicated by this table, the population of Air Force social workers had continued to be a young one. Also, while women had made gains in numbers since Jenkins' research, most Air Force social workers still were men.

A surprisingly high number of personnel had prior military experience as enlisted personnel or as officers, but only a small percentage had enlisted experience in technician capacities related to mental health activities. Over one-fourth of all Air Force social workers had received their education (either at the Master's level or the Doctorate level) under Air Force sponsorship. Most of those who had indicated prior Air Force experience as mental health technicians were included in the Air Force sponsored group.

While no single reason for enlisting was overwhelmingly endorsed, both tangible benefits and the potential to use a variety of skills seemed to be very important, together comprising about one-half of all responses. Most of those who indicated job availability as their primary reason also stated that they meant by this avoidance of the draft. Of those who indicated "other" as their reason for joining, most stated that they were fulfilling an R.O.T.C. commitment.

Table 2

ANTECEDENT CONDITIONS OF THE POPULATION
OF AIR FORCE SOCIAL WORKERS

Variable	N	Relative %
Age:		
21-25	7	6.4
26-30	46	41.8
31-35	35	31.8
36-40	15	13.6
41-45	5	4.5
46-50	2	1.8
Sex:		
Male	97	88.2
Female	13	11.8
Prior Military Experience:		
Prior, Clinical	15	13.6
Prior, Not Clinical	67	60.9
No Prior Military	28	25.5
Educational Support:		
Non-Air Force	80	72.7
Air Force Financed	30	27.3
Motive for Enlisting (Primary):		
Pay and Benefits	27	24.5
Professional Security	13	11.8
Job Availability (Avoid Draft)	17	15.5
Opportunity for Advancement	8	7.3
Nature of Duties	8	7.3
Potential to Use Skills	29	26.4
Other (R.O.T.C. Commitment)	8	7.3
Motive for Enlisting (Secondary)*:		
Pay and Benefits	38	35.5
Professional Security	8	7.5
Job Availability (Avoid Draft)	8	7.5
Opportunity for Advancement	16	15.0
Rank and Status	2	1.9
Nature of Supervision	2	1.9
Nature of Duties	10	9.3
Potential to Use Skills	19	17.8
Other (R.O.T.C. Commitment)	4	3.7

Total N = 110

*Excludes 3 no response

Experience and Job Position Background

Table 3 indicates the relative experience and job position background of Air Force social workers, both in their Air Force capacities and in previous civilian capacities. About one-half of the respondents had prior civilian experience. It appears that several Air Force social workers had made a decision to join the Air Force well into their professional careers. About two-thirds of those with such prior experience were involved primarily in casework activities. Three-fourths of those with civilian experience were supervised by social workers. One-fifth received no supervision, while a very small number were supervised by members of other professional disciplines.

The population appeared to be generally more experienced in Air Force capacities than was the case in previous studies. However, more than one-half of the workers were still in their first duty assignment, while less than one-fifth had three or more assignments. These results would indicate that about one-half of those workers who had been in the service over three years still were in their first assignment, a somewhat surprising statistic in view of the traditionally high mobility rate among military personnel.

Most Air Force social workers were found to have continued to function in direct treatment capacities throughout their Air Force tenure, just as most of those

Table 3

EXPERIENCE AND JOB POSITION BACKGROUND
OF AIR FORCE SOCIAL WORKERS

Variable	N	Absolute %	Relative* %
No Civilian Experience	58	52.7	
Nature of Civilian Duties:			
Therapeutic Activities	34	30.9	65.4
Administrative Activities	13	11.8	25.0
Other Activities	5	4.5	9.5
Air Force Tenure:			
0-18 Months	29	26.4	
19-36 Months	39	35.5	
37 Months or More	42	38.1	
Number of Assignments:			
One	63	57.3	
Two	28	25.4	
Three or More	19	17.3	
Nature of Initial Duty:			
Mental Health Clinic	40	36.4	85.1
Other	7	6.3	14.9
Nature of Present Duty:			
Mental Health Clinic	92	83.6	
Services to Children	5	4.5	
Medical Social Work	4	3.6	
Correctional	2	1.8	
Alcohol Rehabilitation	7	6.4	

Total N = 110

*Response percentages, excluding the not applicable responses

with civilian experience also had worked in positions emphasizing therapeutic activities.

Table 4 indicates that three out of four of those social workers who had civilian experience had received social work supervision. An even larger proportion indicated a preference for supervision by social workers, while no one indicated a desire to be supervised by a psychiatrist or psychologist.

Table 4

SUPERVISORY EXPERIENCES OF AIR FORCE SOCIAL WORKERS

Variable	N	Absolute %	Relative* %
No Civilian Experience	58	52.7	
Nature of Civilian Supervision:			
Social Work	38	34.5	73.1
Collateral Profession	3	2.7	5.7
No Supervision	11	10.0	21.2
No Prior Air Force Duty	63	57.3	
Initial Air Force Supervision:			
Social Work	18	16.4	38.3
Collateral Profession	25	22.7	53.2
No Supervision	4	3.6	8.5
Present Air Force Supervision:			
Social Work	23	20.9	
Collateral Profession	51	46.4	
No Supervision	36	32.7	

Total N = 110

*Response percentages, excluding the not applicable responses

These findings are interesting in comparing them

to the actual supervisory experiences of workers after they joined the Air Force. The indications were that, while most social workers preferred social work supervision as civilians (and actually received it), most Air Force social workers ended up receiving collateral supervision or no supervision at all. The implications of these findings have been discussed in Chapter V.

Attitudes toward Supervision

Table 5 indicates the supervisory attitudes of Air Force social workers according to the sources of supervision received (or the lack of it). Empirical medians were obtained from the cumulative scores concerning each of the three subsections of the supervisory attitudes instrument (social worker supervision preference, collateral supervision preference, and no supervision preference) as responses were made regarding preferred source of supervision for each of the possible duty settings to which an Air Force social worker might be assigned. Each respondent's average score for each of the three subsections was then compared to the empirical medians for those subsections in determining his placement in a positive or negative preference set for each of the three conditions of supervision. The eight categories represented in Table 5 encompass all of the possible groupings of the three supervisory attitude measures.

The results indicated that the largest group placed a high premium upon independence from supervision and expressed negative attitudes for any form of supervision.

Table 5

ATTITUDES TOWARD SUPERVISION

Category	N	Relative %*
A. Social Work Positive, Collateral Positive, No Supervision Positive:	16	15.8
B. Social Work Positive, Collateral Positive, No Supervision Negative:	18	17.8
C. Social Work Positive, Collateral Positive, No Supervision Negative:	14	13.9
D. Social Work Positive, Collateral Negative, No Supervision Positive:	6	5.9
E. Social Work Negative, Collateral Positive, No Supervision Positive:	6	5.9
F. Social Work Negative, Collateral Negative, No Supervision Positive:	19	18.8
G. Social Work Negative, Collateral Positive, No Supervision Negative:	9	8.9
H. Social Work Negative, Collateral Negative, No Supervision Negative:	13	12.9
Total:	101	100%

*Nine respondents were excluded in figuring the percentages, due to their omission or improper completion of the instrument.

Only a small group regarded social work supervision as being the only favorable condition of supervision. Several respondents appeared to be unconcerned with the professional source of their supervision, so long as someone was supervising them, while another small group was completely flexible and expressed a positive regard for any of the possible conditions. All of these categories were so close in size that no firm conclusions could be drawn regarding them.

Professional Security, Professional Identity, and Breadth of Professional Role Perception

Table 6 summarizes the findings concerning the other primary test instruments.

As indicated, Air Force social workers in general felt more secure in those official duties that they actually were performing than in those duties that they potentially could be performing, perhaps indicating a greater sense of comfort in that which is familiar. The largest subgroup indicated high levels of security in both performed and potential duties, although the next largest group consisted of those who indicated low felt security in both presently and potentially performed duties. Assignment of individuals to categories was done on the basis of empirical group medians drawn from the cumulative responses to the subcategories of actually performed and potentially performed duties. The average score of each person to each of these subcategories allowed his assignment to one of the

Table 6

POPULATION CHARACTERISTICS CONCERNING PROFESSIONAL SECURITY, PROFESSIONAL IDENTITY, AND BREADTH OF PROFESSIONAL ROLE PERCEPTION

Variable	N	%	Mean	Median	Mode	S.D.
Professional Security:	107					
Comfort in Actual Duties			2.25	2.10	2.10	.86
Comfort in Potential Duties			2.95	3.01	3.30	1.04
High Actual-High Potential	43	40.2				
High Actual-Low Potential	16	15.0				
Low Actual-High Potential	12	11.2				
Low Actual-Low Potential	36	33.6				
Professional Identity:	110		3.81	3.72	3.90	1.30
High Identity	57	51.8				
Low Identity	53	48.2				
Breadth of Role Perception:	110					
Therapeutic Activities			5.92	6.10	6.00	1.11
Administrative Activities			5.76	6.08	7.00	1.37
Community/Preventive Activities			5.23	5.97	7.00	2.02
High CO/Preventive Breadth	63	57.3				
Low CO/Preventive Breadth	47	42.7				
High Cumulative Breadth	57	51.8				
Low Cumulative Breadth	53	48.2				

four possible combinations between high and low security in relation to both of the subcategories.

A high-low splitting of groups based on the empirical group median also was employed in assigning respondents to one of the two possible categories of professional identity status. The split between workers in their responses to this instrument was fairly even (see Table 6), with the higher percentage of workers indicating a strong sense of professional identity.

Most respondents tended to check a large number of professional activities in responding to the scale on breadth of professional role perception (see the group medians and means in Table 6). Apparently, the change in questionnaire instructions (as previously discussed) was not entirely successful in eliciting discriminate responses to this instrument. Fortunately, use of the empirical median for splitting the respondents into high and low response categories enabled the researcher to obtain meaningful results with this scale. The actual number of responses checked ranged from a low of seven for two respondents to a high of twenty-two for two other respondents.

Respondents also were split into high and low categories for each subgrouping of the checklist (therapeutic, administrative, and community/preventive activities). This latter partitioning allowed their responses to be examined with specific regard for the community/preventive activities.

This latter subgrouping was considered to be the one of primary importance for this study in determining breadth of role perception. As indicated by Table 6, relatively fewer activities from this subgrouping were endorsed by the respondents than were checked in the other two subgroupings.

PRIMARY ANALYSIS OF DATA

This section deals with the associations between the major research variables as those relationships were found to be significant or not significant as the .05 level. These results have been organized according to the manner in which the research questions were asked. Association tables have been provided for the significant findings. Space considerations have precluded inclusion of tables concerning the insignificant associations.

Primary variable relationships have been considered first, followed by an examination of the relationships between the primary variables as well as both the antecedent and the intervening variables.

The central research question was stated as follows:

> What factors affect the professional role perceptions of Air Force social workers at varied levels of seniority and experience?

Three specific research questions were formulated on the basis of the organizing question.

The First Research Question

The first research question was stated as follows:

> How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision of Air Force social workers affect the breadth of their professional role perceptions?

Three tests of association yielded significant results that were pertinent to this question.

Table 7 displays the association between professional security and cumulative breadth of role perception.

Table 7

PROFESSIONAL SECURITY RELATED TO BREADTH OF PROFESSIONAL ROLE PERCEPTION

Security Category	Breadth of Perception Low	High	Total
High Actual-High Potential	11	32	43
High Actual-Low Potential	11	5	16
Low Actual-High Potential	4	8	12
Low Actual-Low Potential	25	11	36
Total	51	56	107

$X^2 = 19.09$; 3d.f.; significance = .0003

A similar association was found in relating professional security to breadth of professional role perception in the subcategory of community and preventive activities only.

These findings revealed that those Air Force social workers who felt the most secure, both in their present and potential duty capacities, demonstrated the greatest breadth of professional role perception. Additionally, those respondents who felt secure in performing activities that were not currently being performed demonstrated a high breadth of professional role perception. Those respondents who were not comfortable with the idea of the potential activities, regardless of their feelings about actually performed duties, demonstrated a low breadth of professional role perception. These findings seemed to indicate that the degree of felt comfort of respondents in fulfilling a professional role function bore a relationship to the breadth of activities which they actually perceived as being desirable for performance of that role function.

Table 8 displays the association between professional identity and breadth of role perception in the community and preventive activities category. The results of this association indicated that Air Force social workers with a high sense of professional identity demonstrated the greatest breadth of professional role perception concerning community and preventive activities (which represented the service breadth category with which this study was most concerned). Unfortunately, the association between professional identity and cumulative breadth of professional role perception was significant only at the .10

level, indicating a tendency but not verification of the association between these two variables at the cumulative services level.

Table 8

PROFESSIONAL IDENTITY RELATED TO BREADTH OF PROFESSIONAL ROLE PERCEPTION IN COMMUNITY AND PREVENTIVE ACTIVITIES

Identity Category	Breadth of Perception Low	High	Total
Low	28	32	53
High	18	38	56
Total	46	63	109

$X^2 = 3.97$; 1d.f.; significance = .05

The association between the independent variables of attitudes toward supervision and breadth of professional role perception was determined at the .29 level of significance, demonstrating the lack of a meaningful relationship between these two variables. Implications of this finding have been discussed in Chapter V.

The associations between the cluster variable of nature of job setting and breadth of professional role perception were almost all found to be insignificant. One partial exception to this pattern has been discussed in the section concerning the secondary analysis of the data. Thus, the variables of initial assignment, initial source

of supervision, present assignment, present source of supervision, prior or present experience in a supervisory role, and extent of initial and present involvements in both official and unofficial duties all failed to yield a significant degree of association with the dependent variable of breath of professional role perception. The range of associations in this regard was from .25 to .80. Implications of these findings are discussed in Chapter V.

In summarizing these findings as they relate to the first research question, it appears that only the variables of professional security and professional identity were directly and significantly associated with breadth of professional role perception. These results seemed to indicate that the nature of the setting, considered from the standpoint of assigned/assumed professional activities as well as the source of supervision provided, was not a major factor in relation to breadth of professional role perception. Thus, situational factors pertaining to the physical make-up of the job position did not appear to be as important as affective dimensions in their direct associations with breadth of role perception.

The affective dimension of attitudes toward supervision also failed to yield significant results, perhaps indicating that a worker's feelings about the source of his supervision had as little significance for the way he perceived his role function as did the source of supervision.

In other words, it appeared to be the worker's feelings about himself and the nature of his profession, rather than his perception of the roles of others and the requirements of the job setting, that held the greatest significance for his breadth of professional role perception.

However, an examination of the relationships between the independent variables by themselves as well as the secondary analysis of the data yielded further associations and tendencies which suggested that the situational factors and even the supervisory attitudinal factors may have had some implications in an indirect way concerning breadth of professional role perception. The next two sections discuss these findings.

