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**Factors associated with graduate social work student satisfaction
in hospital field education programs**

Showers, Nancy, D.S.W.

City University of New York, 1988

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FACTORS ASSOCIATED WITH GRADUATE SOCIAL WORK STUDENT SATISFACTION
IN HOSPITAL FIELD EDUCATION PROGRAMS

by

NANCY SHOWERS

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Social Welfare, The City University of New York.

1988

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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CHAPTER ONE

THE STUDY PROBLEM

Introduction

Social work education for the masters degree consists of two major components. These are: 1) classroom education, which is provided by schools of social work; and 2) field education, the preponderance of which is provided by organizations which employ social workers.¹

Since the early 1970s, schools of social work increasingly have reorganized masters level social work education around specialized fields of practice. This reorganization has been accompanied by study of school curriculum changes. However, knowledge development about field work education in specialized areas of practice has lagged behind.²

Of specialized fields that have developed in social work schools, health/mental health is the largest and fastest growing.³ In 1983, Caroff and Mailick conducted a national survey of graduate schools of social work for the purposes of identifying and describing structural patterns developed by schools for organization and delivery of health care social work education in the classroom.⁴ No comparable studies of organizational structures for providing the field work component of education for health care practice have been reported.

A current nationwide restructuring in systems for health care

delivery, however, has produced a compelling need for development of a knowledge base about hospital social work field education programs. It is expected that health care systems will experience rapid and continuous change through the remainder of the century, with considerable shifts in the nature and locus of services occurring during that time.^{5,6,7} These shifts will have a substantial impact upon hospital social work practice. Hospital social work departments face a heightened need for competent social work personnel who are well prepared to function effectively in a quickly changing field of practice.⁸

The anticipated rapidity of change in hospital social work practice, and the uncertainty of its form and outcome, however, present significant problems in educating social work students. The educational community faces the immediate problem of how to assure satisfactory education to graduate social work students receiving the field work component of education in programs located within turbulent health care settings. It faces the long term problem of how to reshape both classroom and practicum education consistent with the future needs of a radically changing field of practice.

During the academic year 1986-1987, the author conducted a study of 27 hospital field work programs in order to establish an empirical base that could be useful in addressing those problems. The purposes of this study were: 1) to develop a framework for categorizing and delineating field work characteristics most relevant to the study of hospital based field education programs; 2) based on that framework, to generate data useful for describing the state of development of hospital field work programs; 3) to examine associations between program characteristics and

levels of satisfaction with field education as reported by students and by program coordinators; and 4) to suggest alternatives for future design and utilization of hospital field work programs, within the context of environmental stressors impinging upon schools of social work and upon hospital social work departments.

The specific questions addressed in this study were:

1. What were the characteristics of the hospital field work programs studied in New York City during the Spring of 1987?
2. How were these program characteristics related to student satisfaction with field work?
3. What were students' perceptions regarding the extent to which they experienced stress in field work?
4. How were student stress levels related to student satisfaction with field work?
5. What were student criticisms about program characteristics?
6. How were these criticisms about program characteristics related to student satisfaction with field work?
7. What differences existed between student criticisms of program characteristics and criticisms expressed by program coordinators?
8. How were those differences related to student satisfaction?
9. What program factor or factors made the greatest contribution to explaining variations in satisfaction with field work, as expressed by graduate social work students receiving the field work component of education in field instruction programs in hospitals in New York City during the academic year 1986-1987?

The Importance of the Health Care Field of Social Work Practice

Social work education for health care practice is of importance to the larger social work profession because of the centrality of the health care field of practice to the profession. The size and national importance of the health care industry, the size of the social work field of practice in that industry, and the position of leadership held by this field of practice within the larger profession link the future of the social work profession to the health of this field of practice. The size and centrality of hospital social work within the health care field of practice make the performance of that sector vital to the larger field of practice.

The Health Care Industry

Health care is the third largest industry in the nation, employing over 7 million people. It is estimated that by 1990 total national spending on health care will be \$756 billion, constituting 12.0% of the Gross National Product (GNP). This is in contrast to 1981, when spending was \$287 billion and constituted 9.8 of the GNP⁹ and to 1985, when health care expenditures totalled \$425 billion and represented 10.7% of the GNP. In the period from 1965 to 1985, the percentage of GNP allocated to health care almost doubled.¹⁰ Thus, health care is a rapid growth as well as a dominating enterprise in this country.

The Centrality of Hospitals Within the Health Care Industry

Since the beginning of this century, hospitals have been at the center of health care. They have been the primary centers for the

diagnosis and treatment of disease, for the training of health care professionals, and for the development of highly specialized medical technologies. They have developed into highly complex and costly institutions which serve as the hub around which the rest of the health care industry revolves.^{11,12,13}

Within the fast growing health care industry, growth in hospital costs have far exceeded those in other areas. Between 1971 and 1982, hospital costs alone increased by 437% as compared to 387% in the industry as a whole.¹⁴ By 1985, hospitals received 40% of all health care expenditures in this country.¹⁵

Since 1966, hospitals have become the prime recipients of governmental reimbursement for medical care costs. The proportion of hospital costs reimbursed by the federal government alone increased from 12.9% in 1966 to 41.2% in 1981.¹⁶ The proportion of costs reimbursed by third parties to hospitals is much higher than in other areas of health care, with approximately 89% of all hospital costs paid by third parties in 1980.¹⁷

Hospitals thus have a dominant position within health care in part because of their success in garnering resources through the generation of costs reimbursed by third party payers. The securing of superior financial resources has allowed hospitals to acquire superior technical and personnel resources, which in turn has generated greater power within the health care industry. Departments of social work accordingly usually are located within powerful, resource intensive organizations. Their relative positions of power and influence within those organization affect the overall capacity of the profession to thrive. The

ability of the profession to educate effectively within hospitals and for hospital practice has import in part because of the greater availability of resources located in hospitals.

Social Work in Health Care

The growth of the health care field of social work practice has paralleled the growth of the larger industry. Between 1960 and 1980, the number of social workers in health care grew from about 12,000 to over 42,000.¹⁸ Of approximately 100,000 members of the National Association of Social Workers in mid-1985, half practiced in health care settings.¹⁹

According to Meyer, despite concerted efforts to cut health care costs, the field of health care can be expected to serve as a protection for the larger profession, because of the view of the public that health care is crucial for the public good. She described it as the one field that is safe from the policies of Reaganomics that have adversely affected the rest of the profession.²⁰

Meyer further asserted that the health care field of practice is the most highly developed and most influential field of social work. She stated that it has more power within and impact upon the profession than any other field because of its superior intellectual prowess and demonstrated leadership within the profession. She identified health care social work as the one field of social work practice with long standing legitimacy outside the profession, a long history of development of clear rationales and specific technologies for practice, and a substantial body of literature.²¹

Accordingly, what happens to and within the health care field of practice has major import for other fields of social work practice and for the profession as a whole.

