

Job Task Importance Perceived by Medical Social Workers

JUN YAEDA, Rh.D.

ABSTRACT The purpose of the study was to assess job tasks perceived as important by Medical Social Workers (MSWs). Forty-one individual members of Okayama MSW Association who identified themselves as medical social workers were asked to rate on the importance scale for the 51 job tasks randomly listed in the mail questionnaire. Of those, 22 job tasks perceived as important pertained to the areas such as counseling, service management, and professional development. The results of the study suggested the importance of training curriculum for MSWs that would cover those areas systematically, and indicated a need for continuous role studies for MSWs.

Key words: Medical social worker, Job role, Job task, Job importance, Profession

Introduction

Medical social workers (MSWs) are generally required to have broad knowledge in both medical and social sciences. While the trend of service integration continues to expand in the field of health and welfare, MSWs are expected to play an important role of "integration" or "coordination" of various services.

Although the roles of MSWs have been widely discussed and studied (Brunings, 1981; Cowles, 1992; Frankel, 1981; Health and Medical Social Work Research Group, 1990; Kerson, 1981; Kojima, 1991; Kyogoku, 1992; Okamoto, Okuda, & Maki, 1988; Okuda, 1992; Sugawa & Yamate, 1982; Travis, 1981; Watt, 1981), a definite conclusion regarding its profession has yet to be drawn. One of the important factors affecting the professional development is how the professionals perceive their own job tasks. Assessing perceived importance on job tasks

performed by the current professionals can be one of the practical approaches to identify areas that should be stressed in the pre-service as well as in-service training. However, limited studies are available dealing with this issue.

The purpose of the study was to assess perceived importance on various job tasks by MSWs, and to identify areas that should be emphasized in the pre-and in-service training for MSWs. The research question for this study was: What are the groups of job tasks perceived as important by MSWs?

Method

Participants. The sampling frame consisted of all of the 111 members of Okayama MSW Association, which included MSWs, Psychiatric Social Workers (PSWs), and Caseworkers in Health Service Facility for the Elderly. Only those who identified themselves as MSWs (n=41) were used for data analysis.

Instrumentation. The 14-item demographic questionnaire and the MSW Task Inventory (MSWTI) were used. The MSWTI comprised of a list of 51 job tasks with three types of question for each task; the frequency of job performance, the importance of the task, and psychological fatigue when performing the task. Each variable was measured by a Likert-type rating scale. The present study analyzed the 51 job tasks on the importance scale. The range for the importance scale was: 1="Unimportant"; 2="Little Important"; 3="Neither Unimportant or Important"; 4="Somewhat Important"; and 5="Very Important".

The MSWTI was developed by the following procedure: (1) Through an extensive literature review in the last 20 years, a list of job task statement of MSWs was collected and grouped into 8 categories which are supposed to be theoretically independent for each other; (2) A list of 50 job tasks was validated by a panel of 6 MSWs currently employed at hospitals. Each validator was asked to evaluate the clarity, consistency, exhaustiveness and representativeness of the content of both job role category and job task statement by indicating whether the task should be retained, deleted, or modified; and (3) A total of 51 job task items was developed and they were ordered randomly in the questionnaire to avoid a sequential bias by the respondents.

The questionnaire was sent with a cover letter and a pre-addressed stamped envelop to all of the 111 members by mail on November 29th, 1995. Two weeks were given for respondents to return the questionnaire. Descriptive statistics was used for data analysis (SAS Institute, 1993).

Results

Return Rates. Of the 111 individuals who received the questionnaire, 73 questionnaires were returned (65.7%). Of the 73 respondents,

those who identified themselves as MSWs were selected and used for data analyses. Those were 41 individuals (36.9% of the sampling frame) employed at hospitals.