The Second Research Question

The second research question was stated as follows:

> How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision of Air Force social workers interact among themselves?

Two associations pertinent to this question were found to be significant at the prescribed level.

Table 9 deals with the variable, nature of job setting, from the aspect of duties performed. The extent of present duty involvement was found to significantly

relate to the extent of present outside activities involvement. Those workers who were high in their present duty involvement also tended to be high in their outside activities involvement; likewise, those workers who were low in their present duty involvement were low in their outside activities involvement.

Table 9

PRESENT DUTY PERFORMANCE AND OUTSIDE ACTIVITIES

Present Duty Involvement	Outside Involvements Low	High	Total
Low	35	22	57
High	19	34	53
Total	54	56	110

$X^2 = 7.17$; 1d.f.; significance = .01

A significant association was also found in comparing professional security to outside activities involvement (see Table 10). Those workers who felt the highest professional security (both in actually and potentially performed duties) also were the most involved in professional activities outside their official duties. Conversely, workers who felt the least professional security were the least involved in outside activities. These results provide a supplement to those discussed earlier in relation to professional security, demonstrating that this

variable had importance both for a breadth of professional role perception and for actual performance of professional activities that would be in keeping with a breadth of professional role perception.

Table 10

PROFESSIONAL SECURITY AND OUTSIDE ACTIVITIES INVOLVEMENT

Security Category	Outside Involvement Low	High	Total
High Actual-High Potential	16	27	43
High Actual-Low Potential	6	10	16
Low Actual-High Potential	5	7	12
Low Actual-Low Potential	26	10	36
Total	53	54	107

$X^2 = 11.29$; 3d.f.; significance = .025

The only other relationship which came close to the required level of significance involved the comparison of supervisory attitudes to professional identity (significant at the .07 level), the findings of which indicated that social workers with an equally high regard both for social work supervision and for collateral supervision demonstrated a low sense of professional identity, while workers who felt a high regard for social work supervision but a low regard for collateral supervision demonstrated high professional identity.

These latter results would suggest a possible tendency for professional identity to be associated with attitudes toward varying sources of supervision. However, in summarizing the findings relevant to the second research question, only the variables of professional security and the nature of setting (including present duty performance and outside activities) appeared to be significantly interrelated. A marginal association also was noted between professional identity and attitudes toward supervision. There were no other significant relationships discovered between the independent variables.

The Third Research Question

The third research question was stated as follows:

> How do certain antecedent conditions and the particular intervening variables of tenure and number of assignments affect the relationships between the independent and dependent test variables?

Two associations pertinent to this question were found to be significant at the prescribed level, involving two of the antecedent variables.

As indicated by Table 11, the primary motivation of Air Force social workers for enlisting was found to significantly relate to their breadth of professional role perception concerning community and preventive activities. Workers whose primary motivation for enlisting was pay and benefits were high in their preferences for preventive and community activities, as were workers whose primary

motivation for enlisting was to fulfill R.O.T.C. commitments (the "other" category). Workers whose primary motivation for enlisting was job availability (mostly, avoiding the draft) tended to be low in their preference for involvement in preventive and community activities.

Table 11

PRIMARY ENLISTMENT MOTIVATION AND BREADTH OF ROLE PERCEPTION CONCERNING COMMUNITY/ PREVENTIVE ACTIVITIES

Enlistment Motive	Breadth of Perception Low	High	Total
Pay and Benefits	7	20	27
Professional Security	7	6	13
Job Availability (Avoid Draft)	11	6	17
Opportunity for Advancement	4	4	8
Nature of Duties	4	4	8
Potential to Use Variety of Skills	14	15	29
Other (R.O.T.C. Commitment)	0	8	8
Total	47	63	110

$X^2 = 13.806$; 6d.f.; significance = .03

These results seem to suggest that those workers who felt situationally pressured into joining the Air Force were the most resistent to offering a wide range of services,

while those who had a positive mental set towards the Air Force for its tangible benefits (pay, educational, or fringe) were more receptive to offering a wide range of services. These findings would support the rationale given for the administrative shift to an all-volunteer Air Force which has recently occurred.

A surprising result was found in the relationship between financial source of education and extent of outside activities involvement (see Table 12).

Table 12

SOURCE OF EDUCATIONAL SUPPORT AND OUTSIDE ACTIVITIES INVOLVEMENT

Support Source and Degree	Outside Involvement Low	High	Total
Non-Air Force MSW	46	34	80
Air Force MSW	6	15	21
Air Force DSW*	1	7	8
Air Force Both	1	0	1
Total	54	56	110

$X^2 = 11.12$; 3.d.f.; significance = .01

*There were no non-Air Force supported Doctorate level social workers in the population.

Those workers who were sponsored by the Air Force for their education (either at the Master's level or the Doctoral level) tended to be more involved in activities

outside their official duty requirements. These results would appear to complement those just discussed concerning motivation for enlisting. Overall, tangible benefits to personnel appeared to provide a fairly strong motivation for their becoming involved in a wide range of activities, assuming that they had deliberately sought those benefits.

The other antecedent variables (age, sex, prior military involvement, civilian experience, and secondary motivation for enlisting) failed to yield significant associations with either the independent or dependent variables. Likewise, neither one of the intervening variables (tenure and number of assignments) was found to be associated in this manner. Finally, primary and secondary motivations as well as source of educational support failed to yield significant associations with any of the other independent variables (professional security, professional identity, or attitudes toward supervision).

However, tendencies were noted for both source of educational support and secondary motivation for enlisting to be associated with the dependent variable, breadth of professional role perception. Both of these variables were marginally associated with breadth of perception, at the .10 level. The suggestion here was that both Doctoral level social workers and those who had enlisted with a motive to use a variety of skills tended to express a high breadth of role perception. These tendencies, while not

significant at the critical level, nevertheless were consistent with earlier findings.

In summarizing the findings relevant to the third research question, only the antecedent variables of source of educational support and motivation for enlisting were found to be associated with breadth of role perception or any of the independent variables. Neither of the intervening variables were found to have significant associations in this regard.

SECONDARY ANALYSIS OF DATA

Several associations which were not directly responsive to the research questions but which were pertinent to an understanding of the research outcome were found to be significant at the prescribed level. The following sections of this chapter deal with those variables so associated.

Multivariable Relationships

Many associations were examined concerning multivariable relationships. Nearly all of those associations (including those involving the intervening variables) were found not to be significant. However, three multivariable associations were both significant and pertinent to the findings of the research.

Table 13 displays the relationship between high cumulative breadth of role perception, present duty

involvement, and outside activities involvement. Previously, this association was alluded to concerning the relationship between the variables of nature of job setting and breadth of professional role perception, which were not found to be directly associated. However, the present findings indicated a partial association between these variables from the standpoint of high breadth of role perception.

Table 13

PRESENT DUTY INVOLVEMENT AND OUTSIDE ACTIVITIES INVOLVEMENT, CONTROLLING FOR HIGH BREADTH OF ROLE PERCEPTION

Extent of Duty Involvement	Outside Involvement Low	High	Total
Low	17	13	30
High	8	19	27
Total	25	32	57

$X^2 = 14.75$; 1d.f.; significance = .01

Table 13 indicates that, of those persons who were high in their cumulative breadth of role perception, those who were high in their present duty involvement also tended to be high in their outside activities involvement. This finding revealed that role perceptions became at least partially translated into role behaviors for the group.

Table 14 displays the relationship between high breadth of role perception in community and preventive

activities, extent of initial duty involvement, and extent of current duty involvement.

Table 14

INITIAL DUTY INVOLVEMENT AND CURRENT DUTY INVOLVEMENT, CONTROLLING FOR HIGH BREADTH OF ROLE PERCEPTION IN COMMUNITY AND PREVENTIVE ACTIVITIES

Initial Duty Involvement	Current Duty Involvement Low	High	Total
Low	10	5	15
High	3	9	12
Total	13	14	27

$X^2 = 7.73$; 1d.f.; significance = .05

This association indicates that, of those persons who were high in their breadth of role perception for community and preventive activities, those who were high in their range of activities performed in their initial Air Force assignment also tended to be high in their range of activities performed in their current assignment. Conversely, those persons who were low in their range of activities in their initial duty assignment also were low in their range of activities performed in their current duty assignment.

These results would appear to indicate that social workers were consistent over time in the range of role-related activities they displayed when they expressed a

positive regard for a breadth of social work functions.

The results of these first two tables would indicate that the nature of the setting may bear a meaningful relationship to breadth of role function if the professional activities aspect is considered, rather than the physical make-up of the situation from a role expectation and/or a supervisory standpoint.

The final multivariable association of significance dealt with the relationship between a low professional identity score, present duty involvement, and present outside involvement.

Table 15

PRESENT DUTY INVOLVEMENT AND PRESENT OUTSIDE ACTIVITY, CONTROLLING FOR LOW PROFESSIONAL IDENTITY

Present Duty Involvement	Present Outside Activity Low	High	Total
Low	18	8	26
High	11	16	27
Total	29	24	53

$X^2 = 4.34$; 1d.f.; significance = .05

These results would indicate that those persons who were low in their sense of professional identity also were low in their present official and unofficial activities involvement.

Overall, the independent variables of professional security and professional identity were found to be fully associated with breadth of professional role perception, while the independent variable of nature of setting was found to be at least partially associated with the dependent variable from the standpoint of role-related activities performed. This finding bears implications not only for the primary test questions but for the validity of the research questionnaire, as discussed in Chapter V.

As stated, the intervening variables did not yield significant results when associated in multivariable relationships of any kind. The reason for this may be indicated in the results just reported, where the extent of involvement in activities as related to breadth of role perception was constant over time and assignments. Thus, experience did not appear to be an important intervening variable in the consideration of breadth of role perception.

Open-ended Responses

The researcher was gratified by the willingness of most Air Force social workers to respond to the open-ended questions. At least three-fourths of the respondents cooperated in this regard. Some of them added parenthetical comments which seemed to lend additional support to the purposes and direction of the research. For example, the following quotations have been included:

> . . . You certainly ask some pertinent questions in your instrument. . .

> . . . Since I have been recently investigating civilian employment and have been concerned with listing duties, I was particularly interested in the functions you have listed in your job description. It seems that your listing would make a better job description than that currently available in the manuals.

These and other remarks helped enhance the researcher's sense of having prepared an adequate and appropriate questionnaire for the research population. No negative remarks concerning the construction of the questionnaire were noted, although some respondents indicated that they could not or would not answer the open-ended questions because of the effort involved.

Table 16 summarizes the findings from the open-ended questions. These responses required subjective interpretation by the researcher, with decisions of assignment of respondents to categories based on their use of predetermined key words. Where judgements could not be made or where responses were omitted, no group assignments were made.

On this basis, a slight margin or workers regarded the purpose and functions of social workers narrowly, while a lesser number defined social workers' purpose and functions more broadly. Some examples of both types of responses have been included below.

From a narrow viewpoint of social worker purpose and function, these responses were the most representative of the range of answers:

The social worker should function as an integral

Table 16

A STATISTICAL INTERPRETATION OF
OPEN-ENDED RESPONSES

Subject Area*	N	Absolute %	Relative %
Purpose and Function of Social Workers:	94	85.5	
Narrow Scope	52	47.3	55.3
Broad Scope	42	38.2	44.7
Influence of Air Force Regulations upon Professional Capacities:	87	79.1	
Regulations Inhibit	65	59.1	74.7
Regulations Enhance	22	20.0	25.3
Preference for Civilian Job Setting:	103	93.6	
Narrow Base	78	70.9	75.7
Broad Base	25	22.7	24.3

*All categorical assignments were based on subjective interpretation of responses according to a key word criteria.

> part of the mental health team in diagnosis and treatment of psychiatric and emotional disorders.
>
> I feel that social work need not have a specific function which is different from all other disciplines. A social worker may function in the same role as a psychologist or any other professional. . .

The last example is, perhaps, the best illustration of the problem which was identified as the basis of this research:

> The function of social workers is to perform all the duties that a psychiatrist would perform.

In contrast to these remarks, many workers made responses that defined social work as a distinctive discipline with a multifaceted nature:

> There is the time *honored phrase*-- to assist individuals, groups, and communities to enhance social functioning. . . We cannot limit ourselves to one area and be totally effective. While we can involve ourselves in the clinical aspects through casework and groupwork, social workers must strive toward a role in other areas, i.e., administration, education, politics, civic groups, and in advocacy roles. A social worker can function and should strive to influence the various systems in which he and/or his client/patient is involved. These tasks can be accomplished whatever the worker's primary role. The isolated worker is an ineffective worker.

This comprehensive statement found parallels in the sentiments of others:

> I feel the primary purpose and function of social workers is to take a dual focus on both the problems in living as exemplified by a specific client and also focusing on the environmental factors affecting these clients. The more we focus on normal stresses and needs of people and get away from the traditional diagnostic perspective, the better!

Finally, one worker more bluntly and succinctly stated his broad perspective, as follows:

> Social workers need an autonomous organization with their own department not supervised by medical personnel with no social work knowledge or experience. . . We need a comprehensive mental health setting!

As indicated, the overwhelming proportion of workers felt that current regulations governing their activities actually were inhibiting their capacities to provide the full range of professional services which they felt capable of providing. Some examples of responses from both the inhibitory and the enhancement viewpoints have been provided below.

From the enhancement standpoint, these responses were given:

> I feel the Air Force, with the present structure, allows more leniency for social workers to provide a multiplicity of services than our civilian counterparts. . .

> The Air Force has enhanced our capacities because of status according similar to that of other mental health professionals.

From the inhibitory standpoint, a variety of factors were stated as problems for staff:

> Lack of confidentiality inhibits intimacy, truthfulness, and even contact with social workers.

> At this point, definition of role by other professions appears to be the greatest inhibiting factor.

> When one is the only social worker in a clinic, it often becomes a situation of jack of all trades, master of none. . .

Several workers recognized the same problem as was regarded by this researcher as a major one for Air Force social workers:

> At present, Air Force social workers are intimately tied to the medical model and more specifically to the psychiatric specialty in general. The development of new programs may provide for a more diverse utilization of Air Force social workers.

Finally, a survey of these responses would not be complete without inclusion of some of the statements which could not be categorized, mainly because of their ambiguity:

> It appears that a hospital commander's understanding of social workers' skills determines a large part.

> A smart social worker can do anything he wants to help a client, if he knows how to deal with the Air Force system. He should have learned this in graduate school.

This last response, while somewhat manipulative in tone, is still indicative of the survival techniques that many Air Force social workers have come to employ in maintaining their professional identity and in functioning within a system that is completely different in emphases from that in which they were educated.

