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The Journal of Sociology & Social Welfare

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Volume 7  
Issue 4 July

Article 11

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July 1980

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### Recommended Citation

Grinnell, Richard M. Jr.; Kyte, Nancy S.; and Gorsuch, Richard L. (1980) "The Perceived Effectiveness of Medical Social Work Faculty," *The Journal of Sociology & Social Welfare*: Vol. 7 : Iss. 4 , Article 11.  
Available at: <https://scholarworks.wmich.edu/jssw/vol7/iss4/11>

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THE PERCEIVED EFFECTIVENESS OF  
MEDICAL SOCIAL WORK FACULTY

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Within the health care field, medical social work has expanded rapidly over the past few years (Bracht, 1974). Medical social workers comprise approximately 1.5 percent of the total medical schools' faculty in the United States (Grinnell, Kyte & Hunter, 1976). There is additional evidence that medical social work faculty will increase over the years to come (Grinnell, Kyte, Hunter & Larson, 1976; Grinnell, Kyte & Hunter, 1976; Grinnell & Kyte, 1978b; & Grinnell & Kyte, 1979). Additionally, empirical studies have been conducted that analyzed the functions of social work faculty in medical schools (Grinnell & Kyte, 1978c; Grinnell & Kyte, 1980). However, the above literature has left two important questions unanswered. First, how do social work faculty in medical settings perceive their effectiveness, and second, what educational factors are associated with their perceived effectiveness? Thus, the purpose of this article is to present the results of an empirically based research project that examines these two areas. This information will serve as a valuable bench mark in contributing to the data we now have on the general effectiveness of social workers.

## METHOD

## Advisory Board

An advisory board was formed 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 and Reliability

The sixth draft of the questionnaire was pretested by interviews 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 the final questionnaire which contained 41 close-ended and 16 open-ended questions.

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 41 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 correlation coefficient was generated for each close-ended question from time 1 with time 2. High correlation coefficients were obtained with the lowest  $r = .72$ ,  $p = .018$ . The 41 close-ended questions mean  $r = .81$ , and mean  $p = .01$ , which indicates that the questions were relatively reliable.

### Medical Social Work Population and Sample

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 (Association of American Medical Colleges, 1976). Of these, 561 were medical social work faculty. For the purposes of this study, the 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 were currently employed by a medical school on January 1, 1977 (Council on Social Work Education, 1976). As reflected in the following data analysis, these social work faculty represent the total population of all graduate-level social work faculty employed by medical schools in the United States.

A 33% random sample was drawn from the 561 social work faculty resulting in a random sample of 187. With AAMC providing the mailing labels, each member of the 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 social work faculty who had delayed forwarding the requested information. From the original sample, 36 (19.3 percent) questionnaires were returned because of incorrect address, transfers, retirements, or terminations of employment which resulted in a workable sample of 151. Of these, 121 (80.1 percent) social work faculty responded by June 1, 1977, which represents the sample of this study.

### Characteristics of Sample

Out of the 121 social work faculty, 47.9% stated that their major area of specialization in their master's program was case-work, where 24.0% indicated generic social work. The remaining 28.1% were distributed among eight other specialities with only 4.1% of the entire sample indicating medical social work.

Seventy-six percent indicated that their master's program did not offer a specialization in health care, however, 54.9% stated that courses in health care and/or health delivery systems were offered within the school. Only 7.4% indicated that they enrolled in a health and/or health related course(s) outside (seven different departments) their social work graduate school.

The types of agency settings that the social work faculty were placed in for their field practicum/internship while they were enrolled in their graduate program were: hospitals, 33.5%; welfare agencies, 16.5%; family service agencies, 13.9%; psychiatric clinics, 11.7%; mental health centers, 6.1%, community organization planning agencies, 4.8%; public schools, 1.3%; and other settings, 12.2%.

## FINDINGS AND DISCUSSION

### Perceived Effectiveness

Social work faculty have four major job responsibility areas as designated by AAMC. These areas are: patient service, teaching, administration, and research. The social work faculty in this study rated each of the four areas in relation to three different perspectives: how effective they saw themselves, how they felt non-social work faculty would assess their effectiveness, and how medical students/interns/residents/fellows would assess their effectiveness. The ratings were accomplished on a 5 point Likert-type scale where 1 represented "very ineffective" and 5 represented "very effective." No operational definition of "effective" was provided. Table 1 presents the means of their perceived effectiveness for each of the three perspectives broken down by the four job responsibility areas.