Demographic Characteristics. The demographic characteristics of the 41 MSWs were as follows:

- (1) Sex: more than 70% were female (70.7%);
- (2) Age: the mean age was 34 years (S.D.=11.07, Min.=23, Max.=63);
- (3) Educational Background: 85.4% had a bachelor's degree in social work or related field;
- (4) Certified Social Workers: 27.5% of the respondents were certified social workers, 15% had finished the prerequisite curricula to be qualified to take the CSW (Certified Social Workers) National Examination, 22.5% were presently taking such courses, 7.5% responded that they may take the course in the future, and 27.5% showed no intention of obtaining CSW at the time;
- (5) Employment: 92.7% worked as full time;
- (6) Hours/Days of Work: they work average of 8.25 hours per day (S.D.=0.67, Min.=7, Max.=10), and 5.45 days per week (S.D.=0.43, Min.=5, Max.=6.5), which amounts to the average of 45 hours of work per week;
- (7) Direct Casework: the mean percentage of the work time spent for direct casework per day was 47%;
- (8) Experience as MSW: the mean years of experience as MSWs was 7 years and 3 months (S.D.=8.11, Min.=8 months, Max.=36 years and 7 months);
- (9) Experience in the field: the mean years of experience in the field of health and welfare was 9 years and 5 months (S.D.=9.6, Min.=8 months, Max.=40 years and 4 months);
- (10) MSWs: the mean number of MSWs per hospital was 3.5 (S.D.=1.8, Min.=1, Max.=6); and
- (11) Beds: the mean number of beds per hospital was 454 (S.D.=377.8, Min.=73, Max.=1200).

Job Tasks Perceived As Important by MSWs. The perceived importance on the 51 job tasks of MSWs was examined, using a 5-point Likert-type scale for the job importance. There were 22 job tasks rated above 4.0 which were perceived as "somewhat important" or "very important", and the contents of the job were mainly pertinent to the areas such as counseling, service management, and professional development of MSWs. The rest of the 29 job tasks rated below 4.0 also included some of these related areas and some clerical roles, but many of the tasks can be regarded as "sub-

roles". For example, the task #23, #27, #33, #46, #49, and #51 were related to the field of "assistive technology", while the task #30, #32, #36, #37, #38, #47, and #48 were related to the field of "vocational rehabilitation". Obviously, these were not necessarily "the" MSWs' roles. Rather, they should be the roles of professionals such as rehabilitation engineers or vocational counselors. Yet, it seems that MSWs are in a position of "jack-of-all-trades" (See Table 1 for the mean scores and standard deviations of 51 job tasks rated on the importance scale).

Table 1. Means and Standard Deviations of 51 Job Tasks Rated on the Importance Scale by MSWs

		<u>MEAN</u>	<u>S.D.</u>
1	Listen intently to the family's internal distress and show empathy.	4.90	0.37
2	Listen intently to the patient's internal distress and show empathy.	4.85	0.42
3	Collaborate with other staff within the hospital in order to plan and organize services for a particular patient.	4.80	0.40
4	Counsel the patient and his/her family to deal with financial problem such as medical expense and living expense.	4.61	0.59
5	Counsel the patient and his/her family to cope with their anxiety for hospital admission and discharge.	4.59	0.89
6	Identify social services that a particular patient can utilize.	4.59	0.55
7	Advise the patient's family about the prognosis and its implications for activities of daily living.	4.51	0.64
8	Counsel the patient and his/her family to cope with their anxiety for receiving medical diagnosis and treatment.	4.41	0.95
9	Coordinate with relevant agencies/facilities and the staff in order to plan a community-based rehabilitation program.	4.34	0.91
10	Assess the client's lifestyle, life history, medical history, and family background.	4.34	1.15
11	Investigate social resources effective to medical social work.	4.29	0.90
12	Help the patient understand the prognosis and its implications for activities of daily living. (from Encyclopedia of SW, p.817)	4.27	1.28
13	Participate in academic conferences, study groups, or training seminars for medical social work.	4.27	0.74
14	Read professional journals, newsletters, or books that are closely related to job activities of medical social work.	4.22	1.17
15	Inform other staff about state-of-the-art activities of medical social work.	4.22	1.15
16	Counsel the patient to cope with human relationships and family problems.	4.22	1.35
17	Assess the needs for and the effectiveness of a continuous home care service for a particular client after his/her discharge.	4.17	0.97
18	Assist the patient to apply for using social resources.	4.12	1.21
19	Provide information about assistive technology services including house modification and use of assistive devices for a particular patient.	4.12	0.81
20	Attend a case conference for rehabilitation of a particular patient.	4.02	1.33
21	Consult with physical therapist and/or occupational therapist about		