Despite their apparent concern over regulations, most respondents indicated that they would prefer working in a civilian agency that would be similar to their current duty capacity (that is, direct treatment activities in a mental health setting) if they were to leave the Air Force. While a few of these responses could not be categorized (for example, one respondent stated that his ideal civilian agency would be a "large one"), most responses were easily placed in either a narrow scope or a broad scope capacity.

Examples of narrow scope civilian positions included

private practice, mental health clinic, V.A. hospital, marital and family therapy clinic, or similar positions. Examples of broad scope included academic positions in schools of social work, mental health consultation, comprehensive mental health programs with a community outreach, and even politics. As one worker stated:

> I came into the service to get some experience and hopefully to allow a successful political career. . . I would prefer an agency where I can function as an administrator or supervisor instead of a person who is not recognized for his profession.

Finally, some individuals utilized the last question to ventilate some personal grievances which, while not directly relating to the last question, still demonstrated parallels to the concerns expressed by this researcher in the statement of the research problem. Some of these comments were of this nature:

> I do not receive direct social work supervision and am indignant to this since I expected it. . .
>
> I want to find employment in a <u>non</u>-governmental or bureaucratic agency!
>
> P.S. I <u>am</u> leaving!

A final comment summed up the feelings of many workers:

> We should have a separate Department of Social Work!

<u>Open-ended Question Relationships with Other Variables</u>

Table 17 indicates the relationship between respondents' definitions of the purpose and functions of social workers and their breadth of professional role

perception (both in regard to the total range of possible services and to community and preventive activities). Those workers who defined the purpose and functions of social workers in the broadest terms demonstrated the broadest professional role perceptions. Even allowing for some margin of judgement error in scoring this subjective data, these results appeared to be highly relevant for this study.

Table 17

SOCIAL WORK DEFINITION AND BREADTH OF ROLE PERCEPTION

Breadth of Definition	Breadth of Perception Low	High	Total
Narrow	37	15	52
Broad	9	33	42
Total	46	48	94

$X^2 = 21.04$; 1d.f.; significance = .0001

A possibility existed for an additional dimension of professional identity to be discovered from the manner in which social workers defined their purpose and functions. In this regard, it was anticipated that those who mentioned community and preventive activities in their definitions would also more positively identify social work as a distinct professional discipline. Table 18 displays the results of the association between professional identity and definitions of social worker purpose and functions, where just such a finding was discovered.

Table 18 indicates that workers who defined social workers' purpose and functions most broadly also demonstrated the greatest sense of professional identity. It would appear from these and earlier findings that professional identity was the most potent single indicator of the breadth of professional role perception and function of Air Force social workers.

Table 18

PROFESSIONAL IDENTITY AND BREADTH OF SOCIAL WORK DEFINITION

Identity Category	Breadth of Definition Narrow	Broad	Total
Low Identity	31	16	47
High Identity	20	26	46
Total	51	42	93

$X^2 = 3.879$; 1d.f.; significance = .05

Another finding related respondents' definition of the purposes and functions of social workers to their current involvements in activities outside the job (see Table 19). This association, while not highly significant, nevertheless tended to provide some validation support for the critical measures of the dependent variable, breadth of professional role perception.

It has already been established that (1) workers who were the most active outside of their official duty

capacities as well as within their official duty capacities and (2) workers who defined their purpose and functions most broadly indicated the greatest breadth of professional role perception. The relationship between the functional definitions of social work and present involvement in activities outside official duty capacities provided a final connecting link in demonstrating with some certainty that workers expressed in actual behavior what they had expressed in their attitudes.

Table 19

PRESENT OUTSIDE ACTIVITIES AND SOCIAL WORK DEFINITION

Outside Involvement	Breadth of Definition Narrow	Broad	Total
Low Involvement	29	15	44
High Involvement	23	27	50
Total	52	42	94

$X^2 = 3.74$; 1d.f.; significance = .10

That is, if workers indicated a wide breadth of professional role perception, then they also could be expected to function in a wide variety of professional activities. Actions appeared to be conditioned by attitudes, at least in regard to the variables of central concern for this research.

Two further findings are included which support the

concern for the translation of attitudes into action (and, thereby, the validity issue).

Table 20 displays the association between present involvement in outside activities and ideal preference for civilian employment. These findings indicate that those workers who were the most involved in outside activities were more inclined to prefer a broad-based civilian setting than those less involved.

Table 20

PRESENT OUTSIDE ACTIVITIES AND IDEAL PREFERENCE FOR CIVILIAN EMPLOYMENT

Outside Involvements	Civilian Preference Narrow	Broad	Total
Low Involvement	39	9	48
High Involvement	39	16	55
Total	78	25	103

$X^2 = 7.02$; 1d.f.; significance = .0001

Table 21 displays the relationship between nature of civilian setting preferred upon leaving the Air Force and breadth of professional role perception in the area of community and preventive activities involvement. Workers who indicated a desire for a broad-based civilian job also demonstrated a marginal tendency towards a high breadth of professional role perception regarding community and preventive activities. This finding, while marginal, still

suggests that workers intended to follow through with their perceptions as they considered future job settings.

Table 21

IDEAL PREFERENCE FOR CIVILIAN EMPLOYMENT AND BREADTH OF COMMUNITY AND PREVENTIVE ACTIVITIES PERCEPTION

Breadth of Perception	Civilian Preference Narrow	Broad	Total
Low	38	6	44
High	40	19	59
Total	78	25	103

$X^2 = 3.77$; 1d.f.; significance = .09

Overall, a logical continuum has been established that indicates a certain degree of consistency over time in the translation of Air Force social workers' perceptions of their professional role functions into performance, starting with their reasons for joining the Air Force, continuing across their actually performed activities in the Air Force (both officially and unofficially), connecting with their definitions of the purpose and functions of social workers, and concluding with their goals for their professional futures.

SUMMARY AND CONCLUSIONS

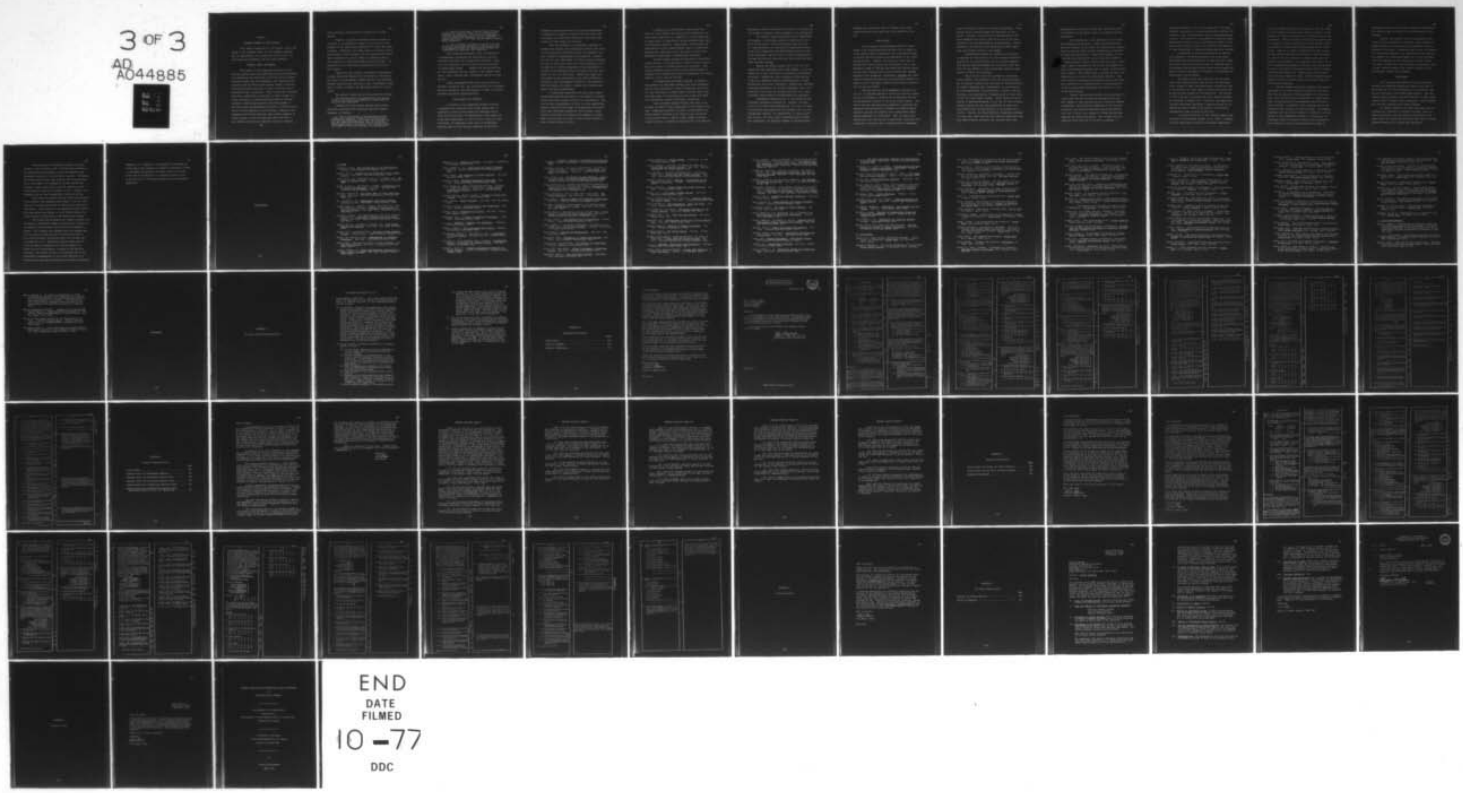
In summation, it appears that those Air Force

social workers who (1) expressed a positive prior mental set regarding the Air Force before enlisting, (2) demonstrated a high regard for social work supervision, (3) felt the most secure in their activities, (4) expressed a high level of professional identity, and (5) felt the most inhibited by Air Force regulations and policies were the ones who demonstrated the greatest breadth of professional role perception. In addition, Air Force social workers tended to act out their attitudes concerning the breadth of their purpose and functions in their actual professional role behavior, both on the job and on their own time. These results indicated a stability of attitudes and performance over time, as expressed by the respondents both in the test and in the post-test.

Chapter V presents implications drawn from this research which relate to certain practical issues raised by the research as well as to considerations for future research. In addition, some conclusions are drawn about the study as a whole in an effort to provide final closure for the reader.

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Chapter 5

RESEARCH SUMMARY AND IMPLICATIONS

This chapter summarizes (1) the purpose, scope, and method of the research study, (2) the research findings, and (3) implications of the study for the Air Force, for the social work profession, and for future research.

PURPOSE, SCOPE, AND METHOD

The purpose of this study was directed at investigating factors which were associated with the professional role perceptions and functions of Air Force social workers. Previous research and the researcher's own experience had indicated that Air Force social workers tended to restrict their professional activities in order to conform with a psychiatric model of practice. Other studies have indicated that such a restriction of services by social workers is a common occurrence in interdisciplinary practice settings. Community oriented and preventive activities appear to have been given low performance priorities by social workers and by the host agencies in such settings. Diagnostic and therapeutic activities have been given greater emphasis by social workers in these settings than they have given to such broader activities as community education, research,

client advocacy, and preventive intervention in social systems.

However, a practice expectation which includes involvement in a comprehensive range of activities has been mandated by the social work profession for social work practitioners. Therefore, this study sought to identify factors which seemed to bear relevance for the practice restrictions that are placed upon social workers by themselves and by their agencies in interdisciplinary practice settings. The population of Air Force social workers was the focus for this inquiry.

Based upon this concern, a quantitative-descriptive research design was adopted which was aimed at identifying the nature of relationships between specific test variables. Research questions were utilized in lieu of hypothesis statements in order to reflect the exploratory nature of the research.

The central research question was stated as follows:

> What factors affect the professional role perceptions of Air Force social workers at varied levels of seniority and experience?

Stemming from this central question were several derivative questions which delineated specific research variables, as follows:

> 1. How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision of Air Force social workers affect the breadth of their professional role perceptions?

2. How do the factors of professional security, professional identity, nature of job setting (both initially and presently, including both performed duties and supervisory patterns), and the attitudes toward supervision of Air Force social workers interact among themselves?

3. How do certain antecedent conditions and the particular intervening variables of tenure and number of assignments affect the relationships between the independent and dependent test variables?

Prior study had indicated a lack of availability of standardized instruments for measuring the specific variables with which this research was concerned. Therefore, the researcher utilized Likert scaling techniques in constructing research instruments for operationalizing the test variables that were stated in the research questions. These variables were conceptually defined in Chapter III.

Certain demographic data (such as prior work experience, education, sex, age, and motivation for enlisting) was also included in the questionnaire in order to identify pertinent population characteristics.

DATA ANALYSIS AND FINDINGS

In relation to the organizing research question, it appeared that those Air Force social workers who (1) expressed a positive prior mental set regarding the Air Force before enlisting, (2) demonstrated a high regard for social work supervision, (3) felt the most secure in their activities, (4) expressed a high level of professional identity, and (5) felt the most inhibited by Air Force

regulations and policies were the ones who demonstrated a comprehensive breadth of desired functions and a high involvement in professional activities, both within and outside of their formal job positions.

More specifically, the independent variables of professional security and professional identity were found to have significant associations with the dependent variable, breadth of professional role perception. Workers who felt the most comfortable in duties actually performed (as well as with those duties that they potentially could be expected to perform) expressed a more comprehensive breadth of role perception than did workers who felt less secure in their job activities. Workers who highly differentiated social work practice from other professions expressed a more comprehensive breadth of role perception than did workers who seemed to equate their practice approach with that of psychiatry.

A significant association also was found between professional security and extent of involvement in professional activities outside official role expectations. Workers who were uncomfortable in their job role expectations tended to restrict their range of professional activities, while more comfortable workers not only desired a wider breadth of services but actually were engaged in a wider range of activities, even when it meant going outside of their official duties to do so.

A tendency (not statistically significant) was noted for those workers who lacked a strong preference for social work supervision (in comparison to other conditions of supervision) to demonstrate a poorly differentiated sense of professional identity. Additionally, those persons who demonstrated a poorly differentiated sense of professional identity were relatively low in the extent to which they performed a broad range of professional activities.

Another primary research finding was the association between breadth of role perception, extent of duty involvement, and extent of outside activities involvement. This finding indicated that Air Force social workers tended to translate their professional activity preferences into actual behavior, both on and off the job.

In summarizing the primary findings, it appeared that workers who identified strongly with their profession and who felt comfortable in their professional activities not only identified a broader range of services which they felt they ought to be providing but also acted upon their role perceptions, despite situational limitations.

Some secondary research findings also were of importance in terms of their explication of the primary findings. Regarding motivation to enlist, social workers who sought tangible benefits or who hoped to use a diversity of skills were found to desire a wide breadth of professional activities. Workers who enlisted due to situational

pressures or with a less positive attitude for military service tended to express a narrow breadth of role perception.