Hospital Social Work

Within the field of health care social work, hospital social workers traditionally have been at the center of professional leadership and development.²² The large academic affiliated medical centers in this country historically have been the primary educators of social workers as well as other health care disciplines. They thus have been at the forefront of setting the direction for social work health care theory building and research, as well as for those of medicine and allied disciplines.²³

Hospital social workers dominate the field of practice in numbers as well as influence. Of the approximately 50,000 social workers practicing in health care, over 25,000, or one fourth of the entire membership of the National Association of Social Workers, practice in hospitals.²⁴ Thus it can be argued that by virtue of size as well as influence, just as the fate of the social work profession is linked to that of the health care field of practice,²⁵ so the future of health care social work field of practice rests on the fate of hospital social work.

Changes in Hospital Social Work Practice

Changes in the organization of health care delivery systems are transforming the way in which hospital social work is practiced, creating a heightened need for competent hospital social work prac-

titioners. At the same time, the degree of difficulty in educating graduate social work students in and for hospital social work settings is expected to increase rapidly and substantially, as gaps between classroom and field widen, and field education setting energies are diverted somewhat to organizational restructuring.

Prospective Reimbursement and Its Impact Upon Hospitals

The Social Security Act of 1983 (Public Law 98-21) signalled a restructuring of systems for reimbursement of health care costs in this country. That legislation mandated a shift from retrospective to prospective reimbursement for hospital inpatient costs covered under the federal Medicare program. It followed and accompanied parallel efforts by many states to constrain rapidly spiralling health care costs through a variety of mandated prospective programs for third party payment.²⁶

Prospective reimbursement systems attempt to curb costs through providing incentives for efficiency. Retrospective systems established for payment through Medicaid and Medicare programs in the 1960s reimbursed hospitals for monies expended. This produced incentives for hospitals to increase expenditures, because the more costs they generated, the greater the funds they received. Attempts through the 1970s and early 1980s to curb hospital expenditures through external monitoring and accountability mechanisms failed.²⁷

Under prospective reimbursement systems, rates are set in advance. Those hospitals which provide treatment at less than the pre-set rate make money under this kind of system. Those hospitals whose costs

exceed the pre-determined rates lose money, with no provision for recovery.

The federal Medicare prospective reimbursement system, for instance, pays pre-set rates based on the kind of condition treated. The system defines diagnostic related groups (DRGs), with a dollar amount attached to each condition. Enacted in 1983, this system was designed for implementation in a series of stages, with completion of all phases nationwide scheduled for October of 1987.²⁸

For hospitals, the DRG program has precipitated a shift toward "vertical medicine", a concept which calls for keeping patients ambulatory, rather than treating them in hospital beds.²⁹ Vertical medicine aims to curtail utilization of costly inpatient treatment drastically. Under this concept, patients who must be hospitalized are moved quickly back to the ambulatory sector. Many procedures formerly performed in hospital are shifted to ambulatory care locations, in order to prevent patients from crossing the threshold into inpatient care.³⁰

The need to shift to a concept of vertical medicine has caused hospitals to shift to organizational designs which achieve "vertical integration". Under this concept, individual hospitals develop a spectrum of services needed in order to keep patients ambulatory and to move inpatients out of costly hospital beds as quickly as possible.³¹ This is a strategy intended to diversify revenue centers as well as to increase organizational control over flow of patients among needed institutional and clinical services. Within the past few years, more and more hospitals have employed such diversification strategies in order to stay solvent.³²

In order to maintain solvency under prospective payment, hospitals also must have strong internal systems for measuring the contribution of each organizational unit in implementing the vertical medicine concept. To survive and thrive in the context of prospective reimbursement systems, it is expected that hospitals will need to cut those organizational units which do not contribute sufficiently to efficiency and strengthen those units which do.³³ For social work, this means that survival is contingent upon its relative contribution to hospital functioning.

Implications for Social Work Practice in Hospitals

Changes in organizational structure have greater impact than other kinds of organizational change. Further, structural changes are likely to produce change in all other aspects of the organization.³⁴ Thus, current changes in health care organizational structures may be expected to cause changes in social work personnel and in the structure and technology of social work practice. The effects of measurement of performance of organizational sub-units under prospective systems for hospital reimbursement can be expected to accelerate the changes in social work structure, technology, and personnel within hospital organizations. Measurement of performance in and of itself precipitates change, as feedback allows for increasingly precise and immediate modification.³⁵

The shifts toward vertical medicine, vertical integration in hospital organization of health care delivery, and measurement of contribution are anticipated to have a dramatic impact upon the practice

of social work in health care. While the ultimate configuration of health care services by the end of the century is unclear, some directions for social work are taking form.

First, it appears that health care social work will take place in the context of increasingly large and complex organizations. Barrett L. Boehm, of the Health Care Consulting Practice of Price Waterhouse, predicts that by the end of the next decade, thirty to fifty multi-hospital conglomerates will own or have affiliations with all hospitals operating in the country.³⁶

Second, it appears that social work will need to focus upon contributing to core hospital activities as well as diversification related ones. In analyzing reasons for hospital failures under prospective reimbursement, Boehm identified the failure to concentrate on core inpatient/outpatient aspects while diversifying services as a major cause of hospital failure. Successful hospitals achieve vertical integration while continuing to focus upon core functions; unsuccessful ones do not.³⁷ Similarly, while it is anticipated that social workers will need to move into a host of associated health services centers in the community,³⁸ doing so at the cost of insufficient attention to core inpatient and outpatient functions may result in failure of social work to survive within complex vertically integrated systems.

