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MEDICAL SOCIAL WORK FACULTY:
CLINICIANS OR EDUCATORS?

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Within the health care field, medical social work has expanded rapidly over the past few years.¹ In the United States, medical social workers comprise approximately 1.5 percent of the total medical schools' faculty.² And, there is empirical evidence that medical social work faculty will increase substantially over the years to come.³

However, we as social work educators know very little about medical social work faculty's opinions on how they perceive their overall function within medical schools.⁴ More specifically, if medical social work faculty are to function effectively in medical settings, we as a profession must know: if they perceive themselves as clinicians or educators; what their involvement is in curriculum development; if they perceive themselves as specialists or generalists; what their professional contacts are outside their departments; and, how they perceive their present respect and credibility within their medical settings. Thus, the purpose of this article is to present the results of an empirically based research project that will shed new data on the above concerns.

METHOD

Advisory Board

In August 1976, the authors formed an advisory board which included members from the Association of American Medical Colleges (AAMC), medical social work practitioners, and/or educators, and/or researchers. The board's main function was to increase the validity of the project by formulating relevant questions most closely related to the study's research area. The board also aided in refining the opinion questionnaire utilized in this project through the various five drafts.

Instrument

The sixth draft of the questionnaire was pretested by interviews in October 1976, with nineteen non-randomly selected medical social work faculty employed by five different medical schools located in three states. The pretest subjects' reactions and comments were utilized to formulate a six-page final questionnaire which contained 49 close-ended and 4 open-ended questions.

On the final questionnaire, no attempts were made to test the reliability for any of the open-ended questions as they were worded in an extremely straight forward manner. To test the reliability of the 49 close-ended questions, eleven non-randomly selected medical social work faculty employed by two different medical schools located in two states answered each question twice with a 10-day waiting period. A Pearson Product Moment Correlation was generated for each close-ended question from time 1 with time 2. High correlation coefficients were obtained with the lowest $r = .65$, $p = .032$. The 49 close-ended questions mean $r = .74$, and mean $p = .021$, which indicates that the questions were relatively reliable.

Medical Social Work Population

On January 1, 1977, the AAMC's current data bank indicated that a little over 40,000 individuals were employed as faculty in the 116 accredited medical schools in the United States.⁵ Of these, 561 were medical social work faculty. For the purposes of this study, medical social work faculty were operationally defined as individuals who held a master's degree in social work from an accredited graduate school of social work and was currently employed by a medical school on January 1, 1977.⁶ As reflected in the following data analysis, these medical social work faculty represent the total population of all graduate-level social work faculty employed by medical schools in the United States.

Medical Social Work Sample

A 33% random sample was drawn from the 561 medical social work faculty. With AAMC providing the mailing labels, on January 15, 1977, each member of the random sample was mailed the above questionnaire with an accompanying self-addressed return envelope. Exactly two months later a follow-up questionnaire was sent to those medical social work faculty who had delayed forwarding the requested information. From the original random sample, 39 (20.9 percent) questionnaires were returned because of incorrect address, transfers, retirements, or terminations of employment which resulted in a workable sample of 148. Of these, 125 (84.5 percent) medical social work faculty responded by June 1, 1977, which represents the sample of this study.

FINDINGS AND DISCUSSION

Clinicians or Educators

The social work faculty were asked their opinions on how they would ideally view their overall role within their medical schools. A second question asked their opinions on how they presently viewed their overall role within their medical schools. A third question asked their opinions on how non-social work faculty viewed the social work faculty's overall role within their medical schools. All three questions were scored on a 5 point Likert-type scale where 1 represented "strictly clinician" and 5 represented "strictly educator." No operational definitions of these two terms were provided. One hundred-eleven (88.8 percent) social work faculty responded to all three questions where the results of their opinions are presented in table 1.