The research questionnaire provided an opportunity for response to open-ended questions concerning (1) worker's definitions of social work purpose and functions, (2) their perception of inhibitory or enhancement effects of Air Force regulations and administrative policies upon their performance, and (3) their civilian job preferences. Findings derived from these questions were consistent with other reported findings.

Workers who defined social work in the most comprehensive terms expressed both a wide breadth of role perception and a high involvement in unofficial professional activities. Workers who felt inhibited in their professional role capacities desired (understandably) a broad professional activities involvement. Workers who indicated a projected preference for civilian employment with a comprehensive focus (such as teaching, politics, etc.) also indicated a wide breadth of professional role perception.

Demographic characteristics of the population were thoroughly discussed in Chapter IV. Overall, the population of Air Force social workers was (1) young, (2) male, (3) previously associated with the military, but in a non-professional capacity, (4) materialistic in their enlistment motives, (5) evenly split concerning prior civilian work experience, (6) primarily engaged in psychiatrically

oriented work activities, and (7) lacking social work supervisory models with whom they could identify on the job.

IMPLICATIONS

Prior research has demonstrated that the social worker in an interdisciplinary setting often is caught in a bind between agency expectations for a psychiatric model of practice and his professional commitments to the social work profession. However, the results of this study indicated that social workers may successfully offer a comprehensive range of official and unofficial services within the Air Force community while still meeting their primary diagnostic and therapeutic commitments, provided that their sense of professional security and professional identity is upheld, even if the agency offers little positive sanctioning for such activities.

Assuming that Air Force management indicates a desire for an expanded program of social work services, means should be undertaken to enhance the professional identity and professional security of Air Force social workers. One method that has been previously suggested in answering the expressed dissatisfactions of workers with administrative practices has been the creation of an autonomously administered Department of Social Work. That is, many social workers have felt the need for a supervisory, reporting, and consultative structure that is administratively separated

from the structure currently overlaid by psychiatry. These workers should consider organizing themselves in such a way as to present a united front in demonstrating to Air Force management the mutual benefits as well as the feasibility of such an administrative re-organization. Models provided by the Army and other agencies may offer suggestions for further inquiry in this regard.

Professional identity and security could further be enhanced by the provision of a more focused orientation program for new social workers and by a greater emphasis upon ongoing training programs for social work staff that would be more specific to the professional response expectations of their own discipline.

While the Air Force has succeeded in attracting social workers, the findings of both the Jenkins research and the present research have indicated the dissatisfactions of workers regarding their subordination to the authority and role expectations of psychiatrists. However, the professional role expectations of workers prior to their entering the Air Force remain unclear. Future studies could be helpful in determining whether or not the Air Force actually attracts workers who are more restrictive in their role expectations than is characteristic of the profession as a whole. However, the dissatisfactions repeatedly expressed by social work staff with Air Force practice regulations and with administrative structures has indicated that their

professional security and professional identity may well be threatened by the medical model as an agency practice expectation.

This research also bears implications for social work education and practice. Social work education has placed an emphasis on providing its students with a generic base for practice which includes comprehensive dimensions of theory and application. Social work programs of education have been structured in such a way that students attending different schools receive similar inputs. Therefore, a base is provided for the initial development of a sense of professional purpose that is common to most social work students. This common sense of purpose provides the foundations for a sense of professional identity. Likewise, carefully structured field practicums provide social work students with a beginning sense of professional security as they become familarized with practice in the actual work setting.

However, professional identity and professional security have been seen as reactive processes which vary with changes in role expectations and situational demands. Consequently, these affective dimensions of the worker's educational and practice experience may become weakened over time if there is an absence of further professional supports and growth experiences. The contacts with professional peers that can be provided by programs of

continuing education, both on the campus and in the work community, may provide a valuable maintainence function for a worker's sense of professional identity and professional security. The content of such programs may help the worker maintain and further refine his professional skills to the extent that he does not have to be guided by the expertise of other disciplines in interdisciplinary practice settings.

A commitment by social work educators to provide such programs of continuing education also would insure field staff that their profession is keeping up with changing social needs by providing a means for updating skills. This research has provided evidence which would support the need for further development of programs of continuing education within the profession.

The study results also indicated that the psychiatric role modeling effect that has been observed among social workers in many interdisciplinary settings may lead to a restriction of their range of professional activities as well as their breadth of role perception. The results of this study were consistent with these earlier findings (as discussed in Chapter III). Therefore, the administrative and supervisory structures of agencies should be considered by staff if there is an interest in providing a comprehensive range of service activities.

A further implication of this research applies specifically to professional workers in the field. A finding of major significance concerned the apparent translation

of social worker attitudes into behavior on the job. That is, this research discovered that workers tended to follow through with their role perceptions in terms of actual role performance. Further research utilizing these scales needs to be done with other populations of social workers before the validity of these results across groups can be established. However, at least a possibility has been raised for the scales developed by this study to serve as screening devices for the evaluation of staff as they are considered for employment. Thus, agencies which desire to offer a comprehensive program of services could seek workers who are so motivated, while agencies which wish to confine their practice emphasis to a narrow range of activities also could seek compatible staff. Further research may determine the true evaluative potential of these scales for use in staff screening.

Further research also would determine the relative importance of the test variables utilized in this study when they are applied to other populations of social workers. They may be found to have greater or lesser importance for professional role perceptions and functions in other settings. In addition, other variables may be discovered to bear relevance in other settings. For example, experience and sex were not related to breadth of role perception or the independent variables in this study, but they might relate in studies involving other populations. Such variables as prior life experiences and types of

training received also would seem to warrant consideration for further study in relation to the issues posed by this research.

Finally, the research could be replicated in the future with the population of Air Force social workers as greater stability is achieved in the composition and the purposes of the group. A potential also exists for research of a longitudinal nature to be conducted with Air Force social workers for determining whether or not the attitudes they have expressed in this and previous studies endure over time. Greater test controls might be employed in such a study, thereby allowing more rigorous analysis of the associations between test variables.

CONCLUSIONS

This study has discovered that felt professional security and expressed professional identity may bear implications for both the professional role perceptions and the role functions of Air Force social workers. The theoretical stances assumed in several theories of human social behavior seem to support these conclusions. Prior research also has been compatible with these findings.

If further research, utilizing these same test instruments but conducted in different settings, bears out these associations, then the study of professional attitudes within the social work profession may take on new and expanded dimensions of interest and importance.

There has been an increasing shortage of psychiatrists in the Air Force, with a corresponding increase in the demand for social workers to provide diagnostic and therapeutic services to the Air Force community. Certainly, the direct mental health care needs of Air Force personnel are a vital aspect of a program of military health care services. These needs must be met with whatever professional services that can be brought to bear. However, such programs need not limit themselves to these activities.

This study has explored factors which have prevented social workers from expanding their range of service offerings into the additional areas of community and preventive activities. A facilitation of an expanded practice function for those workers who desire it could further enhance the social worker's contribution to the health care program.

The social work profession has claimed a mandate for providing a comprehensive range of professional services in all practice settings where such services are desired or needed. This research has indicated that this mandate may not be sensed or acted upon by the individual worker in some field settings, particularly when his attitudes are not receptive to it. Additional research might well resolve the issue of whether or not such a mandate is a viable one for the profession to assume in all practice settings. This latter concern is an important one in the profession's determination of its future direction in a society which will make increasing and sometimes conflicting

demands of it. Hopefully, this research has provided material which will stimulate a further consideration of ways to strengthen and maintain the bonds between the social worker and his profession on a continuing basis so that he may function to the fullest extent of his professional capacities.

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APPENDIXES

APPENDIX A

Air Force Social Work Regulations

c. Social Workers (AFSC 9196). The social worker functions under the supervision of the chief of mental health, director of hospital services, or other designated physician as follows:

(1) By education, training and experience, most social workers are prepared to conduct clinical interviews. These interviews investigate and evaluate predisposing and stress factors leading to current dysfunction. The clinical interview, coupled with the mental status examination performed by the social worker, leads to the formulation of a working diagnosis. On the basis of this evaluation, the social worker may engage in treatment and recommend appropriate disposition. Social workers are especially qualified in group and individual treatment modalities. Treatment approaches must be coordinated with medical personnel as well as other appropriate professionals when applicable. Consultation regarding management and disposition of patients may be provided by the social worker. Similarly, consultations to non-medical agencies may be provided. Any report required may be accomplished by the social work officer.

(2) Social workers, therefore, perform the following types of duties:

(a) Provide data, impressions and recommendations for the diagnosis of psychosocial and emotional illness.
(b) Provide treatment for psychosocial or emotional illness utilizing individual or group techniques. Patients who require medication will be seen by the responsible physician who will write prescriptions for all psychoactive medications.
(c) Make recommendations regarding the disposition and management of patients with social and emotional dysfunctions.
(d) Admit patients to the hospital mental health service.
(e) Evaluate active duty personnel and recommend administrative disposition (see AFM 39-12, human reliability, security clearance, profile changes). Reports should be concurred in by a physician when applicable.
(f) Write progress reports in the medical record.

(g) Prepare written reports and letters of recommendation. The social worker will prepare SF 513, Clinical Record-Consultation Report, and SF 502, Clinical Record-Narrative Summary, on those patients for whose treatment he has been primarily responsible. SF 513 represents the professional opinion and judgements of the social worker and as such should require no countersignatures. The signature block on the SF 513 should include the social worker's name, grade, AFSC, and title. On the SF 502 the social worker will sign under the heading, 'Prepared by', at the end of the narrative.

(3) The social worker may give testimony as an expert witness in those areas of psychosocial or emotional functioning in which he has demonstrated competence as determined by the rules of evidence for administrative boards and military courts.

(4) Social workers may be assigned to mental health units where there is no direct support or supervision by a psychiatrist. If so, the social worker will be directly responsible to the Chief of Medicine, or the Director of Hospital Services as determined by the DBMS. He may be named Chief, Mental Health Services, at the discretion of the Chief of Medicine, Director of Hospital Services, or the DBMS.

APPENDIX B

Research Questionnaire

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Dear Colleague:

I am an Air Force social worker and currently working on my Doctorate in Social Work at the University of Denver, under sponsorship of the AFIT program. I had worked for two years at my previous Air Force assignment before coming to school.

Enclosed you will find a research questionnaire that forms the basis of my doctoral dissertation. Please note that a letter from Colonel McNeil supporting this research also is enclosed. I am requesting your voluntary assistance and cooperation in completing and returning this questionnaire to me within the next day or two in the pre-paid, enclosed envelope. Official approval of this instrument is indicated by the Survey Control Number which appears on this letter and the questionnaire.

It should take approximately 45 minutes for you to complete the instrument. Please be assured before hand that the collected data will remain completely confidential in that the identity and specific responses to questions by individuals will not be separated out of the overall study for any purpose whatsoever. For this reason, please do not put your name on the questionnaire.

Please read the instructions thoroughly before proceeding. Most responses are of a simple numeric choice nature, requiring no writing on your part, so please do not let the apparent length of the questionnaire concern you.

After you have completed the instrument, please feel free to contact me at the indicated address if you have any further questions regarding the purposes of this survey or the uses of the collected data.

Thank you very much for your assistance. I hope that we may discuss the purposes and results of this study at one of our future behavioral science symposiums.

Most sincerely,

Phil Moser

Arthur P. Moser, Capt.

SCN 76-70

DEPARTMENT OF THE AIR FORCE
DAVID GRANT USAF MEDICAL CENTER (MAC)
TRAVIS AIR FORCE BASE, CALIFORNIA 94535

22 December 1975

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Capt. Arthur P. Moser
School of Social Work
Denver University
Denver, Colorado

Dear Phil,

Your dissertation research builds upon that previously done by Air Force social workers, Dr. Jenkins and Dr. Rosata. The research in which you are involved will be very useful in terms of both short range and long term planning. Research such as yours aids in making Air Force social work into a more viable service.

I hope each of our 128 social workers will cooperate in this valuable research.

JOHN S. MC NEIL, Col, USAF, BSC
Associate Chief of Social Work

SCN 76-70

-1-

QUESTIONNAIRE

(Please ignore the blanks and numbers that appear at the right outside margins throughout this questionnaire, as they are for data collection purposes only.)

I. Personal Data- Please answer each of the following questions by checking the appropriate blank: __1: 1-4

1) Age: ___(a)21-25 ___(b)26-30 ___(c)31-35 ___(d)36-40 ___(e)41-45 ___(f)46-50 __5

2) Sex: ___Male ___Female __6

3) Have you had prior service time as a non-commissioned member of the military serving in any capacity? ___Yes ___No __7

4) Have you had prior service time as a non-commissioned member of the military serving as a mental health technician? ___Yes ___No __8

5) Have you had prior service time as a commissioned officer serving in a duty capacity other than professional social work? ___Yes ___No __9

6) Level of education: Of the following items concerning your education, please check the one which best applies:
___(a) Master's degree in social work, not AFIT sponsored.
___(b) Master's & Doctorate degrees in social work, not AFIT sponsored.
___(c) Master's degree in social work, AFIT sponsored.
___(d) Master's & Doctorate degrees in social work, AFIT sponsorship in Doctorate only.
___(e) Master's & Doctorate degrees in social work, both AFIT sponsored. __10

7) Total length of time to present as a professional Air Force social worker (check one):
___(a) At least one month, but less than eighteen months.
___(b) At least eighteen, but less than thirty-six months.
___(c) At least thirty-six months. __11

Definitions:

For purposes of this research, a change of duty assignment will be considered as having occurred when either or both of the following conditions have been met: (a) a change in physical location to another base or (b) a change in assigned/assumed duties that involves a restructuring of more than 50% of your time.

For purposes of this research, supervision will be defined as an administrative process with an educational purpose of regular, formalized, and on-going professional communications between a superior and a

-2-

subordinate of the same or collateral disciplines (which include only social work, psychology, and psychiatry) and with content being related to the evaluation and enhancement of the professional behavior of the subordinate individual. Therefore, a social worker who has administrative responsibility to a doctor or hospital administrator without an educational purpose being of primary concern would not be considered here as being under supervision.

8) How many total duty assignments (including the present one) have you had as a professional social work officer in the Air Force? (check one):
___(a) 1 ___(b) 2 ___(c) 3 or more __12

IF YOU HAVE HAD CIVILIAN EXPERIENCE AS A PROFESSIONAL SOCIAL WORKER FOLLOWING GRADUATION BUT PRIOR TO ENTRY INTO THE AIR FORCE, PLEASE ANSWER QUESTIONS 9-13, IN RELATION TO YOUR CIVILIAN EXPERIENCE. IF YOU DID NOT HAVE CIVILIAN EXPERIENCE AS A PROFESSIONAL SOCIAL WORKER, PLEASE SKIP TO QUESTION #14.