It appears that rapid and effective discharge planning will be central to social work survival in hospitals, as will pre-admission and admission screening to identify potential discharge planning problems and move rapidly to avert hospitalization whenever possible. The shift in location of much medical care from inpatient to ambulatory care sites

is widely expected to require increased demonstration of social work expertise in contributing to the maintenance of sicker patients, chronic patients, and well patients in the community. Further, it may be necessary to train social workers to work in a two class health care system in which care of lower class patients is shifted to public hospital systems, while more affluent patients are treated in the voluntary non-profit and proprietary systems.³⁹

In order for hospital social work departments to adapt to these wide ranging demands, they must possess and demonstrate competence in a host of new as well as traditional areas of hospital practice. The fate of hospital social work rests upon the competence of its practitioners, which in turn is contingent upon the effectiveness of education for practice.

At the same time, changes in hospital social work have created two problems in educating for practice: 1) how to assure satisfactory education to graduate social work students receiving the field work component of education in programs located within turbulent hospital settings; and 2) how to reshape both classroom and practicum education consistent with the future needs of the health care field of social work practice.

The capacities of hospital social work departments and of social work schools to respond educationally to demands created by changes in hospitals are affected by problems within the larger realm of social work education.

Problems in Social Work Education

The social work profession is comprised of interdependent education and practice communities, neither of which can survive without the

other.^{40,41,42} The practice community is dependent upon schools of social work to prepare students for competent professional practice.⁴³ The educational community is reliant upon the practice sector to provide a market for its product,⁴⁴ and to provide the field work component of social work education.⁴⁵ Because of their interdependence, each community is vitally affected by shifts in the other. Both are vitally affected by issues central to social work education for practice.⁴⁶

One major set of issues presently facing the educational community is the impact that environmental scarcity has had upon masters level social work education across fields of practice during the decades of the 1970s and 1980s.

The Structure of Social Work Education

Social work education for the masters degree is provided by 88 schools of social work in the United States.⁴⁷ Masters level education at these schools consists of classroom and field practicum components. Classroom education is provided by schools of social work. The preponderance of field education, however, is provided by organizations which employ social workers. Excepting for a minute percentage, field work teachers are employees of those organizations and not of the schools.⁴⁸

The most recent (1982) Curriculum Policy Statement (CPS) of the Council on Social Work Education (CSWE) called for increased attention to the field practicum component of masters level education, with an emphasis upon student incorporation of classroom learning into practice throughout the process of professional education.⁴⁹ Consistent with this policy, accreditation standards of that CPS require a minimum of

900 clock hours of field instruction for masters level students. Most schools require more than the minimum mandated, and most students spend greater amounts of time in field work than in classroom education.⁵⁰ Thus, school practices as well as accreditation policy accord strong legitimacy to the field work component. Further, students are nearly unanimous in their identification of the practicum as the single most useful component of social work education.⁵¹

The intended product of the overall educational process is student mastery and integration of the knowledge, skills, and values essential for competent entry level practice. The field work educational experience is considered the primary locus for development of student understanding of how knowledge and values apply in real situations, and for development of skills necessary to appropriate professional intervention.⁵² Field education is intended to provide new learning as well as to reinforce, apply, and integrate that acquired in the classroom.⁵³

Views regarding who should provide field work education and what its nature should be generally have shifted according to levels of economic support for social services in the nation since World War II. These shifts have affected the capacities of school and field to respond to crises in health care practice.

The Impact of Environment Upon Field Education

During the 1950s and 1960s, expansion in the economy and large scale governmental funding for social services fueled a movement toward schools' providing the field work as well as the classroom component of social work education.⁵⁴ Such a shift was thought to be necessary in

order for social work to achieve full professional status.⁵⁵ It was expected that this shift would eliminate the need to overcome structural problems inherent in the traditional system in which schools provide classroom education and autonomous agencies provide field education. An unexpected decline in support for social services beginning in the 1970s, however, resulted in reversal of that trend.

By the latter part of the 1970s, it became clear that the era of plenty was over and that the hoped for shift to school provision of field work was not feasible financially.⁵⁶ By the early 1980s, the long term need to address the quality of field work delivered by organizations independent of schools became widely recognized. Energies were shifted to addressing the need to strengthen agency provided field work programs.

Schutz and Gordon identified two inherent problems which they characterized as unresolvable under the system of agency delivered field work.⁵⁷ These are: 1) responsibility without authority, and; 2) transmission lag. Both problems directly affect social work education for health care practice.

The first problem arises from the delivery of field work education by organizations not subject to the authority of schools. Schools of social work are held accountable by CSWE for insuring that students receive quality field education. However, they lack formal authority over those organizations providing it.⁵⁸ Thus, while schools are delegated responsibility for field work education, they have no power to insure the compliance of field work deliverers with educational goals and mandates. Because schools generally do not pay agencies for

providing field education, there also is no recourse to economic incentives or sanctions. Short of acting to dissolve or constrict voluntary ties with specific agencies, they have no formal control over how agencies go about providing field education. Hence, they cannot direct, but can only try to influence the organization and delivery of the field education for which they are responsible. Conversely, social work agencies cannot direct, but can only try to influence the manner in which schools carry out classroom preparation for field work and for subsequent professional practice.⁵⁹

While traditionally it has been presumed that agencies and schools will act in concert on educational matters because of a shared commitment to educate for the profession, this assumption is open to challenge. Frumkin asserted that under conditions of environmental scarcity, the greatest commonality between schools of social work and autonomous field work organizations is not the commitment to educate, but the drive to survive. In such a circumstance, organizational energies of both school and field must be diverted from inter-organizational arrangements for educating students toward meeting pressing survival needs. The gap between what schools want field agencies to do, and what agencies are capable of and willing to do in providing education, can expand as environmental pressures mount.⁶⁰

In hospitals, this problem is complicated by the status of social work as an ancillary profession, and by the multiple hierarchies to which social workers are accountable. Because of those factors, even under ideal environmental conditions, hospital social work departments

may not possess the power to act in concert with the wishes of social work schools.

The second unresolvable problem identified by Schutz and Gordon is that of transmission lag, which connotes gaps between the classroom teaching provided and that needed in order for students and graduates to function in the practice community.⁶¹ From the standpoint of the practice community, classroom learning is insufficient for the level of practice expected in organizations delivering social work services.^{62,63} In the prospective reimbursement era in health care, gaps between classroom teaching and practice needs can be expected to further widen.