	strategies to improve the level of activities of daily living.	4.02	0.88
22	Assess needs regarding care burden of the client's family.	4.00	1.34
23	Assist in a process of purchasing or renting necessary assistive devices for a particular patient.	3.96	0.94
24	Accompany a patient to relevant agencies/facilities for community services.	3.90	1.26
25	Provide mental and psychological counseling regarding disability acceptance by the patient.	3.90	1.55
26	Analyze statistical data to write a report on social work activities.	3.78	1.06
27	Advise how the client's house environment can be modified by applying assistive technology.	3.63	1.36
28	Counsel the patient and his/her family to cooperate with other service providers.	3.61	1.53
29	Assess the needs for house modification and assistive devices.	3.59	1.28
30	Assess the vocational needs of a particular client.	3.36	1.67
31	Coordinate service provided by volunteers.	3.34	1.32
32	Coordinate with relevant agencies/facilities and staff to plan a vocational rehabilitation program for a particular patient.	3.32	1.72
33	Exchange information with rehabilitation engineers to provide the most recent information about technology utilization for patients.	3.32	1.65
34	Coordinate day care services for a particular patient.	3.24	1.71
35	Manage field work practice for practicum students.	3.22	1.57
36	Assess job areas which meet the vocational needs of a particular client.	3.20	1.72
37	Provide information about vocational rehabilitation services for a particular patient.	3.17	1.63
38	Provide guidance of vocational evaluation, work adjustment, and vocational training for a particular patient.	3.10	1.80
39	Accompany a patient to a school to receive appropriate education.	2.97	1.80
40	Help the patient understand the treatment and rehabilitation plan.	2.97	2.00
41	Coordinate with relevant agencies/facilities and staff to plan an educational program for a particular patient.	2.95	1.75
42	Consult with medical staff about the patient's medical condition and the process of medical rehabilitation to help clarify the questions that patient and his/her family have.	2.90	1.76
43	Conduct research on medical social work.	2.88	1.63
44	Consult an occupational therapist and/or a recreational therapist about the therapy in order to help the patient receive the effective treatment.	2.83	1.67
45	Provide guidance on developing and organizing self-help groups.	2.66	1.87
46	Participate in academic conferences, study groups, or training seminars for rehabilitation engineering services.	2.59	1.58
47	Accompany a patient to relevant agencies/facilities for vocational rehabilitation services.	2.49	1.89
48	Participate in academic conferences, study groups, or training seminars for vocational rehabilitation services.	2.17	1.46
49	Provide guidance of the proper usage and maintenance of assistive devices for a particular patient.	1.95	1.60
50	Obtain necessary information about the results of psychological assessment and counseling from clinical psychologist.	1.90	1.79
51	Install assistive devices.	1.34	1.51

Discussion

Although the results identified the 22 job tasks perceived as important by MSWs, it does

not necessarily mean that the rest of the job tasks should be ignored. Since MSWs are expected to play an important role of providing health and social services, they have to per-

form a variety of job tasks that are bound to change as our society changes. Therefore, it is not easy to define the particular job role of a MSW as a specialist. Examining perceived level of importance on the job tasks is indicative of the current professional status of the MSWs. The results seemed to support that examining job importance perceived by the direct service providers can be one of the approaches to identify the specific areas that should be stressed when discussing the role of MSWs.