9) Total cumulative length of tenure as a professional social worker in paid employment following receipt of Master's degree but prior to commissioning in the Air Force (check one):
___(a) At least one month but less than eighteen months.
___(b) At least eighteen but less than thirty-six months.
___(c) At least thirty-six months. __13 __14

Questions 10 and 11 concern the nature of your duties while employed in a civilian agency. Choose from the provided list by letter the most appropriate response for you to each question:

10) My primary job function was #___. __15

11) My secondary job function (if any) was #___. __16

(a) Casework (b) Groupwork
(c) Community Organization
(d) Administration (e) Supervision
(f) Teaching (g) Consultation
(h) Research (i) Other(please specify)

_____

12) Nature of supervision received in civilian agency (check one):
___(a) I received direct social work supervision.
___(b) I did not receive social work supervision, but I was supervised by a member of another professional discipline.
___(c) I did not receive supervision from any professional discipline (social work, psychology, or psychiatry). __17

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13) Preference for supervision in civilian agency (check one):
___(a) I desired supervision by a social worker.
___(b) I desired supervision by a member of a discipline other than social work.
___(c) I desired professional autonomy (no supervision).
___(d) Other (specify):_____
_____. __18

Questions 14 and 15 pertain to the nature of your initial motivation for becoming an Air Force social worker. Choose the appropriate letter for each question from the list of available responses. Use each only once.

14) My first most important motivation was #___. __19

15) My second most important motivation was #___. __20
(a) Salary & benefits.
(b) Professional security.
(c) Job availability.
(d) Opportunity for advancement.
(e) Rank and status.
(f) Administrative or supervisory structure.
(g) Nature of duties as specified.
(h) Potential to use variety of skills.
(i) Other (specify):_____
_____.

II. Present Assignment- Please answer the following questions in terms of the nature of your present assignment.

16) Primary nature of present assignment (check one):
___(a) Mental health clinic.
___(b) Medical social work position.
___(c) Social Actions (including Race Relations).
___(d) CHAMPUS program.
___(e) CHAP office.
___(f) Drug abuse program.
___(g) Re-training group.
___(h) Child advocacy program.
___(i) Alcohol rehabilitation program.
___(j) Other (specify):_____
_____. 21-22

17) Primary nature of present supervision (check one):
___(a) My supervisor is a social worker.
___(b) My supervisor is a psychiatrist or psychologist.
___(c) I do not receive supervision from any professional discipline. __23

18) Present experience in a supervisory capacity (check one):
___(a) I personally supervise other social workers.
___(b) I personally supervise professional staff of other disciplines(psychology or psychiatry).
___(c) I personally supervise only para-professional staff.
___(d) I do not supervise anyone. __24

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19) Nature of present duties: Please indicate the extent to which you are involved on a monthly basis in the following activities as related to the regular performance of your duties. Circle the response for each duty which you feel to be appropriate for your particular situation.

Scale: No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Routine diagnostic and therapeutic activities.
1 2 3 4 5 6 7 __25
(b) Emergency diagnostic and therapeutic activities.
1 2 3 4 5 6 7 __26
(c) Supervision and training of personnel.
1 2 3 4 5 6 7 __27
(d) Services to families on behalf of children.
1 2 3 4 5 6 7 __28
(e) Educational, preventive, and community services.
1 2 3 4 5 6 7 __29
(f) Administrative activities (including paperwork).
1 2 3 4 5 6 7 __30
(g) Mental health evaluations for client job-related purposes.
1 2 3 4 5 6 7 __31
(h) Referrals and consultations.
1 2 3 4 5 6 7 __32
(i) Research.
1 2 3 4 5 6 7 __33
(j) Other (please specify):_____
_____.
1 2 3 4 5 6 7 __34

35-36

20) Please indicate the extent to which you are involved on a monthly basis in the following activities outside of your official duties. Circle the appropriate response for your situation. 37-39 __40

Scale: No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Professional self-maintainence activities (such as NASW meetings).
1 2 3 4 5 6 7 __41
(b) Formal classroom teaching.
1 2 3 4 5 6 7 __42
(c) Community service and/or preventive activities.
1 2 3 4 5 6 7 __43
(d) Other (please specify):_____
_____.
1 2 3 4 5 6 7 __44

45-46

47-49
__50

-5-

III. Initial Assignment- Please answer the following questions in terms of the nature of your first Air Force duty assignment only. IF YOU ARE STILL IN YOUR INITIAL ASSIGNMENT, OMIT THIS SECTION AND SKIP TO SECTION IV.

21) Primary nature of initial assignment (check one):

___(a) Mental health clinic.
___(b) Medical social work position.
___(c) Social Actions (including Race Relations).
___(d) CHAMPUS program.
___(e) CHAP office.
___(f) Drug abuse program.
___(g) Re-training group.
___(h) Child advocacy program.
___(i) Alcohol rehabilitation program.
___(j) Other (please specify):_____
_____. 51-52

22) Primary nature of initial supervision (check one):

___(a) My supervisor was a social worker.
___(b) My supervisor was a psychologist or psychiatrist.
___(c) I did not receive supervision from any professional discipline. 53

23) Initial experience in a supervisory capacity (check one):

___(a) I personally supervised other social workers.
___(b) I personally supervised professional staff of other disciplines (psychology or psychiatry).
___(c) I personally supervised only para-professional staff.
___(d) I did not supervise anyone. 54

24) Nature of initial duties: Please indicate the extent to which you were involved on a monthly basis in the following activities as related to the regular performance of your duties in your initial assignment. Circle the response for each duty which you feel to be most appropriate for your particular setting.

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Routine diagnostic and therapeutic activities.
1 2 3 4 5 6 7 55
(b) Emergency diagnostic and therapeutic activities.
1 2 3 4 5 6 7 56
(c) Supervision and training of personnel.
1 2 3 4 5 6 7 57
(d) Services to families on behalf of children.
1 2 3 4 5 6 7 58

(continued in next column)

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(e) Educational, preventive, and community services.
1 2 3 4 5 6 7 59
(f) Administrative activities (including paperwork).
1 2 3 4 5 6 7 60
(g) Mental health evaluations for client job-related administrative purposes.
1 2 3 4 5 6 7 61
(h) Referrals and consultations.
1 2 3 4 5 6 7 62
(i) Research.
1 2 3 4 5 6 7 63
(j) Other (Please specify):_____
_____. 64
1 2 3 4 5 6 7 65-66

25) Please indicate the extent to which you were involved on a monthly basis in the following activities outside of your official duties during your initial assignment. Circle the appropriate response for your particular situation. 67-69

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Professional self-maintainence activities (such as NASW meetings).
1 2 3 4 5 6 7 71
(b) Formal classroom teaching.
1 2 3 4 5 6 7 72
(c) Community service and/or preventive activities.
1 2 3 4 5 6 7 73
(d) Other (please specify):_____
_____. 74
1 2 3 4 5 6 7 75-76

77-79

80

-7-

IV. Performed Services Scale: In responding to the following items, please circle the number on each scale that most closely corresponds to your personal sense of comfort in actually performing the specified service. Each question also requires a response regarding whether you presently perform the service or not. If you do not presently perform the service, indicat the extent of your comfort or discomfort in performing it should you be called upon to do so in some future assignment. 2:1-4

There are no right or wrong answers. It is your personal feelings that are important. The more uncomfortable you are or would be in performing a certain service, the higher the number you should circle.

Range of Responses:

Always comfortable- 1
Usually comfortable- 2
Sometimes comfortable- 3
Not sure - 4
Sometimes uncomfortable- 5
Usually uncomfortable- 6
Always uncomfortable- 7

EXAMPLE:

Circling #2 and marking "no" would indicate that you would usually be comfortable in potentially performthe following service:

Presently Performed?

___Yes _X_ No: Determination of eligibility for financial aid.
1 (2) 3 4 5 6 7

___Yes ___No: (1) Preparation and utilization of written diagnostic statements. 5
1 2 3 4 5 6 7 6

___Yes ___No: (2) Individual therapeutic activities. 7
1 2 3 4 5 6 7 8

___Yes ___No: (3) Conjoint family therapy. 9
1 2 3 4 5 6 7 10

___Yes ___No: (4) Services to families on behalf of children. 11
1 2 3 4 5 6 7 12

___Yes ___No: (5) Conducting group therapy sessions. 13
1 2 3 4 5 6 7 14

___Yes ___No: (6) Behavioral control and/or modification services in an institutional setting. 15
1 2 3 4 5 6 7 16

___Yes ___No: (7) Suicide prevention and emergency services. 17
1 2 3 4 5 6 7 18

___Yes ___No: (8) Preparation and submission of mental health evaluations for administrative purposes. 19
1 2 3 4 5 6 7 20

___Yes ___No: (9) Supervision and training of professional social work personnel. 21
1 2 3 4 5 6 7 22

(continued in next column)

-8-

___Yes ___No: (10) Supervision and training of professional personnel in collateral disciplines (psychology or psychiatry). 23
1 2 3 4 5 6 7 24

___Yes ___No: (11) Supervision and training of para-professional staff. 25
1 2 3 4 5 6 7 26

___Yes ___No: (12) Agency administration and personnel evaluation of staff. 27
1 2 3 4 5 6 7 28

___Yes ___No: (13) Inter-disciplinary team treatment and consultation activities. 29
1 2 3 4 5 6 7 30

___Yes ___No: (14) Active membership in committees involving representation by medical and social service personnel only. 31
1 2 3 4 5 6 7 32

___Yes ___No: (15) Active membership in base-wide service committees. 33
1 2 3 4 5 6 7 34

___Yes ___No: (16) Community-wide educational and preventive activities. 35
1 2 3 4 5 6 7 36

___Yes ___No: (17) Referrals to and consultations with non-military professional service agencies. 37
1 2 3 4 5 6 7 38

___Yes ___No: (18) Referrals to and consultations with non-medical military service agencies. 39
1 2 3 4 5 6 7 40

___Yes ___No: (19) Court testimony related to mental health status and/or social environment of clients. 41
1 2 3 4 5 6 7 42

___Yes ___No: (20) Medical social work services within a hospital setting. 43
1 2 3 4 5 6 7 44

___Yes ___No: (21) Research activities. 45
1 2 3 4 5 6 7 46

47-48

49-51

52-54

55-56

57-59

60-62

63

V. Supervisory Opinion Scale: Please respond to each of the following conditions of supervision by indicating the extent of your positive or negative feelings regarding each condition. Circle the number on each scale that most closely corresponds to your present feelings for being supervised in the manner indicated for each particular setting. It is your feelings that are important. The more appropriate you consider being supervised in a particular manner, the lower the number you should circle.

The conditions of supervision to be considered in responding to the three parts of each question include:

(a) Social work supervision.
(b) Psychologist or psychiatrist supervision.
(c) No direct supervision.

Range of responses:

Always appropriate- 1
Usually appropriate- 2
Sometimes appropriate- 3
No opinion----- 4
Sometimes inappropriate- 5
Usually inappropriate- 6
Never appropriate--- 7

64-80x

3:1-4

EXAMPLE: V.A. hospital:

(a) 1 (2) 3 4 5 6 7
(b) 1 2 3 4 5 6 7
(c) 1 2 3 4 5 6 7

Circling #2 in (a) of this example would indicate that you feel being supervised by a social worker in a V.A. hospital setting usually is appropriate. Parts (b) and (c) should also receive a response.

Setting:

1) Mental health clinic:

(a) 1 2 3 4 5 6 7 — 5
(b) 1 2 3 4 5 6 7 — 6
(c) 1 2 3 4 5 6 7 — 7

2) Medical social work position:

(a) 1 2 3 4 5 6 7 — 8
(b) 1 2 3 4 5 6 7 — 9
(c) 1 2 3 4 5 6 7 — 10

3) Social Actions (including Race Relations):

(a) 1 2 3 4 5 6 7 — 11
(b) 1 2 3 4 5 6 7 — 12
(c) 1 2 3 4 5 6 7 — 13

4) CHAMPUS program:

(a) 1 2 3 4 5 6 7 — 14
(b) 1 2 3 4 5 6 7 — 15
(c) 1 2 3 4 5 6 7 — 16

5) CHAP program:

(a) 1 2 3 4 5 6 7 — 17
(b) 1 2 3 4 5 6 7 — 18
(c) 1 2 3 4 5 6 7 — 19

(continued in next column)

6) Re-training group:

(a) 1 2 3 4 5 6 7 — 20
(b) 1 2 3 4 5 6 7 — 21
(c) 1 2 3 4 5 6 7 — 22

7) Drug abuse program:

(a) 1 2 3 4 5 6 7 — 23
(b) 1 2 3 4 5 6 7 — 24
(c) 1 2 3 4 5 6 7 — 25

8) Child advocacy program:

(a) 1 2 3 4 5 6 7 — 26
(b) 1 2 3 4 5 6 7 — 27
(c) 1 2 3 4 5 6 7 — 28

9) Alcohol rehabilitation program:

(a) 1 2 3 4 5 6 7 — 29
(b) 1 2 3 4 5 6 7 — 30
(c) 1 2 3 4 5 6 7 — 31

32-34

35-37

38-40

41-43

44-46

47-49

50

VI. Professional Opinions Scale: Please respond to each of the following service situations by indicating the extent of your agreement or disagreement with each of the statements. There are no right or wrong answers. It is your feelings that are important. The higher the number you circle, the more you disagree with the statement.