The phenomenon of transmission lag has been attributed variously to individual biases of faculty,^{64,65} to a delay between development of knowledge and theory in academic circles and its transmission to the practice community,^{66,67} to development of knowledge and theory in the practice settings with delay in transmission to academia,^{68,69} to simultaneous knowledge explosions occurring in professional foundation curricular areas and in specialized fields of practice, and to environmentally caused shifts in demands upon practice.^{70,71} Beginning in the 1970s, environmental scarcity exacerbated usual transmission lag problems across fields of practice, as externally imposed mandates for demonstration of effectiveness and efficiency multiplied and became the norm. As significant changes in demands upon social work practice increased, the gap between the level and kinds of competence demanded by and for practice organizations and that provided by schools widened.⁷²

The earlier movement toward school assumption of field work delivery was expected to eliminate these authority and transmission lag

problems. With faculty teaching both classroom and field components, it was thought, schools would have full authority to carry out responsibility delegated by CSWE. Transmission lag would be avoided because knowledge and theory would be transmitted by faculty members controlling both school and field content.⁷³

That failed movement left a legacy of inadequate knowledge development about field work in unfunded agency field work programs. At its height, when funding for field work research was readily available, resources generally were funneled toward studies of demonstration programs delivered by social work schools. The findings of those studies offer little transferability to unfunded agency programs prevalent today.^{74,75,76} Accordingly, at a time in which the need for knowledge regarding unfunded agency programs is greatest because of heightened demands for education for competence, empirical knowledge about field work delivered by practice organizations is lacking. This is true for hospital field work programs as well as programs in other settings.

A Contingency Approach to Structural Problems in Social Work Education

Frumkin proposed that the best way to strengthen agency based field education is through application of contingency theory to problems in social work education. The thrust of his argument was that social work schools, through systematic analysis of relationship factors, could influence the delivery of field work by shifting relationships with autonomous field work providers as the schools' own organizational needs and educational goals shift. That is, patterns of relationships could

be altered contingent upon the schools' survival needs and educational goals, and the relative capacities of field work programs to meet them. Conversely, agencies providing field work could shape affiliations with schools contingent upon their own organizational needs.⁷⁷ While not eliminating difficulties arising from the authority without responsibility problem inherent to the social work system of graduate education, such an approach might minimize those difficulties.

Central to Frumkin's argument is the idea that schools of social work can select those field work programs which are most likely to educate consistent with the philosophy and curricular goals of the specific school, as well as its organizational needs.⁷⁸ This is akin to the contention of March and Simon that leaders can best influence organizational behavior by setting the premises for decision making, rather than dictating behavior.⁷⁹ Accordingly, schools could choose those programs whose structural characteristics make it most likely that they would adopt schools' goals for and proposed methods of field education on a voluntary basis. Schools could select those programs most likely to shift in desired directions as environmental conditions change. Further, schools could address transmission lag problems by increasing their utilization of field work programs whose demands for functioning deviate least from classroom preparation provided and/or by increasing their utilization of agencies which are most apt to include their own structures for overcoming transmission lag problems.

Conversely, agency field education programs could apply Frumkin's argument and select those schools and those students most likely to

surmount the transmission lag problems most affecting the particular field agency.

This contingency approach to managing educational structural problems seems particularly appropriate in addressing needs for strengthening field education in and for health care practice. Such an approach takes into account both the central importance of environmental forces, which are crucial in shaping health care delivery systems as well as graduate education, and the notion of planning for ongoing change, which is the dominant characteristic of the prospective reimbursement era. Further, it builds upon the strength of hospital social work practice, which has a long history of organizing for the purposes of studying, developing knowledge bases in, and advocating for development of curricula related to social work practice in hospitals.⁸⁰ This specialized field has an established base of literature and expertise that can be used to identify organizational factors most relevant to decision making about school-field educational partnerships.

Further, in recent years, social work schools have greatly expanded the scope of specialized courses in health care, offering diversity in the timing, nature of content, and overall organization of classroom teaching related to health care.⁸¹ This factor offers the potential for hospital social work departments to shape educational affiliations based on characteristics of individual schools, in the context of how those characteristics affect the organizational and educational needs in the practice setting.

Social Work Field Education
in Hospitals

Between 1975 and 1982, the number of graduate schools of social work offering health concentrations grew from 12 to 42, out of a total of 88 accredited schools. By 1982, approximately 2000 graduate social work students, or 27% of all enrolled in 72 schools studied by Caroff and Mailick, received education in health care as part of academic preparation for practice.⁸² This specialization is both the largest and fastest growing in the educational as well as in the practice sector.⁸³ The extent of parallel field education in health care is considerable, and it appears that most of that field education currently is provided by hospitals.⁸⁴

As previously noted, changes in location of health care delivery under prospective reimbursement systems are expected to result in shifts both in the locus and the focus of hospital social work practice. In order to produce the graduates needed in health systems of the future, it will be advisable to expand the scope of field work placements to include newer units of vertically integrated hospital systems as well as to provide greater utilization of settings such as primary care clinics, HMO's, free standing surgery centers, and home care agencies.

At present, the effects of specific placements upon the quality of hospital field education are unknown. Theoretically, educational quality depends upon both horizontal and vertical integration of learning during the graduate school process. There is a lack of data, however, regarding what kind of field work assignments articulate best with what classroom content to provide for maximum integration of classroom and field learning at given points in time.⁸⁵

Moreover, horizontal class/field integration of learning is affected by curriculum decisions of individual schools, as well as by the kinds of field placements provided by hospital educational programs. In their national survey, for instance, Caroff and Mailick found that most schools of social work do not introduce health care content until the second semester, a factor which produces difficulty in horizontal integration of learning for first semester students faced with a need to move rapidly into functioning in complex health care systems.⁸⁶ Without health related classroom content, students must overcome considerable transmission lag in order to perform at the minimum level needed in hospitals.

In the area of vertical integration, there is a lack of data regarding optimal progression of classroom learning and field assignments over the course of masters level education in specialized fields of practice.⁸⁷ Questions arise regarding which kinds of progression in hospital field work assignments over a two year period of time will best prepare new graduates to enter what spectrum of jobs in health care at entry into the profession.

Transmission lag problems affecting both horizontal and vertical integration of learning in social work health care education have received considerable attention in the literature, both in relation to the field education process and in relation to the readiness of entry level practitioners to move into hospital practice. Needs for specialized training for social workers entering the health care field have been identified and discussed by social work practitioners and academics alike.⁸⁸ Bracht⁸⁹ and Berkman et. al.,⁹⁰ for instance, have descri-

bed in some detail the functions and roles of social workers in hospitals and the health care curriculum elements necessary for adequate preparation of students to fill these.