The present study identified their 22 job tasks perceived as important. They were pertinent to areas such as counseling, service management, and professional development. The results indicated that these areas can be taken into account as a generic role of MSWs. If, for example, MSWs are to perform such a role exclusively, then there would be a need to train qualified professionals through pre- and in-service training. However, currently, the training curriculum particularly designed for MSWs is very limited. On the other hand, the need to train MSWs as specialists has existed. In some of the previous role studies, MSWs are expected to play a variety of job roles such as; (1) Personal Assistance, (2) Psycho-Social Assistance, (3) Contact and Coordination, (4) Planning and Development, (5) Organizing, (6) Preventing, (7) Social Action, (8) Research and Education (Okuda,1992). Others have suggested 10 such roles; (1)Hospital Admission, (2)Direct Assistance, (3)Testing/Assessment, (4)Indirect Assistance, (5)Human Relations and Organizing, (6)Social Rehabilitation, (7)Cooperation, (8)Clerical Work, (9)Community Work, (10)Attending Group Organization/Research and Education (Sugawa &Yamate, 1982). The results of the present study are compatible with those previous study, in a sense that MSWs play an important role in a process of rehabilitation.

The identified 22 job tasks perceived as

important by MSWs could be utilized as a guide to develop a training curriculum for MSWs. Although rated below 4.0, some of the other 29 job tasks may well be taken into account in developing such a curriculum. For example, job tasks such as #25, #40, and #42 are some of the imperative job tasks of MSWs. The other job tasks, such as those related to the application of assistive technology and vocational rehabilitation can be considered as either underdeveloped roles or job tasks that are not essential to medical social work.

For now, it is necessary to identify more facts as to what specific job tasks are perceived as important by direct service professionals since the professional preparation should always reflect the existing direct service practices. Therefore, the results of the study should be carefully examined further and used accordingly when developing an educational or in-service training curricula for MSWs. For example, future research that examines the core job roles as well as underdeveloped job roles of MSWs will be necessary. At the same time, it is also necessary to examine whether the MSW curriculum cover those job roles, and whether those job roles are being performed effectively with a specific problem of a particular patient.

It seems that defining roles and functions of social workers is quite difficult if emerging job titles such as medical social workers, psychiatric social workers, occupational social workers, and rehabilitation social workers continue to seek its own profession without making each other's differences clear. Since the field of health and social services involve various professionals, it can be easily assumed that there may be many overlapping jobs among professionals. While generic roles of social workers may be similar no matter where they work, the specific job roles are bound to change depending on their employment settings. Future

studies should also focus on the generic and specific roles of MSWs according to the employment settings.

Basically, the results of any role studies should lead and assist in constructing a theoretical base which is useful for service practitioners. However, in many cases, such results have not always been readily useful for service practitioners because it often fails to show a practical solution to a specific problem of a particular patient (Thomas, 1990). Role studies should be conducted in a way that the result can guide a professional to identify his/her specific tasks which can be checked and evaluated. They can also guide to develop a foundation of curriculum and the framework of a professional examination. As Briar (1981) pointed out, "what do social workers do?" (p.84) may vary time to time, depending on people's value and philosophy at a given time. Then it becomes quite obvious that there is a definite need to define the professional role with a long term perspective. This is one of the reasons that role studies should be conducted timely.

Acknowledgments

The study was supported in part by a Special Research Grant of Okayama Prefectural University, Fiscal Year of 1995. The author wishes to acknowledge the following individuals for supporting this study: Ms. Miyako Urakami, President of Okayama MSW Association, Okayama Red Cross Hospital, Ms. Misao Kaneda, Vice President of Okayama MSW Association, Okayama Saiseikai General Hospital, Ms. Hiroko Fujita, Kawada Hospital, Ms. Sunaho Kikuchi, Kurashiki Central Hospital, Ms. Chieko Kubo, Kawasaki Hospital, Kawasaki Medical College, and Ms. Sayo Kajimoto, Makibi Hospital, and all other members of Okayama Medical Social Worker Association.