TABLE 1

MEANS OF SOCIAL WORK FACULTY'S OPINIONS
OF THEIR PERCEIVED ROLE BY CATEGORY (N=111)

<u>Category</u>	<u>Descriptive Statistics</u>			
	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Standard Deviation</u>
Ideally	3.2	3.2	3.0	.77
Presently	2.9	2.9	3.0	.93
Non-Social Workers	2.2	2.1	2.0	.85
Total Average	2.8			

Analysis of variance revealed a significant difference (.001 level) between the mean scores of the three categories. Three independent correlated t-tests revealed significant differences (.001 level) for the three possible combinations of the three categories. This finding indicates that there were vast differences on the opinions of how social work faculty perceived their main overall role by category. This finding reveals that non-social work faculty view social work faculty much more as clinicians than as educators. There is also conflictual evidence that clinical practice has had a relatively low standing within the broader field of social work.⁷ However, social work faculty would ideally like to have their overall role lean more toward the educator role than the clinician role. This finding may indicate that there is a tremendous amount of ambiguity between the overall role of social work faculty. We as social work educators may wish to clarify this role and teach potential medical social work faculty the appropriate knowledge and skills for the newly defined role. After all, schools of social work should adequately prepare students for medical placements when necessary. If social work faculty wish to lean more toward the educator role, they must be prepared to demonstrate the appropriate knowledge and skill areas necessary to adequately function as educators.⁸ Where do they gain such knowledge and skills? In schools of social work? Or, do they gain the necessary knowledge and skills after graduation?

Involvement in Curriculum Development

The social work faculty were asked their opinions on the extent they were involved in the curriculum development of social work and non-social work courses. Both questions were scored on a 5 point Likert-type scale where 1 represented "very low" and 5 represented "very high." Seventy-five (60.0 percent) social work faculty responded to both of these questions. The mean of

their involvement in the curriculum development of social work courses was 2.0, where the mean of their involvement in the curriculum development of non-social work courses was 1.8 which resulted in a difference score of .2 (t-value = 1.2, p = .25). Thus, the social work faculty did not perceive a significant difference in social work faculty's involvement in the curriculum development of social work and non-social work courses.

One must note that both means were relatively low when viewed on a 5 point scale. One might expect a much higher mean score on the involvement of social work faculty in relation to the curriculum development of social work courses. Since the previous finding of this study indicated that non-social work faculty view social work faculty more as clinicians than educators, they may be trying to keep their involvement in curriculum development to a minimum. Non-social work faculty may perceive social work faculty as not having an expertise in curriculum development, thus keeping their involvement in such issues to a minimum. If this is true, where do social work faculty gain such expertise or experience? In a school of social work? There was a relatively large amount of variance among social work faculty's responses toward their curriculum involvement with social work courses (variance = 2.1). This indicates that social work faculty varied widely to the extent that they were involved in the curriculum development of social work courses. To find out what variables (factors) were correlated with social work faculty's involvement in the curriculum development of social work courses, a correlation coefficient was generated for each variable in the study with the curriculum involvement variable for social work courses. No meaningful correlations ($r > .60$) were found.

Specialists or Generalists

The social work faculty were asked their opinions on how they viewed themselves in relation to their functioning in either

as a specialist or as a generalist capacity within their medical schools. This question was scored on a 5 point Likert-type scale where 1 represented "strictly specialist" and 5 represented "strictly generalist." No operational definitions of these two terms were provided. One hundred-eighteen (94.4 percent) social work faculty responded to this question where their mean score was 2.5.

This finding indicates that social work faculty view themselves functioning exactly halfway between strictly a "specialist" and strictly a "generalist." However, it should be noted that there was a relatively large variance among their responses (variance = 1.2). This finding indicates that not all social work faculty view themselves in the middle of the scale. But, they view themselves quite differently when viewed in either a specialist or a generalist capacity.⁹ To find out what variables (factors) were correlated with social work faculty's responses of being a specialist or a generalist, a correlation coefficient was generated for each variable in the study with the generalist/specialist variable. No meaningful correlations ($r > .60$) were found.