Two recurring themes in the literature are: 1) the need for social work students in hospitals to master a broader range and greater amounts of specialized knowledge than students in other fields of practice; and 2) the need to do so in organizations which are inherently more stressful than other settings.

One of the few well researched studies of field instruction reported in the literature supports these ideas. Nelson examined content of tape recordings of supervisory meetings between pairs of field instructors and students in a variety of field settings, through the initial phase of field work. She found that interactions between pairs in hospitals were different from those in other settings. Hospital pairs spent considerably more time discussing content related to agency and field of practice specific issues. Further, the nature of early field work conferences differed among settings in that hospital field instructors spent considerably more time providing directives for student implementation of assignments than did field instructors in other agencies. Nelson attributed these findings to features of hospital settings which are different from those found in other field work settings. These factors include the complexities of hospital organizations in which students were placed, the interdisciplinary nature of hospital practice, and the necessity for learning highly specific kinds of knowledge in order to carry out basic social work functions. Nelson strongly recommended that special provisions be made

in hospital field work programs for providing such content to students entering placement.⁹¹

A decade later, Rauch identified factors common to hospital settings which she contended place demands upon social work students in excess of those found in other settings. These include complicated hospital geography and organizational structure, intensity and scope of human tragedies encountered, rapidity of treatment pace, necessity to adjust to and become incorporated in interdisciplinary systems, necessity to learn and apply substantive content from specialized areas such as those related to hospital and social work department function and procedures, nature and impact of illness and treatment in general as well as in specialized illness areas, and need for utilization of complex hospital and community resources in social work planning.⁹²

Rauch argued that the stressful demands upon social work students entering hospital placement require that special program structure be provided to help them integrate. Further, she asserted that the high impact nature and intense demands of hospital settings are such as to require self-directed students with superior learning and performance capacities.⁹³ Support for both contentions is found in a report by Gladstein and Wilson describing three highly structured hospital field instruction programs. They described student characteristics common to successful placement as including capacity for independent functioning and self-directedness, capacity for benefiting from a high degree of stimulation and challenge, appreciation for the importance of clinical components, and prior work experience. They reported that sizeable

school/hospital effort is required in selecting students for placement in such hospital programs.⁹⁴

The identification of hospital settings as inherently more stressful than other social work settings is supported by the findings of Sze and Ivker. In a national study of the impact of work setting and role upon stress and strain in social workers, they found that more hospital social workers experience stress than do social workers from other settings. They further found that among social workers experiencing high degrees of stress, the highest percentage was among hospital social workers. The authors speculated that the higher percentage of hospital social workers experiencing stress, and the higher levels of stress experienced by hospital social workers could be attributed to working conditions, to conditions associated with social work role in hospitals, and to organizational pressures.⁹⁵ Assuming that social work students experience the same stress in hospital settings, the question of how varying field work programs affect such stress is highly salient.

For schools of social work, selection of students for particular placements, selection of health care organizations as field work agencies, and selection of course content to meet health care organization transmission lag problems is complicated by the number and diversity of health care agencies dealt with. Caroff and Mailick found that schools with health care concentrations utilized a range of from 7 to more than 100 health care field work agencies. Almost half (48%) of schools with health care concentrations reported involvement with at least 25 health care agencies providing field instruction.⁹⁶

Further, program structures utilized by health care field work programs are reported to vary widely.⁹⁷ This variability creates quality assurance problems for schools of social work, which are expected to assure effective field education in programs over which they have no control. Individual schools of social work dealing with high numbers of health care field work programs face higher degrees of difficulty as well as more kinds of affiliation choices, as program structural variability increases. Variability further creates problems in organizing classroom content in such a way that it minimizes transmission lag for the body of students assigned to health care field work settings.

The literature related to educational transmission lag and to stress in hospitals thus suggests that in order to educate within hospital settings, great care should be taken in selecting students for these programs, that special field work program structures should be provided in order to minimize both transmission lag and stress, and that schools continually should revise health care curricula to remedy gaps between classroom preparation and practice demands as these emerge. Little is known, however, about hospital field work programs or the extent to which they carry out these recommendations. It is not known how students are selected, what kinds of provisions such programs make with regard to minimizing transmission lag and stress, or what range and diversity of field program structures naturally exist in hospitals.

Lack of knowledge regarding field work program characteristics and their impact adversely affects the capacities of programs to address educational gaps between school and field, to deal with student stress,

to design effective field education models, and to adapt to shifting organizational needs. Inadequate knowledge constrains the capacities of schools to plan for utilization of specific programs and constellations of programs consistent with educational goals and shifting organizational needs, to encourage hospitals to develop field program features most consistent with desired educational and organizational outcomes, and to plan curriculum so as to overcome gaps between class and field learning as they emerge.

Summary

The social work profession faces a compelling need to produce social work practitioners who are well prepared to function effectively in radically changing hospital organizations. It faces the dual problem of how to educate students in hospitals during a time of environmental turbulence and how to educate over the long run for substantially transformed hospital social work practice.

Structural problems inherent in the current system for educating social workers, however, must be minimized in order for school and field educators to meet this need. The study reported here approaches these problems from a contingency theory point of view, which calls for school and field to influence each other's actions by re-configuring patterns of relationships as their organizational and educational needs shift. This approach may best be applied when organizational characteristics and their relationship to desired outcomes are known to decision makers.

While the social work health care literature has addressed class-field curricular gaps and the stressful nature of hospital settings, little is known about the range or variability of characteristics in the

hospital field work programs that provide the bulk of field education in health care. Further, it is unknown how varying educational structures employed by health care field work programs may mitigate or exacerbate gaps between classroom preparation and field practice, speed or retard horizontal and vertical integration of learning, aggravate or buffer student stress, and/or engage the most competent students in or dissuade them from commitment to careers in this field of practice.

Addressing many of these questions is well beyond the scope of a single study. The present study was intended to identify parameters of existing hospital programs and examine the relationship of program characteristics to outcomes desirable to both school and field.

Specifically, the purposes of this study were: 1) to develop a framework for categorizing and delineating field work characteristics most relevant to the study of hospital based field education programs; 2) based on that framework, to generate data useful for describing the state of development of hospital field work programs; 3) to examine associations between program characteristics and levels of satisfaction with field education as reported by students and by program coordinators; 4) to examine associations between levels of student stress and student satisfaction with field work; and 5) to suggest alternatives for future design and utilization of hospital field work programs, within the context of environmental stressors impinging upon schools of social work and upon hospital social work departments.