Range of responses:

Strongly agree- 1
Agree- 2
Tend to agree- 3
Undecided- 4
Tend to disagree- 5
Disagree- 6
Strongly disagree- 7

EXAMPLE: Strong disagreement is indicated by circling #7 in the following:

Social workers possess attitudes and skills that are significantly different from those of psychiatrists and/ or psychologists in their degree of participation in volunteer activities

1 2 3 4 5 6 (7)

Social workers possess attitudes and skills that are significantly different from those of psychiatrists and/ or psychologists in the manner they approach:

1) The preparation and utilization of written diagnoses.
1 2 3 4 5 6 7 __51

2) Individual therapeutic activities.
1 2 3 4 5 6 7 __52

3) Conjoint family therapy.
1 2 3 4 5 6 7 __53

4) Services to families on behalf of children.
1 2 3 4 5 6 7 __54

5) Conducting group therapy sessions.
1 2 3 4 5 6 7 __55

6) Behavioral control and/ or modification services in an institutional setting.
1 2 3 4 5 6 7 __56

7) Suicide prevention and related emergency services.
1 2 3 4 5 6 7 __57

8) Preparation and submission of mental health evaluations on clients for job-related, administrative purposes.
1 2 3 4 5 6 7 __58

9) Supervision and training of professional social work personnel.
1 2 3 4 5 6 7 __59

10) Supervision and training of professional personnel in collateral

(continued in next column)

disciplines.
1 2 3 4 5 6 7 __60

11) Supervision and training of paraprofessional staff.
1 2 3 4 5 6 7 __61

12) Agency administration and personnel evaluation of staff.
1 2 3 4 5 6 7 __62

13) Interdisciplinary team treatment and consultation activities.
1 2 3 4 5 6 7 __63

14) Active membership in committees involving representation by medical and social service personnel only.
1 2 3 4 5 6 7 __64

15) Active membership in base-wide service committees.
1 2 3 4 5 6 7 __65

16) Community-wide educational and preventive activities.
1 2 3 4 5 6 7 __66

17) Referrals to and consultations with non-military professional service agencies.
1 2 3 4 5 6 7 __67

18) Referrals to and consultations with non-medical military service agencies.
1 2 3 4 5 6 7 __68

19) Court testimony related to mental health status and/or social environment of clients.
1 2 3 4 5 6 7 __69

20) Psycho-social services within a general hospital setting.
1 2 3 4 5 6 7 __70

21) Research activities.
1 2 3 4 5 6 7 __71

__72-74
__75-77
__78
79-80x

VII. Professional Services Scale: The following list is comprised of a comprehensive variety of services that an Air Force social worker potentially could perform. Obviously, not everyone can do everything. However, you may desire or feel a need to perform or not perform certain of these services, regardless of whether or not you presently perform them. 4:1-4

Please check those services that you think you ideally ought to be performing as an Air Force social worker, regardless of administrative and/or situational considerations.

__(1) The preparation and utilization of written diagnoses. 5

__(2) Individual casework activities. 6

__(3) Conjoint family therapy. 7

__(4) Services to families on behalf of children. 8

__(5) Conducting group therapy sessions. 9

__(6) Behavioral control and/or modification services in an institutional setting. 10

__(7) Suicide prevention and related emergency services. 11 12 13

__(8) Preparation and submission of mental health evaluations on clients for job-related, administrative purposes. 14

__(9) Supervision and training of personnel in collateral disciplines. 15

__(10) Supervision and training of professional social work personnel. 16

__(11) Supervision and training of para-professional staff. 17

__(12) Agency administration and personnel evaluation of staff. 18

__(13) Interdisciplinary team treatment and consultation. 19

__(14) Active membership in committees involving representation by medical and social service personnel only. 20 21 22

__(15) Active membership in base-wide service committees. 23

__(16) Community-wide educational and preventive activities. 24

__(17) Referrals to and consultations with non-military professional service agencies. 25

__(18) Referrals to and consultations with non-medical military service agencies. 26

__(19) Court testimony related to mental health status and/or social environment of clients. 27

(continued in next column)

__(20) Medical social work service activities in a hospital setting. 28

__(21) Research activities. 29 30 31

__(22) Other (please specify):_____

_____. 32 33 34

VIII. Open-ended Survey: The following questions permit an open-ended response. Please feel free to fully express your opinions and feelings concerning each question. Your frankness would be appreciated. You may write on the back of this page if you need more room. 35

A. What is your own definition of the purpose and function of social workers in general? 36

B. In what ways do current regulations and administrative structures of the Air Force inhibit or enhance the capacity of Air Force social workers to provide the full range of professional services which they are capable of providing? 37

C. Pretend for a moment that you are about to leave the Air Force for a civilian job. What kind of agency setting would you prefer? 38

THANK YOU VERY MUCH FOR YOUR COOPERATION.

SCN 76-70

APPENDIX C

Pretest Judging Protocol

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Cover Letter	226
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Response Sheet for Supervisory Opinion Scale	230
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Dear Colleague;

I am attempting to test the content validity of my test instruments for my dissertation research. A copy of my questionnaire is enclosed. It has become necessary for me to request that a group of judges compare my test items to the operational definitions and conceptual base from which they have been derived in order to determine (1) if the definitions are the most logical and appropriate for the concepts and the population involved and (2) if the test items conform to those definitions as being the best way of communicating their meaning to the test population in such a way that relationships between and among variables can be considered.

In addition to my test instrument, I have prepared the following description of my study purpose and primary dimensions of concern. Please consider this material in relation to the content and structure of the questionnaire in answering the questions on the pretest question sheets that precede each major division of the questionnaire.

The central research question is: What factors affect the professional role perceptions of Air Force social workers? This research is an exploratory-descriptive study which will seek to delineate significant factors which may contribute to or detract from a social worker (particularly a new one) maximizing his professional service potential in terms of the range of services which he considers as most desirable and appropriate for him to provide. Significant relationships among and between these factors also will be explored in determining how they may interact to produce the phenomenon of central concern.

Specific independent variables which will be examined as they relate to the dependent variable of breadth of professional role perception include (1) nature of service setting, presently and initially, including source of supervision, (2)sense of professional identity, (3) sense of professional security and (4) attitude towards supervision.

Specific intervening variables related to tenure and experience in the Air Force job setting also will be considered in terms of their mitigating influences upon the variable relationships.

The theoretical basis for the research primarily is focused on the phenomenon of cognitive dissonance, which involves felt stress and the corresponding need to behaviorally adapt to new and response-demanding situations.

The situation with which the research is concerned involves those job settings to which Air Force social workers are assigned. It has been the observation of the researcher that many new Air Force social workers are presented with supervisory and job role expectations that are alien to those for which they have been trained or in which they have previously functioned. It seems that these same social workers often consequently adopt a job role perception which is responsive to the new situation but which is highly restrictive in terms of the professional behavioral repertoire while it operates to loosen professional ties.

Thank you very much for your help. Please return this material to my box by December 1st if at all possible. I appreciate it.

Sincerely,

Phil Moser

Phil Moser

PRETEST QUESTION SHEET I

Parts I, II, and III of the questionnaire involve demographic material concerning the test population. Specifically of concern is the independent variable of nature of present and initial duty assignment, including source of supervision received (or the lack of it). A change of assignment will be considered as having occurred when either or both of the following conditions have been met: (a) a change in physical location to another base and (b) a change in assigned and/or assumed duties involving a restructuring of more than fifty percent of the social worker's work time. Supervision is defined as an administrative process with an educational purpose of regular, formalized, and on-going professional communications between a superior and a subordinate of the same or collateral disciplines and with content being related to the evaluation and enhancement of the professional behavior of the subordinate individual. The only possible conditions of supervision that meet this definition for Air Force social worker are those provided by psychiatrists, psychologists (only a few instances), or other social workers. Please consider these definitions in relation to the test scales in answering the following questions.

(1) Are the personal data questions comprehensive in terms of covering all variables which may prove to be significant in relation to the outcomes on other variable dimensions of the study? What could be added?

(2) Does each operational definition make sense to you in regard to the central concept to which it is supposed to relate? Are there any other dimensions that need to be included in these definitions? If so, how?

(3) Do the test scales as derived from the operational definitions each appear to measure different variables, or do you find overlap among them? If so, is the overlap appropriate or inappropriate in terms of the concepts involved? Would you anticipate some relatedness of the patterns of responses by individuals in comparing one scale to another?

(4) Do the scale items appear to logically derive from each operational definition in their application to a military population of social workers? If not, why not?

(5) Are the specific questions on each scale representative of the universe of content involved for each of the concepts being studied?

PRETEST QUESTION SHEET II

Part IV of the questionnaire involves the independent variable of professional security. Professional security is herein defined as an affective response considered in terms of willingness to risk self professionally and measured in terms of degree of felt comfort in performance of specific services related to the profession of social work.

(1) Does this operational definition make sense to you in regard to the central concept to which it is supposed to relate? Are there any other dimensions of the concept that need to be included in the definition? If so, how might they be included?

(2) Does the test scale as derived from the operational definition appear to logically follow in its application to a military population of social workers? If not, why not?

(3) Do the specific questions appear to be representative of the universe of theory and content involved for the concept being studied?

(4) Does this variable appear to overlap with any other variable? If so, which one, in what way, and how appropriately or inappropriately?

(5) Does it appear that I will obtain results from this scale that truly represent the measure that I wish to study?

PRETEST QUESTION SHEET III

Part V of the questionnaire involves the independent variable of attitude towards supervision. Attitude towards supervision is herein defined as an affective response considered in terms of the felt appropriateness of being professionally autonomous (that is, not supervised by anyone), of being collaterally supervised (by a psychiatrist or psychologist), or of being supervised by an experienced social worker in a variety of duty settings.

(1) Does this operational definition make sense to you in regard to the central concept to which it is supposed to relate? Are there any other dimensions of the concept that need to be included in the definition? If so, how might they be included?

(2) Does the test scale as derived from the operational definition appear to logically follow in its application to a military population of social workers? If not, why not?

(3) Do the specific questions appear to be representative of the universe of theory and content involved for the concept being studied?

(4) Does this variable appear to overlap with any other variable? If so, which one, in what way, and how appropriately or inappropriately?

(5) Does it appear that I will obtain results from this scale that truly represent the measure that I wish to study?

PRETEST QUESTION SHEET IV

Part VI of the questionnaire involves the independent variable of professional identity. Professional identity is herein defined as an affective response considered in terms of the felt personal and social confirmation of one's professionally derived service attitudes and skills as they are perceptually differentiated from the professional attitudes and skills of other professional service disciplines in response to similar service situations.

(1) Does this operational definition make sense to you in regard to the central concept to which it is supposed to relate? Are there any other dimensions of the concept that need to be included in the definition? If so, how might they be included?

(2) Does the test scale as derived from the operational definition appear to logically follow in its application to a military population of social workers? If not, why not?

(3) Do the specific questions appear to be representative of the universe of theory and content involved for the concept being studied?

(4) Does this variable appear to overlap with any other variable? If so, which one, in what way, and how appropriately or inappropriately?

(5) Does it appear that I will obtain results from this scale that truly represent the measure that I wish to study?

PRETEST QUESTION SHEET V

Part VII of the questionnaire involves the dependent variable of breadth of professional role perception. Professional role perception involves affective responses concerning which services the respondent thinks should be given priority as the ideal duty expectation for Air Force social workers.

(1) Does this operational definition make sense to you in regard to the central concept to which it is supposed to relate? Are there any other dimensions of the concept that need to be included in the definition? If so, how might they be included?

(2) Does the test scale as derived from the operational definition appear to logically follow in its application to a military population of social workers? If not, why not?

(3) Does it appear that I will obtain results from this scale that truly represent the measure that I wish to study?

Part VIII involves open-ended questions that may add additional information or which may provide correlations to previous scales.

(1) Do these questions appear to be comprehensive in terms of allowing response along each variable dimension of the study? What other questions would you suggest as being appropriate?

What are your impressions concerning the overall organization and format of the questionnaire? Of specific interest are its length, spacing, flow, congruity, appropriateness of response categories, exhaustiveness and mutual exclusiveness of response categories, and clarity of wording.

APPENDIX D

Pretest Questionnaire

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Cover Letter for Former Air Force Personnel	234
Cover Letter for Air Force Doctoral Students	235
Research Instruments	236

Dear Colleague:

I am an Air Force social worker and currently working on my Doctorate in Social Work at the University of Denver. I had worked for two years at my previous Air Force assignment before coming to school.

Enclosed you will find a research questionnaire that forms the basis of my doctoral dissertation. It is very important for me to obtain the responses of ex-Air Force social workers to it as well as those of current personnel. For this reason, I have sent it to you, hoping that you will assist me by responding to it.

It should take approximately 45 minutes for you to complete the instrument. Please be assured before hand that the collected data will remain completely confidential. For this reason, please do not put your name on the questionnaire.

Please read the instructions thoroughly before proceeding. Most responses are of a simple numeric choice natur , requiring no writing on your part, so please do not let the apparent length of the questionnaire concern you. Please note that the instrument for the current Air Force population ends with column 14, but that one additional page is included for your own particular responses in relation to your present situation. The one modification in instructions that would apply to your case would involve responding to questions regarding present assignment, duties, and supervision in terms of your last Air Force assignment.

After you have completed the instrument, please return it within a day or two in the pre-paid, enclosed envelope. If you have any further questbns regarding the purposes of the study or the uses of this data, please feel free to contact me at the indicated address.

Thank you very much for your assistance in this matter.

Most sincerely,

Phil Moser

Arthur P. Moser, Capt.

Dear Colleague:

I am an Air Force social worker and currently working on my Doctorate in Social Work at the University of Denver, under sponsorship of the AFIT program. I had worked for two years at my previous Air Force assignment before coming to school.

Enclosed you will find a research questionnaire that forms the basis of my doctoral dissertation. I am requesting your assistance and cooperation in completing and returning this questionnaire to me within the next day or two in the prepaid, enclosed envelope. It should take approximately 45 minutes for you to complete the instrument. Please note that the main instrument concludes in column 14 but that one additional page has been added for your additional comments. You are part of a small sample to whom the questionnaire is being administered before it goes out to the total population of Air Force social workers, so your frank critique of the instrument and of specific questions would be very much appreciated.

Please be assured before hand that the collected data will remain completely confidential in that the identity and specific responses to questions by individuals will not be separated out of the overall study for any purpose whatsoever. For this reason, please do not put your name on the questionnaire.

Please read the instructions thoroughly before proceeding. Most responses are of a simple numeric choice nature, requiring no writing on your part, so please do not let the apparent length of the questionnaire concern you. If you are currently attending graduate school yourself, please respond to those questions concerning present assignment, duties, and supervision in terms of your last duty assignment before leaving.

If you have any further questions regarding the purposes or uses of this data, please feel free to contact me at the indicated address. Thank you very much for your help. I hope that we may discuss the purposes and results of this study at one of our future behavioral science symposiums.

Most sincerely,

Phil Moser

Arthur P. Moser, Capt.

QUESTIONNAIRE

(Please ignore the blanks and numbers that appear at the right outside margins throughout this questionnaire, as they are for data collection purposes only.)

I. Personal Data- Please answer each of the following questions by checking the appropriate blank: __1; 1-4

1) Age: ___(a)21-25 ___(b)26-30 ___(c)31-35 ___(d)36-40 ___(e)41-45 ___(f)46-50 __5

2) Sex: ___Male ___Female __6

3) Have you had prior service time as a non-commissioned member of the military serving in any capacity? ___Yes ___No __7

4) Have you had prior service time as a non-commissioned member of the military serving as a mental health technician? ___Yes ___No __8

5) Have you had prior service time as a commissioned officer serving in a duty capacity other than professional social work? ___Yes ___No __9

6) Level of education: Of the following items concerning your education, please check the one which best applies:
___(a) Master's degree in social work, not AFIT sponsored.
___(b) Master's & Doctorate degrees in social work, not AFIT sponsored.
___(c) Master's degree in social work, AFIT sponsored.
___(d) Master's & Doctorate degrees in social work, AFIT sponsorship in Doctorate only.
___(e) Master's & Doctorate degrees in social work, both AFIT sponsored. __10

7) Total length of time to present as a professional Air Force social worker (check one):
___(a) At least one month, but less than eighteen months.
___(b) At least eighteen, but less than thirty-six months.
___(c) At least thirty-six months. __11

Definitions:

For purposes of this research, a change of duty assignment will be considered as having occurred when either or both of the following conditions have been met: (a) a change in physical location to another base or (b) a change in assigned/assumed duties that involves a restructuring of more than 50% of your time.