References

- Briar, S. (1981). Needed: A simple definition of social work. *Social Work*, 26(1), 83-84. [a summary article].
- Brieland, D. (1981). Definition, specialization, and domain in social work. *Social Work*, 26 (1), 79-83.[a summary article].
- Brunings, R. C. (1981). Social Work in a Rehabilitation Hospital. In J.A.Browne, B.A. Kirlin, S. Watt, S.(Eds.). *Rehabilitation Services And The Social Work Role: Challenge For Change*, pp 147-153. Baltimore: Williams & Wilkins.
- Cowles, L.A., & Lefcowitz, M.J. (1992). Interdisciplinary expectations of the medical social worker in the hospital setting. *Health in Social Work*, 17(1), 57-65.
- Frankel, G. J. (1981). Conflicting concepts of the role of the social worker in the rehabilitation team. In J.A.Browne, B.A. Kirlin, S. Watt, S.(Eds.). *Rehabilitation Services And The Social Work Role: Challenge For Change*, pp 70-77. Baltimore: Williams & Wilkins.
- Health and Medical Social Work Research Group. (1990). *Medical Social Work Handbook*. Tokyo: Chuo-Houki.
- Kerson, T. S. (1981). *Medical Social Work: The Pre-professional Paradox*, New York: Irvington.
- Kojima, M. (1991). *A New Medical Social Worker Theory*, Kyoto: Minerva.
- Kyogoku, T. (1992). *A Study on the System of Certified Social & Care Workers in Japan*. Tokyo: Chuo-Houki.
- National Association of Social Workers. (1987). *Encyclopedia of Social Work* (18th ed.). Silver Spring, MD: Author.
- Okamoto, T., Okuda, I., & Maki, Y. (1988). Job analysis and the functions of medical social workers, Part II. *Academia*, 153, 27-49.
- Okuda, I. (1990). *A Study on Social Work Professionals*. Tokyo: Kawashima.
- SAS Institute (1993). *SAS/STAT User's Guide, Version 6*(1st ed). Cary, NC:Author.
- Sugawa, Y. & Yamate, S. (1982). *Roles and Proficiencies of MSW: Integration of Health, Medicine, and Welfare*. Health Publication.

Briar, S. (1981). Needed: A simple definition of

- Thomas, K. R. (1990). Research on rehabilitation counselor roles and functions: A dinosaur that refuses to die. *Rehabilitation Counseling Bulletin*, 34(1),72-78.
- Travis, K. I. (1981). Role of the social worker in the rehabilitation medicine team. In J.A.Browne, B.A. Kirlin, S. Watt, S.(Eds.). *Rehabilitation Services And The Social Work Role: Challenge For Change*, pp 114-119. Baltimore: Williams & Wilkins.
- Watt, S. (1981). Rehabilitation and the role of the general hospital social worker. In J.A.Browne, B.A. Kirlin, S. Watt, S.(Eds.). *Rehabilitation Services And The Social Work Role: Challenge For Change*, pp 249-272. Baltimore: Williams & Wilkins.

医療ソーシャルワーカーのみた職務の重要度

八重田 淳

岡山県立大学保健福祉学部保健福祉学科
〒719-11 岡山県総社市窪木111番地

要旨 本研究は、岡山県の病院に勤務し医療ソーシャルワーカー（以下MSWとする）の役職名をもつ41名を対象に、職務の重要度について郵送調査を行ったものである。職務重要度の評価については、MSWの職務として順不同にリストアップした51項目について5段階のリッカート尺度を用いた。そのうち平均が4点以上であった22職務は、主としてカウンセリング、サービスマネージメント、そして専門性開発等に関連するものであった。職務重要度はこれらの領域をMSWの教育カリキュラムに体系的に組み込むプロセスにおいてひとつの指標となり得ることが示唆され、今後の継続的なMSWの役割研究の必要性が認められた。

キーワード：医療ソーシャルワーカー、役割、職務、職務重要度、専門性