Study findings are meant to be useful both to social work schools and to hospital social work departments in shaping educational partnerships to meet organizational needs as well as educational goals.

Findings also are intended to provide a basis for future research that can generate more sophisticated knowledge about the ways in which the profession can best educate social workers to function effectively in the complex and changing world of health care practice.

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CHAPTER TWO

STUDY VARIABLES

In Chapter One, the author described the need for data about hospital field work program characteristics, and about their differential effectiveness in preparing graduate social work students for competent practice.

In this chapter, the author describes a model for systematic identification and classification of hospital field work program characteristics. Literature related to the program dimensions developed in applying the model is presented in the context of student satisfaction, which is thought to be a measure of field work program effectiveness.

Student Satisfaction as a Measure of Program Effectiveness

The purpose of masters level social work education is to produce autonomous, self-directed practitioners who can move competently into social work positions.^{1,2} Accordingly, measurement of effectiveness of particular hospital based graduate social work field education programs ideally would consist of direct measurement of the practice competence and self-directedness of their graduates at specific points in time following graduation.

Such studies have not been conducted because of the costs involved

in following graduates over time and because of design difficulty involved in direct measurement of professional competence.

Only one follow up study of graduates of a hospital based program for field education could be located in the literature. This was a report of a funded program conducted during the years 1976-1983 by the Mount Sinai Hospital-Hunter College School of Social Work Consortium in New York City. Outcome measurements in that study encompassed student perceptions of the Consortium's educational effectiveness in preparing them for subsequent health care practice in thirteen specific areas targeted in the original program proposal.³ While funding thus allowed for study of effectiveness in specific areas of practice competence as the dependent variable, measurement of effectiveness was limited to student perceptions rather than consisting of external ratings.

Other social work field education studies have used student satisfaction as a measurement of educational effectiveness. Two studies located in the social work literature attempted to identify factors associated with social work student satisfaction. Raskin studied seniors in undergraduate social work programs in the state of Virginia for the purpose of identifying factors associated with their satisfaction with field placements.⁴ Fortune et. al. studied masters level students from Virginia Commonwealth University School of Social Work for the same purpose.⁵

Raskin based the legitimacy of using student reported satisfaction for measurement of field work effectiveness upon Tyler's theory of learning.⁶ According to Raskin, this theory incorporates the notion that student satisfaction with the learning experience is a necessary

condition for student conceptual and behavioral learning. Accordingly, high levels of student satisfaction should be associated with educational effectiveness.⁷

Raskin found support for this idea in her study of senior undergraduate students. Using factor analysis, she found that seven factors accounted for 81.5% of the variance in the dependent variable of satisfaction. Of those, a "New Learning" factor, comprised of items related to agency as locus for learning, feelings of accomplishment from learning, and the opportunity for students to use their abilities and skills accounted for almost 60% of variance in satisfaction reported by the 170 respondents.⁸ Raskin concluded that measurement of satisfaction can be used to predict achievement of field work education objectives.⁹

Student satisfaction has become a salient issue for schools of social work from an economic perspective as well as an educational one. Since 1978, there has been a steady decline in applications to schools of social work.¹⁰ With this decline has come a decline in the quality of applicants, as the more qualified college graduates enter higher status and higher paying fields such as business administration. Scarcity has resulted in drying up of grants as well as hardship upon families providing financial support for graduate education.¹¹ As graduate education has become more costly, student and parental satisfaction with the education provided has come to have significant impact upon the ability of schools of social work to survive.¹² Greater consumer satisfaction with field education presumably will result in higher enrollments for specific schools as well as recruitment of the most capable applicants.

Constable identified a substantial decline in school of social work resources at the masters level as adversely affecting the attainment of educational objectives. He reported a decline in faculty/student ratio from a level of 6.45:1 in 1962 to a level of 10.15:1 in 1982. According to Constable, this decline in faculty resources leaves greatly diminished time for faculty to attend to individual learning needs of students. He asserted that the long term impact of economic scarcity upon schools of social work will be the shifting of responsibility for individualization of student learning from school faculty to agency field work programs.¹³

In the light of this assertion, Raskin's identification of a link between achievement of educational objectives and student satisfaction with field work experiences may be important in assessing effectiveness of the overall social work educational process. Assuming that satisfaction with education is crucial for recruiting and retaining the most capable applicants, that greater responsibility for individualization of their learning has in fact been shifted to field education, that such individualization is crucial for achievement of educational objectives, and that achievement of educational objectives is crucial to student satisfaction, then utilization of student satisfaction as the dependent variable in field work studies gains legitimacy as a means of measuring program effectiveness. The present study embraces these assumptions.

For hospital social work departments, the question of student satisfaction with hospital field work experience has additional implications for their ability to attract the most competent social work graduates. One of the benefits to agencies providing field work

education is that it gives them a pool of job applicants already trained in agency policies, procedures, and philosophy.¹⁴ If students in particular hospital field education programs are satisfied with the field work education provided, it stands to reason that they will be more likely to accept employment in the larger department subsequent to graduation. Further, agencies which gain a reputation for providing quality field education will attract other highly trained graduates.¹⁵ Conversely, it would seem that agencies gaining a reputation among students for providing unsatisfactory education would suffer the penalty of loss of the most competent graduates, who would choose to go elsewhere. For hospital departments of social work attempting to adapt quickly and flexibly to prospective reimbursement related changes, then, student satisfaction may have a significant impact upon capacity to secure needed personnel resources.

The case for legitimacy of satisfaction as a measure of effectiveness of field work education, therefore, can be made on the basis of educational effectiveness, school effectiveness in recruitment and retention of students, and hospital recruitment of competent graduates.

Hospital Field Work Program Structure, Stress, and Student Satisfaction

As noted in Chapter One, such writers as Berkman et. al.,¹⁶ Bracht,¹⁷ Nelson,¹⁸ and Rauch¹⁹ have identified and described characteristics of hospital settings which make such settings inherently more stressful for social work students than other settings.