Professional Contacts

The social work faculty were asked to check what professional contacts they had with a social service department within their medical schools. All of the social work faculty responded to this question. Only 30 (24.0 percent) responded "none" while the remaining 95 (76.0 percent) indicated: provide consultation, 49.5%; have a staff appointment in a social service department, 43.2%; and, offer courses or seminars to social work staff, 20.0%. A correlation matrix was generated among the three possible contact areas to check for interrelatedness. No meaningful correlations ($r > .60$) were found which indicates that the three choices were

unrelated. The above findings indicate that a majority of the social work faculty had contact(s) with a social service department within their medical settings.

The social work faculty were also asked to check what professional contacts they had with a school of social work. All social work faculty responded to this question. Only 25 (20.0 percent) responded "none" while the remaining 100 (80.0 percent) indicated: supervise social work students in field placements/internships, 75.0%; offer occasional seminars, 40.0%; serving on school of social work committees, 26.0%; and, teach occasional courses, 26.0%. A correlation matrix was generated among the four possible contact areas to check for interrelatedness. No meaningful correlations ($r > .60$) were found except between offering occasional seminars and serving on school of social work committees ($r = .64, p = .001$). The above findings indicate that a majority (75.0%) of social work faculty supervised social work students in their field placements/internships. This may indicate that future social work faculty should possess the appropriate knowledge and skill areas necessary to effectively function as a field supervisor of social work students. It would be interesting to know where they would gain such knowledge and skills. In a school of social work?

Respect and Credibility

The social work faculty were asked their opinions of the extent non-social work faculty and medical students accorded respect and credibility to social work faculty. Both questions were scored on a 5 point Likert-type scale where 1 represented "very low" and 5 represented "very high." One hundred-four (83.2 percent) social work faculty responded to both of these questions. The mean credibility score of non-social work faculty was 3.4, while the mean credibility score of the medical students was 3.3

which resulted in a difference score of .1 (t-value = .61, p = .54). Thus, the social work faculty did not perceive a significant difference between the credibility of non-social work faculty and medical students. However, it should be noted that both scores were relatively high when viewed on a 5 point scale.

CONCLUSIONS

This project was one of the first empirical studies that focused on the opinions of medical social work faculty toward the concept clinical teaching in medical schools. Their views in regard to this area have never been empirically explored before. Future research could focus on the effectiveness of medical social workers as viewed by themselves, non-social work faculty, and medical students. Research could also be executed on their exact job responsibilities and on their perceptions of the major contributions of social work to medical settings. It is hoped that this exploratory study will encourage further research into medical social work. It is also hoped that the opinions and concerns of the medical social work faculty as indicated in this project will be given serious attention to by social work practitioners, educators, and researchers.

NOTES

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1. See, for example, Neil F. Bracht, "Health Care: The Largest Human Service System" Social Work, Vol. 19 (September 1974), pp. 532-545; and Robert Morris, "The Place of Social Work in the Human Services," Social Work, Vol. 19 (September 1974), pp. 519-531.

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5. Association of American Medical Colleges, Medical School Admission Requirements, 1976-1977 (Washington, D. C.: AAMC, 1976).
6. Council on Social Work Education, Schools of Social Work with Accredited Master's Degree Programs (New York: CSWE, 1976).
7. See, for example, Theresa W. Barkan, "Private Casework Practice in a Medical Clinic," Social Work, Vol. 18 (July 1973), pp. 5-9; Ruth Drucker and Diana King, "Private Practice for Low-Income People," Social Work, Vol. 18 (March 1973), pp. 115-118; and Richard M. Grinnell, Jr., and Nancy S. Kyte, "The Future of Clinical Practice: A Study," Clinical Social Work Journal, Vol. 5 (Summer 1977), pp. 132-138.
8. Richard M. Grinnell, Jr., and Nancy S. Kyte, "Measuring Faculty Competence: A Model," Journal of Education for Social Work, Vol. 12 (Fall 1976), pp. 44-50.
9. Scott Briar, "Generalists, Specialists, and Territory," Social Work, Vol. 21 (July 1976), pp. 262, 341.