For purposes of this research, supervision will be defined as an administrative process with an educational purpose of regular, formalized, and on-going professional communications between a superior and a

subordinate of the same or collateral disciplines (which include only social work, psychology, and psychiatry) and with content being related to the evaluation and enhancement of the professional behavior of the subordinate individual. Therefore, a social worker who has administrative responsibility to a doctor or hospital administrator without an educational purpose being of primary concern would not be considered here as being under supervision.

8) How many total duty assignments (including the present one) have you had as a professional social work officer in the Air Force? (check one):
___(a) 1 ___(b) 2 ___(c) 3 or more __12

IF YOU HAVE HAD CIVILIAN EXPERIENCE AS A PROFESSIONAL SOCIAL WORKER FOLLOWING GRADUATION BUT PRIOR TO ENTRY INTO THE AIR FORCE, PLEASE ANSWER QUESTIONS 9-13, IN RELATION TO YOUR CIVILIAN EXPERIENCE. IF YOU DID NOT HAVE CIVILIAN EXPERIENCE AS A PROFESSIONAL SOCIAL WORKER, PLEASE SKIP TO QUESTION #14.

9) Total cumulative length of tenure as a professional social worker in paid employment following receipt of Master's degree but prior to commissioning in the Air Force (check one):
___(a) At least one month but less than eighteen months.
___(b) At least eighteen but less than thirty-six months.
___(c) At least thirty-six months. __13 __14

Questions 10 and 11 concern the nature of your duties while employed in a civilian agency. Choose from the provided list by letter the most appropriate response for you to each question:

10) My primary job function was #___. __15

11) My secondary job function (if any) was #___. __16

(a) Casework (b) Groupwork
(c) Community Organization
(d) Administration (e) Supervision
(f) Teaching (g) Consultation
(h) Research (i) Other(please specify) _____

12) Nature of supervision received in civilian agency (check one):
___(a) I received direct social work supervision.
___(b) I did not receive social work supervision, but I was supervised by a member of another professional discipline.
___(c) I did not receive supervision from any professional discipline (social work, psychology, or psychiatry). __17

13) Preference for supervision in civilian agency (check one):
___(a) I desired supervision by a social worker.
___(b) I desired supervision by a member of a discipline other than social work.
___(c) I desired professional autonomy (no supervision).
___(d) Other (specify):_____. __18

Questions 14 and 15 pertain to the nature of your initial motivation for becoming an Air Force social worker. Choose the appropriate letter for each question from the list of available responses. Use each only once.

14) My first most important motivation was #___. __19

15) My second most important motivation was #___. __20
(a) Salary & benefits.
(b) Professional security.
(c) Job availability.
(d) Opportunity for advancement.
(e) Rank and status.
(f) Administrative or supervisory structure.
(g) Nature of duties as specified.
(h) Potential to use variety of skills.
(i) Other (specify):_____.

II. Present Assignment- Please answer the following questions in terms of the nature of your present assignment.

16) Primary nature of present assignment (check one):
___(a) Mental health clinic.
___(b) Medical social work position.
___(c) Social Actions (including Race Relations).
___(d) CHAMPUS program.
___(e) CHAP office.
___(f) Drug abuse program.
___(g) Re-training group.
___(h) Child advocacy program.
___(i) Alcohol rehabilitation program.
___(j) Other (specify):_____. 21-22

17) Primary nature of present supervision (check one):
___(a) My supervisor is a social worker.
___(b) My supervisor is a psychiatrist or psychologist.
___(c) I do not receive supervision from any professional discipline. __23

18) Present experience in a supervisory capacity (check one):
___(a) I personally supervise other social workers.
___(b) I personally supervise professional staff of other disciplines(psychology or psychiatry).
___(c) I personally supervise only para-professional staff.
___(d) I do not supervise anyone. __24

19) Nature of present duties: Please indicate the extent to which you are involved on a monthly basis in the following activities as related to the regular performance of your duties. Circle the response for each duty which you feel to be appropriate for your particular situation.

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Routine diagnostic and therapeutic activities.
1 2 3 4 5 6 7 __25
(b) Emergency diagnostic and therapeutic activities.
1 2 3 4 5 6 7 __26
(c) Supervision and training of personnel.
1 2 3 4 5 6 7 __27
(d) Services to families on behalf of children.
1 2 3 4 5 6 7 __28
(e) Educational, preventive, and community services.
1 2 3 4 5 6 7 __29
(f) Administrative activities (including paperwork).
1 2 3 4 5 6 7 __30
(g) Mental health evaluations for client job-related purposes.
1 2 3 4 5 6 7 __31
(h) Referrals and consultations.
1 2 3 4 5 6 7 __32
(i) Research.
1 2 3 4 5 6 7 __33
(j) Other (please specify):_____.
1 2 3 4 5 6 7 __34

35-36

20) Please indicate the extent to which you are involved on a monthly basis in the following activities outside of your official duties. Circle the appropriate response for your situation. 37-39 __40

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Professional self-maintainence activities (such as NASW meetings).
1 2 3 4 5 6 7 __41
(b) Formal classroom teaching.
1 2 3 4 5 6 7 __42
(c) Community service and/or preventive activities.
1 2 3 4 5 6 7 __43
(d) Other (please specify):_____.
1 2 3 4 5 6 7 __44

45-46

47-49

__50

III. Initial Assignment- Please answer the following questions in terms of the nature of your first Air Force duty assignment only. IF YOU ARE STILL IN YOUR INITIAL ASSIGNMENT, OMIT THIS SECTION AND SKIP TO SECTION IV.

21) Primary nature of initial assignment (check one):

___(a) Mental health clinic.
___(b) Medical social work position.
___(c) Social Actions (including Race Relations).
___(d) CHAMPUS program.
___(e) CHAP office.
___(f) Drug abuse program.
___(g) Re-training group.
___(h) Child advocacy program.
___(i) Alcohol rehabilitation program.
___(j) Other (please specify):_____
_____. 51-52

22) Primary nature of initial supervision (check one):

___(a) My supervisor was a social worker.
___(b) My supervisor was a psychologist or psychiatrist.
___(c) I did not receive supervision from any professional discipline. 53

23) Initial experience in a supervisory capacity (check one):

___(a) I personally supervised other social workers.
___(b) I personally supervised professional staff of other disciplines (psychology or psychiatry).
___(c) I personally supervised only para-professional staff.
___(d) I did not supervise anyone. 54

24) Nature of initial duties: Please indicate the extent to which you were involved on a monthly basis in the following activities as related to the regular performance of your duties in your initial assignment. Circle the response for each duty which you feel to be most appropriate for your particular setting.

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Routine diagnostic and therapeutic activities.
1 2 3 4 5 6 7 55

(b) Emergency diagnostic and therapeutic activities.
1 2 3 4 5 6 7 56

(c) Supervision and training of personnel.
1 2 3 4 5 6 7 57

(d) Services to families on behalf of children.
1 2 3 4 5 6 7 58

(continued in next column)

(e) Educational, preventive, and community services.
1 2 3 4 5 6 7 59

(f) Administrative activities (including paperwork).
1 2 3 4 5 6 7 60

(g) Mental health evaluations for client job-related administrative purposes.
1 2 3 4 5 6 7 61

(h) Referrals and consultations.
1 2 3 4 5 6 7 62

(i) Research.
1 2 3 4 5 6 7 63

(j) Other (Please specify):_____
_____. 64

25) Please indicate the extent to which you were involved on a monthly basis in the following activities outside of your official duties during your initial assignment. Circle the appropriate response for your particular situation. 65-66 67-69 70

Scale:
No involvement- 1
Rare involvement- 2
Infrequent involvement- 3
Occasional involvement- 4
Frequent involvement- 5
Heavy involvement- 6
Almost Total involvement- 7

(a) Professional self-maintainence activities (such as NASW meetings).
1 2 3 4 5 6 7 71

(b) Formal classroom teaching.
1 2 3 4 5 6 7 72

(c) Community service and/or preventive activities.
1 2 3 4 5 6 7 73

(d) Other (please specify):_____
_____. 74 75-76 77-79 80

-7-

IV. Performed Services Scale: In responding to the following items, please circle the number on each scale that most closely corresponds to your personal sense of comfort in actually performing the specified service. Each question also requires a response regarding whether you presently perform the service or not. If you do not presently perform the service, indicat the extent of your comfort or discomfort in performing it should you be called upon to do so in some future assignment. 21-4

There are no right or wrong answers. It is your personal feelings that are important. The more uncomfortable you are or would be in performing a certain service, the higher the number you should circle.

Range of Responses:

Always comfortable- 1
Usually comfortable- 2
Sometimes comfortable- 3
Not sure - 4
Sometimes uncomfortable- 5
Usually uncomfortable- 6
Always uncomfortable- 7

EXAMPLE:

Circling #2 and marking "no" would indicate that you would usually be comfortable in potentially performthe following service:

Presently Performed?

___Yes _x_No: Determination of eligibility for financial aid.
1 (2) 3 4 5 6 7

___Yes ___No: (1) Preparation and utilization of written diagnostic statements. 5
1 2 3 4 5 6 7 6

___Yes ___No: (2) Individual therapeutic activities. 7
1 2 3 4 5 6 7 8

___Yes ___No: (3) Conjoint family therapy. 9
1 2 3 4 5 6 7 10

___Yes ___No: (4) Services to families on behalf of children. 11
1 2 3 4 5 6 7 12

___Yes ___No: (5) Conducting group therapy sessions. 13
1 2 3 4 5 6 7 14

___Yes ___No: (6) Behavioral control and/or modification services in an institutional setting. 15
1 2 3 4 5 6 7 16

___Yes ___No: (7) Suicide prevention and emergency services. 17
1 2 3 4 5 6 7 18

___Yes ___No: (8) Preparation and submission of mental health evaluations for administrative purposes. 19
1 2 3 4 5 6 7 20

___Yes ___No: (9) Supervision and training of professional social work personnel. 21
1 2 3 4 5 6 7 22

(continued in next column)

-8-

___Yes ___No: (10) Supervision and training of professional personnel in collateral disciplines (psychology or psychiatry). 23
1 2 3 4 5 6 7 24

___Yes ___No: (11) Supervision and training of para-professional staff. 25
1 2 3 4 5 6 7 26

___Yes ___No: (12) Agency administration and personnel evaluation of staff. 27
1 2 3 4 5 6 7 28

___Yes ___No: (13) Inter-disciplinary team treatment and consultation activities. 29
1 2 3 4 5 6 7 30

___Yes ___No: (14) Active membership in committees involving representation by medical and social service personnel only. 31
1 2 3 4 5 6 7 32

___Yes ___No: (15) Active membership in base-wide service committees. 33
1 2 3 4 5 6 7 34

___Yes ___No: (16) Community-wide educational and preventive activities. 35
1 2 3 4 5 6 7 36

___Yes ___No: (17) Referrals to and consultations with non-military professional service agencies. 37
1 2 3 4 5 6 7 38

___Yes ___No: (18) Referrals to and consultations with non-medical military service agencies. 39
1 2 3 4 5 6 7 40

___Yes ___No: (19) Court testimony related to mental health status and/or social environment of clients. 41
1 2 3 4 5 6 7 42

___Yes ___No: (20) Medical social work services within a hospital setting. 43
1 2 3 4 5 6 7 44

___Yes ___No: (21) Research activities. 45
1 2 3 4 5 6 7 46

47-48

49-51

52-54

55-56

57-59

60-62

63

V. Supervisory Opinion Scale: Please respond to each of the following conditions of supervision by indicating the extent of your positive or negative feelings regarding each condition. Circle the number on each scale that most closely corresponds to your present feelings for being supervised in the manner indicated for each particular setting. It is your feelings that are important. The more appropriate you consider being supervised in a particular manner, the lower the number you should circle.

The conditions of supervision to be considered in responding to the three parts of each question include:

(a) Social work supervision.
(b) Psychologist or psychiatrist supervision.
(c) No direct supervision.

Range of Responses:

Always appropriate- 1
Usually appropriate- 2
Sometimes appropriate- 3
No opinion - 4
Sometimes inappropriate- 5
Usually inappropriate- 6
Never appropriate - 7

EXAMPLE: V.A. hospital:

(a) 1 (2) 3 4 5 6 7
(b) 1 2 3 4 5 6 7
(c) 1 2 3 4 5 6 7

Circling #2 in (a) of this example indicate that you feel being supervised by a social worker in a V.A. hospital setting usually is appropriate. (parts (b) and (c) should also receive a response).

Setting:

1) Mental health clinic:
(a) 1 2 3 4 5 6 7 __64
(b) 1 2 3 4 5 6 7 __65
(c) 1 2 3 4 5 6 7 __66

2) Medical social work position:
(a) 1 2 3 4 5 6 7 __67
(b) 1 2 3 4 5 6 7 __68
(c) 1 2 3 4 5 6 7 __69

3) Social Actions (including Race Relations):
(a) 1 2 3 4 5 6 7 __70
(b) 1 2 3 4 5 6 7 __71
(c) 1 2 3 4 5 6 7 __72

4) CHAMPUS program:
(a) 1 2 3 4 5 6 7 __73
(b) 1 2 3 4 5 6 7 __74
(c) 1 2 3 4 5 6 7 __75

5) CHAP program:
(a) 1 2 3 4 5 6 7 __76
(b) 1 2 3 4 5 6 7 __77
(c) 1 2 3 4 5 6 7 __78

(continued in next column)

6) Re-training group:
(a) 1 2 3 4 5 6 7 __5
(b) 1 2 3 4 5 6 7 __6
(c) 1 2 3 4 5 6 7 __7

7) Drug abuse program:
(a) 1 2 3 4 5 6 7 __8
(b) 1 2 3 4 5 6 7 __9
(c) 1 2 3 4 5 6 7 __10

8) Child advocacy program:
(a) 1 2 3 4 5 6 7 __11
(b) 1 2 3 4 5 6 7 __12
(c) 1 2 3 4 5 6 7 __13

9) Alcohol rehabilitation program:
(a) 1 2 3 4 5 6 7 __14
(b) 1 2 3 4 5 6 7 __15
(c) 1 2 3 4 5 6 7 __16

__17-19
__20-22
__23-25
__26-28
__29-31
__32-34
__35

79-80,
__
3:1-4,

VI. Professional Opinions Scale: Please respond to each of the following service situations by indicating the extent of your agreement or disagreement with each of the statements. There are no right or wrong answers. It is your feelings that are important. The higher the number you circle, the more you disagree with the statement.