Fortune et. al., found that students placed in health care settings expressed significantly lower levels of satisfaction with supervisors,

as well as somewhat lower levels of satisfaction with other aspects of field work education than did students in other field work settings. They speculated that this finding is reflective of setting characteristics, rather than differences among students or field instructors. They postulated that the stressful nature of complex interdisciplinary medical center settings produces lower levels of student satisfaction.²⁰

A link between job stress and satisfaction has been discussed in literature on the work place. Seabright and Murphy found that under conditions of low stress, the quality of supervision can enhance satisfaction. They also found, however, that in high stress jobs, organizational structure is as important as supervision in enhancing worker satisfaction.²¹ This is consistent with the finding of Fortune et. al. that for graduate social work students, program characteristics suppressed a negative relationship between satisfaction with field instruction and satisfaction with the overall field practicum experience.²² Organizational structure, then, can be an intervening variable between high stress and satisfaction.

Assuming the generalizability of these findings, it may well be that the lower satisfaction with field work education in health care settings found by Fortune, et. al. is attributable to weakness in program structure. If organizational structure can mitigate the relationship between stress and satisfaction in social work students as well as social workers, then variations in hospital field work program structure can be expected to significantly affect student satisfaction with field education.

The present study looked at stress levels reported by social work students in hospitals to see whether as assumed, these levels are higher than those reported for students across settings. It included provision for examining how student stress is associated with satisfaction and whether varying hospital field work program structures do affect student satisfaction.

While it was speculated that the structure of field education affects educational effectiveness, it was acknowledged that student characteristics outside of the control of programs can be powerful determinants of student learning.²³ Accordingly, student characteristics likely to be associated with student satisfaction were taken into consideration.

Student Characteristics Associated with Satisfaction

Previous studies of student satisfaction have found student characteristics such as age, sex, race, marital status, BSW status, and prior hospital experience not to be associated with student satisfaction with field work.^{24,25} These variables were included in the present survey of graduate students for purposes of comparison with other studies.

Variables of outside employment, prior experience, number of courses taken, number of hours in field work and BSW status were included also because of a possibility of their relationship to levels of stress experienced by students in hospital field work settings.

Born pointed out that one effect of a decline in economic supports for graduate social work education is that increasing numbers of

students must maintain outside employment while pursuing the masters degree.²⁶ Assuming that stress and satisfaction are inversely related in hospital placements, it can be speculated that such factors as outside employment may result in increased stress and decreased satisfaction with field education. Assuming that organizational structure is an intervening variable, one would predict that among masters students engaged in outside employment, those in well structured hospital field work programs would report higher levels of satisfaction than those in less well structured programs.

Similarly, prior experience in hospital settings could affect satisfaction. Neither Raskin, in her study of undergraduate satisfaction with field work, nor Fortune et. al. in their study of graduate social work satisfaction, found an association between prior volunteer or paid experience in social work and field work satisfaction.^{27,28} Given the literature on the hospital organizational complexity and high demand for hospital and disease specific knowledge necessary for functioning in hospitals, however, it could be the case that prior hospital paid and/or student field work experience serves to modify stress of integrating into placement and increases satisfaction among students in hospital field work programs.

In her study of senior undergraduate social work students, Raskin found that students not enrolled in courses while in field work placement were significantly more satisfied with field work than those who were taking courses concurrently.²⁹ This finding is consistent with the assumption of a link between stress and student satisfaction. Assuming that course work taken concurrently may create stress, because of

increased demands on student time, the total number of courses as well as health care course taken concurrently was considered in this study.

Similarly, weekly hours allocated to field work, along with factors such as outside employment and total number of concurrent courses, were speculated to be related to the total amount of non-field work program demands faced by social work students in those programs, and hence to the degree of student satisfaction expressed by students.

Fortune et. al. found no difference in graduate student satisfaction with field work between students with bachelor degrees in social work and those entering without such degrees. Given the assumed link between student stress and level of student satisfaction in hospital field work programs, however, it was thought here that familiarity with the foundation of social work practice might decrease stress for first year social work students with BSW degrees, because the range of unfamiliar content is less than for non-BSW students. Accordingly, it was postulated that first year students with BSW degrees in the present study would experience less stress and greater satisfaction than those with none.

School of Social Work

Central to Frumkin's application of contingency theory to school-field relationships is the idea that schools of social work as organizations, as well as the people in them, have individual personalities. That is, they have characteristic patterns and tendencies in establishing and conducting relationships, in communicating, and in responding to environmental stress. According to Frumkin, all of these affect agencies providing field education to the individual schools. Further,

these personalities may be expected to shape how schools of social work realign increasingly scarce resources between field and classroom endeavors. The degree of schools' attention to and support of field education programs, as well as the degree of their attention to overall education of individual students, therefore, may be expected to vary.³⁰

Masters level social work programs vary with regard to the format of placement (field work education concurrent with or sequential to classroom education), to the timing of placements (begun at the same time as classes, or with some delay), and length of placement (total number of hours or days of field work required).³¹

Examination of the 1984 CSWE book of information on accredited graduate social work programs reveals that schools of social work in the New York City area offer four major patterns: 1) the traditional two academic year, concurrent field and classroom design with one summer off; 2) some provision for granting advanced standing to individual students within the two year design, usually based on possession of an undergraduate social work degree; 3) continuous four semester programs extending from January of one year through May of the following year, in which the traditional program is compressed into a shorter period of time through usage of one summer semester; and 4) part time classroom study by students employed in social work agencies, followed by a shortened field practicum experience, usually of one academic or calendar year and often in the agency employing the student.³²

These variations in organizational and faculty personalities, curricula, and programs leading to the master degree may be expected to shape relationships with hospital field work programs, and consequently

to affect the degree of satisfaction of students assigned by schools to them. Conversely, the organizational and staff personalities, as well as the structure of hospital field work programs, may be expected to influence their selection of schools of social work for participation in their field work programs.³³

Patterns of field work program affiliations with individual schools were postulated to affect the degree of student satisfaction associated with the field experience for those reasons.

Student Status

Associations between student status, indicating the kind of master degree program enrolled in and point of progression through the program, and student satisfaction have been examined in several studies, with conflicting findings reported.