TABLE 1  
 MEAN RATINGS OF PERCEIVED  
 EFFECTIVENESS BY JOB RESPONSIBILITY AREA

<u>RESPONSIBILITY AREA</u>	<u>FROM THE VIEW OF</u>		
	<u>One's Self</u>	<u>Non-Social Work Faculty</u>	<u>Medical Students/ Interns/Residents/ Fellows</u>
Patient Service	4.3	4.2	4.2
Teaching	3.5	3.3	3.4
Administration	3.2	3.2	3.2
Research	2.1	2.1	2.2
F ratio for column	100.5	79.3	54.9
df	3/285	3/231	3/186
p	.001	.001	.001

The means in Table 1 indicate definite differences in how social work faculty perceive their effectiveness in their four job responsibility areas. Patient service received the highest rating followed by teaching, administration, and research. Analyses of variance showed the differences between the means to be statistically reliable.

As can be seen in Table 1, patient service was seen as the most effective area from all the perspectives from which the ratings were made. The social work faculty felt personally that their effectiveness was particularly high in the area of patient service, and felt that non-social work faculty and the medical students/interns/residents/fellows would likewise view their efforts in this area as effective. In all job responsibility areas, the social work faculty felt that non-social work faculty and medical students/interns/residents/fellows would view their work just as they did (correlational analyses gave the same conclusion; the correlations across perspectives were uniformly high relative to what is expected in rating data). These findings are not surprising since patient service may be the major job responsibility area as seen by social work faculty or this area may be where they prefer to spend most of their time. Also, they may believe they possess a higher level of professional training in patient service in relation to the other three areas.

It is common knowledge that social work faculty do not heavily participate and/or execute research projects in medical settings. This may be due to the lack of professional training in this area in their graduate schools of social work. This may also be due to the attitudes of non-social work faculty where they may be hesitant to invite social work faculty to participate in research studies for various reasons. However, the social work faculty may be penalized for the lack of research when it comes to retention, promotion or tenure (Grinnell & Kyte, 1976).

It would be interesting to know if social work faculty possess the adequate knowledge and skills necessary to participate and/or execute research projects within medical settings. Do graduate

schools of social work adequately prepare them for research? Or, do they prepare them for patient service? The authors feel that graduate schools of social work prepare their students more for patient service than research. And, this may be the very reason why social workers are hired on medical school faculty. However, an extremely important issue is raised: What are the specific criteria for retention, promotion and tenure of social work faculty within medical settings? All evidence indicates that it is generally the same for all faculty in medical schools which is research and publications (Grinnell & Kyte, 1978d). This may be the reason for the large turnover of social work faculty within medical settings, as social work faculty are generally inactive in this area.

#### Educational Factors Related to Effectiveness

Since the particular perspective adopted made no difference, the ratings were averaged across perspectives which created a more reliable measure for each of the four job responsibility areas for the following analyses.

To see if particular types of graduate social work training were related to the sample's perceived effectiveness, the following variables were related to the four effectiveness ratings: whether the individuals specialized in casework, generic social work, or medical social work in their masters' program; whether their masters' program offered a specialization in health care; whether their masters' program offered any course(s) specifically devoted to health care services and/or delivery systems; whether they took a health and/or health-related course(s) outside their masters' program while enrolled therein; whether there were any knowledge areas covered in their masters' program which proved to be helpful as a medical school social work educator; and, whether they took an internship/field placement in their masters' program in a hospital setting. These variables were related to the four effectiveness measures by the multivariate profile

analysis procedure (Timm, 1975). The analysis first indicated that there was no relationship between the educational variables and the overall, average rating of effectiveness ( $F = 1.01$ ,  $df = 11/92$ ,  $p > .05$ ) regardless of the specific job area. And, those educational variables which came close to being related were just as likely to be related negatively as positively.

Second, the profile analysis provided tests of whether the educational variables were related to social work faculty's rating themselves more effective in a particular job responsibility area such as patient service rather than an area such as research. Here too, the overall multivariate analysis indicated no significant relationship ( $\chi^2 = 37.7$ ,  $df = 33$ ,  $p > .05$ ). While univariate analyses did suggest that several educational variables were moderately correlated with the perceived effectiveness of various job responsibility areas, it should be noted that these relationships may be attributable to chance findings from scanning a large number of such analyses. The overall analysis, as reported above, was non-significant. Hence, the general conclusion is that there is little or no relationship between the educational variables and perceived effectiveness as a medical school social work educator.

The results regarding graduate schools of social work preparation may be a function of the fact that perceived effectiveness was used as the criterion variable. It may be that those faculty who are not adequately trained have systematically distorted their perceptions in their efforts to keep up with those social work faculty who have had better and/or more specific training. Or, it may be those interested in the medical school setting concentrated upon picking up the necessary knowledge or practice skills that they had not received from their graduate work when they first came into the medical setting and are now functioning at the same level as those who acquired it earlier.

This project was one of the first empirical studies that focused on the effectiveness of medical social work faculty. Their views in regard to this area have never been empirically explored before. It is hoped that this study will encourage further

research into medical social work. It is also hoped that the opinions of the medical social work faculty as indicated in this project will be given serious attention to by social work practitioners, educators, and researchers.

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