Range of Responses:

I strongly agree- 1
I agree- 2
I tend to agree- 3
I'm really undecided- 4
I tend to disagree- 5
I disagree- 6
I strongly disagree- 7

EXAMPLE:

Strong disagreement is indicated by circling #7 in the following:

Social workers possess attitudes and skills that are significantly different from those of psychiatrists and/or psychologists in their degree of participation in volunteer activities.

1 2 3 4 5 6 (7)

Social workers possess attitudes and skills that are significantly different from those of psychiatrists and/or psychologists in the manner they approach:

1) The preparation and utilization of written diagnoses.
1 2 3 4 5 6 7 __36

2) Individual therapeutic activities.
1 2 3 4 5 6 7 __37

3) Conjoint family therapy.
1 2 3 4 5 6 7 __38

4) Services to families on behalf of children.
1 2 3 4 5 6 7 __39

5) Conducting group therapy sessions.
1 2 3 4 5 6 7 __40

6) Behavioral control and/or modification services in an institutional setting.
1 2 3 4 5 6 7 __41

7) Suicide prevention and related emergency services.
1 2 3 4 5 6 7 __42

8) Preparation and submission of mental health evaluations on clients for job-related, administrative purposes.
1 2 3 4 5 6 7 __43

9) Supervision and training of professional social work personnel.
1 2 3 4 5 6 7 __44

10) Supervision and training of professional personnel in collateral disciplines.
1 2 3 4 5 6 7 __45

11) Supervision and training of paraprofessional staff.
1 2 3 4 5 6 7 __46

(continued in next column)

12) Agency administration and personnel evaluation of staff.
1 2 3 4 5 6 7 __47

13) Inter-disciplinary team treatment and consultation activities.
1 2 3 4 5 6 7 __48

14) Active membership in committees involving representation by medical and social service personnel only.
1 2 3 4 5 6 7 __49

15) Active membership in base-wide service committees.
1 2 3 4 5 6 7 __50

16) Community-wide educational and preventive activities.
1 2 3 4 5 6 7 __51

17) Referrals to and consultations with non-military professional service agencies.
1 2 3 4 5 6 7 __52

18) Referrals to and consultations with non-medical military service agencies.
1 2 3 4 5 6 7 __53

19) Court testimony related to mental health status and/or social enviroment of clients.
1 2 3 4 5 6 7 __54

20) Psycho-social services within a general hospital setting.
1 2 3 4 5 6 7 __55

21) Research activities.
1 2 3 4 5 6 7 __56

__57-59

__60-62

__63

-13-

VII. Professional Services Scale: The following list is comprised of a comprehensive variety of services that an Air Force social worker potentially could perform. Obviously, not everyone can do everything. However, you may desire or feel a need to perform or not perform certain of these services, irregardless of whether or not you presently perform them.

Please check those services that you think you ideally ought to be performing as an Air Force social worker, irregardless of administrative and/or situational constraints.

___(1) The preparation and utilization of written diagnoses. 64

___(2) Individual casework activities. 65

___(3) Conjoint family therapy. 66

___(4) Services to families on behalf of children. 67

___(5) Conducting group therapy sessions. 68

___(6) Behavioral control andor modification services in an institutional setting. 69

___(7) Suicide prevention and related emergency services. 70 71 72

___(8) Preparation and submission of mental health evaluations on clients for job-related, administrative purposes. 73

___(9) Supervision and training of personnel in collateral disciplines. 74

___(10) Supervision and training of professional social work personnel. 75

___(11) Supervision and training of para-professional staff. 76

___(12) Agency administration and personnel evaluation of staff. 77

___(13) Inter-disciplinary team treatment and consultation. 78

___(14) Active membership in committees involving representation by medical and social service personnel only. 79 80 4 1 4

___(15) Active membership in base-wide service committees. 5 6

___(16) Community-wide educational and preventive activities. 7 8

___(17) Referrals to and consultations with non-military professional service agencies. 9

___(18) Referrals to and consultations with non-medical military service agencies. 10

___(19) Court testimony related to mental health status and/or social environment of clients. 11

(continued in next column)

-14-

___(20) Medical social work service activities in a hospital setting. 12

___(21) Research activities. 13 14 15

___(22) Other (please specify):_____

_____

_____ 16 17 18 19

VIII. Open-ended Survey: The following questions permit an open-ended response. Please feel free to fully express your opinions and feelings concerning each question. Your frankness would be appreciated. You may write on the back of this page if you need more room.

A. What is your own definition of the purpose and function of social workers in general? 20

B. In what ways do current regulations and administrative structures under which social workers in the Air Force function inhibit or enhance their capacity for providing the full range of professional services which they are capable of providing? 21

C. Pretend for a moment that you are about to leave the Air Force for a civilian job. What kind of agency setting would you prefer? 22

THANK YOU VERY MUCH FOR YOUR COOPERATION.

IX. Future Job Preference: Please check which of the following potential social work job settings that you would prefer when you return to duty:

___(1) Mental health program
___(2) Medical social work program
___(3) Social Action program (including Race Relations)
___(4) CHAMPUS program
___(5) CHAP office
___(6) Drug abuse program
___(7) Re-training group
___(8) Child advocacy program
___(9) Alcohol rehabilitation program
___(10) Other (please specify):

_____

_____ 27-28

X. Nature of Preferred Duty: Please check in order of preference three of the following duty functions which you would most desire to perform when you return to duty.

First choice= #1
Second choice= #2
Third choice= #3

___(1) The preparation and utilization of written diagnoses.

___(2) Individual casework and treatment activities.

___(3) Conjoint family therapy.

___(4) Services to families on behalf of children.

___(5) Conducting group therapy.

___(6) Behavioral control and/or modification services in an institutional setting.

___(7) Suicide prevention and related emergency services.

___(8) Preparation and submission of mental health evaluations on clients for job-related, administrative purposes.

___(9) Supervision and training of professional social work personnel.

___(10) Supervision and training of professional personnel in collateral disciplines.

___(11) Supervision and training of para-professional staff.

___(12) Agency administration and personnel evaluation of staff.

___(13) Inter-disciplinary team treatment and consultation activity.

___(14) Active membership in committees involving representation by medical and social service personnel only.

(continued in next column)

___(15) Active membership in base-wide service committees.

___(16) Community-wide educational and preventive activities.

___(17) Referrals to and consultations with non-military professional service agencies.

___(18) Court testimony related to mental health status and/or social environment of clients.

___(19) Psycho-social services within a general hospital setting.

___(20) Research activities.

___(21) Referrals to and consultations with non-medical military service agencies.

___(22) Other (Please specify): _____

_____

_____ 29-30

XI. (Open-ended Response): In what ways do you feel that your experiences as a social worker in the Air Force have inhibited or enhanced your professional capacity to move into new duty settings requiring a broad-based service response? 31-32 33-34 35 36

Please use the remaining space (or the back) to make any additional comments that you care to concerning this instrument or the nature of the survey. Again, THANK YOU very much for your time and effort. It is greatly appreciated!

-15-

IX. Present Civilian Setting: (Please check one)

___(1) Mental health program
___(2) Medical social work
___(3) Drug or alcohol abuse program
___(4) School
___(5) Public welfare
___(6) Child welfare
___(7) Family services
___(8) Institutional program
___(9) Handicapped or retarded program
___(10) Other (please specify): _____

_____

_____ 23-24

X. Nature of Present Duties: (Please check one)

___(1) Casework
___(2) Groupwork
___(3) Community organization and preventive activities
___(4) Administration
___(5) Supervision
___(6) Teaching
___(7) Consultation
___(8) Research
___(9) Other (please specify): _____

_____. 25

XI. (Open-ended Response): In what ways do you feel that your experiences as an Air Force social worker inhibited or enhanced your professional capacity to assume your new civilian job role functions?

26

-16-

Please use this space to make any additional comments that you care to concerning this survey and anything concerning your experiences in the Air Force which you feel might be helpful for this study. Again, THANK YOU very much for your time and effort in filling out and returning this instrument. It is greatly appreciated!

APPENDIX E

Post-Test Letter

Dear Colleague;

Thank you very much for your response to my earlier research survey. The return that I received from our social work staff was very gratifying.

For purposes of reliability testing, it has become necessary to retest a sample of those social workers who responded to the first questionnaire. Therefore, I have enclosed an abbreviated form of the earlier instruments along with another pre-paid return envelope. You will notice that this second questionnaire is much shorter than the first one. It should take only fifteen or twenty minutes for you to complete it.

I sincerely appreciate your continued cooperation and assistance in my completion of my research dissertation. You can be assured that this will be the last questionnaire that you will be asked to complete in this regard. I hope that you will complete and return it within the next day or two. Again, if you have any questions, please feel free to ask. As before, the individual responses to the questions will remain completely confidential and will not be identified in the final data analysis. Thank you very much for your continued help.

Most sincerely,

Phil Moser

Phil Moser, Capt.

SCN 76-70

APPENDIX F

Air Force Authorization

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3191 Atchison St.
Aurora, Co. 80011
5 December, 1975

Program Manager
Health Care Education Division
Civilian Institutions
Department of the Air Force
AFIT-CIMK FL-76
Wright-Patterson Air Force Base, Ohio 45433

Subject: Survey Approval

Dear Sir:

In accordance with AFITM 53-1 and AFR 178-9, a request for approval of the attached research instrument is hereby submitted. The proposed survey forms the basis of my Doctoral dissertation research in my social work program at the University of Denver. I am respectfully requesting that you expedite approval of this instrument so that I am still able to meet my revised and advanced graduation date of June 1, 1976. Any delay at this point would result in my having to extend to August (my previous expected graduation date).

(1) Title of Planned Survey- "Factors Affecting the Professional Role Perceptions of Air Force Social Workers."

(2) Name and Address of Individual Requesting Approval-

Arthur P. Moser, Captain
3191 Atchison Street
Aurora, Colorado, 80011

(3) Statement of Survey Purpose- This survey is necessary to complete degree requirements for an AFIT sponsored Doctorate in Social Work by the researcher.

(4) Hypotheses to be Tested- This study is of an exploratory-descriptive nature and, as such, will employ research questions rather than specific hypotheses. The central research question is as follows:

What factors affect the professional role perceptions of Air Force social workers?

The researcher will seek to delineate significant factors which may contribute to or detract from a social worker (particularly a new one) maximizing his

professional service potential in terms of the range of services which he considers as most desirable and appropriate for him to provide. Specific independent variables which will be examined as they relate to the dependent variable of breadth of professional role perception include (a) nature of service setting, both initially and presently, including the source of professional supervision received, (b) sense of professional security, (c) attitude towards supervision, and (d) sense of professional identity.

(5) Proposed Statistical Analysis Plan- This research plans to explore more fully the impact of a range of variables upon the provision of a breadth of social work services in hopes of deriving implications for professional practice, professional education, and the organizational structure within which Air Force social workers are placed. The goal is to provide suggestions and support for ways of enhancing the effectiveness and efficiency of social workers who function in multidisciplinary service setting.

The compiled data will be analyzed and receive chi-square cross-tabulations using the Burroughs 6700 series computer located on the campus of the University of Denver.

(6) Population to be Surveyed- The entire population of Air Force social workers (presently about 128) will be administered the survey instruments.

(7) Description of Sample- See #6.

(8) Method of Sample Selection- See #6.

(9) Method of Conducting Survey- A mailed questionnaire (see enclosed) will be utilized in gathering the data. The dissertation subject area, title, and instrument all have been approved by the dissertation Chairman who is working with the researcher.

(10) Method of Tabulating Survey Results- See #6.

(11) Use and Disposition of Survey Results- The results will be analyzed and interpreted as part of the total Doctoral dissertation, a copy of which will be forwarded to AFIT upon completion. Specific use of the information in indicated in #5 above.

(12) Estimated Cost- The dissertation will have involved approximately one year of work by the researcher from

the time of formulation of the design statement up to completion. AFIT student expenses and the researcher's salary as a Captain in the Air Force are thereby included. The researcher will additionally spend approximately $750 of his own money on the project. Approximately 130 man hours of respondent time will be required, or about 45 minutes per respondent.

(13) Availability of Data- There is no existing data from other sources that can be obtained for this study. Results of an AFIT sponsored Doctoral dissertation completed by Captain James Jenkins have provided an important contribution in the formulation of the present study from a theoretical standpoint.

(14) Copyright Materials- None.

(15) Command Approval Request- As the potential respondents work in every major Air Force command, HQ USAF approval is hereby requested. A copy of the instrument also is being sent to Colonel John McNeil, Chief of Air Force Social Work, for his consideration and support. The purposes and method of research approach previously have been discussed with and approved by him verbally as part of a TDY taken earlier in connection with this research.

I am looking forward to receiving your statement of approval of the attached survey instruments at the earliest possible date. Thank you for your assistance in this matter.

Sincerely,

P. P. Moser

Arthur P. Moser, Captain, USAF, BSC

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE MILITARY PERSONNEL CENTER
RANDOLPH AIR FORCE BASE, TEXAS 78148

REPLY TO ATTN OF: DPMYPS

JAN 6 1976

SUBJECT: Survey Approval

TO: Capt Arthur P. Moser
3191 Atchison Street
Aurora, Co 80011

Your survey request has been reviewed IAW AFR 178-9 and is approved. Your survey has been assigned the survey control number SCN 76-70. This number should be placed in the lower left hand corner of each questionnaire. If you have any questions regarding this action, please contact Capt R. L. Rhame at (512) 652-2849/5858 or Autovon 487-2849/5858.

FOR THE COMMANDER

Willibrord T. Silva

Willibrord T. Silva, Lt Col, USAF
Chief, Research Division

Cy to:
AFIT/ED

APPENDIX G

Follow-up Letter

3191 Atchison
Aurora, Co. 80011
4 February, 1976

Dear Colleague;

I hope that you received the research questionnaire which I recently mailed to you. If not, please let me know so that I may send another to you. If you did get it and have not completed it, I would appreciate your returning it as soon as possible so that I can complete the study. If you already have returned it, please disregard this reminder.

Thank you for your cooperation.

Sincerely,

Phil Moser

Phil Moser, Capt.

FACTORS AFFECTING THE PROFESSIONAL ROLE PERCEPTIONS OF AIR FORCE SOCIAL WORKERS

An Abstract of a Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Social Work

---

by

Arthur Philip Moser

May, 1976