In their study of field work satisfaction of graduate social work students, Fortune et. al. found year in graduate school and status as part or full time student to be unrelated to satisfaction. Munson, in a study of stress in graduate social work students, however, found that overall satisfaction was significantly lower for first year students than for those in the second year.³⁴ Sheldon Rose, in a study of students in field work in the Netherlands, found that beginning students were more critical of the field work experience than advanced students.³⁵ However, in a follow up study of American students, Rose et. al. found this association to hold true only for casework students.³⁶ Kolvezon found that first year students were more critical of their field instructors than were second year students.³⁷ This is consistent with Munson's findings that second year students more frequently

experienced field instructors as being approachable, as being good listeners, as being appreciative, and as being fair in evaluating students than did first year students.³⁸

The findings cited above appear to relate to traditional two year programs. No data was located which could offer comparisons among students in other kinds of masters level social work programs differing from those in traditional two year programs: While the most common pattern in masters level programs nationally is for students to be enrolled in two year programs,³⁹ it is unknown as to how many students placed in New York City hospitals fit this pattern, how many are enrolled in the other kinds of programs, and in what way this variable affects student satisfaction. Students in reduced residency programs who perform field work in the same hospital departments of social work in which they are employed, for instance, may have no contact with a structured field work program. Similarly, some hospitals may have only reduced residency students in field work at any given point in time.

Methods of Practice

Fortune et. al. found that students planning to practice in macro level methods were more satisfied with field work learning than those choosing micro methods.⁴⁰ This variable was included in the present study to see if the finding holds true for students placed in hospital settings.

Health Care Course Work

This study postulated higher stress levels for students placed in hospital settings than those in other settings. Caroff and Mailick, as

discussed previously, identified the timing of introduction of health care content in the classroom as crucial to the field work experience. Based on the assumptions of this study, it was expected that social work students exposed to health care content prior to and/or concurrent with hospital field work experience would be more satisfied with field work than those without exposure. As previously noted, hospital field work program structure which includes provision for conceptual teaching of health care content was expected to mitigate the lack of classroom exposure.

Field Faculty Liaison

The social work literature consistently identifies the field faculty liaison as the most critical figure for student achievement of integration of classroom and field learning. This person is viewed as the one person responsible for seeing that the individual needs of the student are taken into account in field education, and that the particular field instructor provides content that can be articulated with that presented in the classroom.^{41,42,43}

Because of the heavy emphasis in the literature upon this role, Fortune et. al. speculated that graduate student satisfaction with the field faculty liaison would be a powerful determinant of overall student satisfaction with the field education experience. They found, however, that there was no relationship between these two variables, although dissatisfaction with the liaison was the most frequently mentioned negative factor in responses to an open question asked of students. They questioned whether the students were able to divorce the adequacy of the school-agency liaison from evaluation of the field, or whether

the role of the field faculty liaison in fact is irrelevant to the student experience.⁴⁴

For the purposes of the present study, this factor was deemed important because of the presumption of higher levels of stress encountered by students placed in hospital field work programs. While the factor of field faculty liaison may not be relevant to the general population of students, it could be quite important to students in hospitals.

While the Fortune et. al. study included five items related to the school agency link (satisfactoriness of contact with liaison, comfort in consulting liaison about problems, seeking out of liaison for help with field problems, awareness of roles of liaison, and adequacy of communication between school and field), no items addressed frequency.⁴⁵

The frequency of field faculty liaison visits to field work programs was considered relevant to the present study, both because of its possible effect upon student satisfaction and because of its relationship to the costs incurred by both hospital social work departments and social work schools in maintaining school-field communication. Frumkin, in discussing his contingency theory of school/field relationships, stressed this aspect as a major consideration in decisions by both parties about inter-institution relationships.⁴⁶ For schools of social work, frequent faculty visits to the field entail high costs in money and time, presumably resulting in proportionally decreased costs to hospital departments of social work. The relationship of costs to effectiveness for both parties has implications for the utilization of

knowledge regarding the importance to the field faculty liaison to student satisfaction with field work in hospitals.

Fellin described the ideal frequency of field faculty liaison visits to the field as comprised of visits at the beginning of the field experience, at three to four weeks thereafter, and at termination of placement.⁴⁷ This study attempted to determine patterns of frequency of school visits to hospital field work programs in the New York City area, both in relation to this stated ideal and in terms of variability.

Placement Preference

Wedel and Press, in a study of undergraduate, first year masters, and second year masters level social work students, found that students were three times as likely to perceive the field work experience as negative if it were not the first choice of the student.⁴⁸ Raskin, in her study of undergraduate social work students, however, found preference for type of agency not related to student satisfaction.⁴⁹

It is possible that preference for specific agency is associated with satisfaction, whereas preference for type of agency is too broad a category to be linked to student satisfaction. It is also possible that preference for agency has different associations with satisfaction at different points of time in progression through social work education. The factor of preference for specific hospital setting was included because of the contradictory data, and because of the possibility of differential effects for students placed in hospital settings.

Remuneration for Field Work

In her study of undergraduates, Raskin found that students receiving remuneration for field work activity were more likely to be satisfied with field placement than those who received no payment.⁵⁰ This variable was included in the present study to see whether payment affects satisfaction at the graduate level.

Characteristics of Hospital Field Work Programs

The most common pattern in social work field education is the assignment of one or two students to an agency for supervision by a staff member.⁵¹ Probably for that reason, most literature on social work field education addresses the triad of field faculty liaison/student/field instructor as the primary unit of focus.⁵² Discussions of structural typologies have been limited primarily to focus upon distinctions among agency placements, teaching centers, and service centers, with the latter two identified as highly preferable because of school control over the triad. One problem with this kind of typology is that school control no longer is feasible, and hence the model has limited applicability. Hamilton and Else pointed out that a one dimensional framework obscures the range of structural options available in designing and examining field work programs. They proposed a typology consisting of three major categories, containing a total of eighteen dimensions along which decisions can be made.⁵³

The typology proposed by Hamilton and Else is the only one located in the literature which attempts to categorize structure along a number of dimensions. For that reason, their typology was used as the basic

framework for identification of hospital field work program characteristics relevant to the present study. The author modified the Hamilton and Else typology to more closely fit structural elements common to hospital programs. One additional category was added and others revised, as discussed below.

Learning Opportunities in Placement

Hamilton and Else included the following 9 dimensions under this category: administrative structure and location (agency, teaching center, service center, or campus); field of practice or social problem; theoretical orientation of agency; methods of practice; interdisciplinary potential; primary service area (rural, small city, inner city, suburban); diversity of population served; breadth of service assignments, and potential for student innovation.⁵⁴

For the purposes of this study, this category was modified to a significant extent.

First, the author distinguished between those dimensions not under the direct control of program leadership and those which are. There is precedent for this in the literature on satisfaction. Barber, in his work on job satisfaction in social service workers, stressed the importance of distinguishing between factors which are intrinsic to the job and those which are extrinsic and hence open to direct action.⁵⁵ Raskin, in her work on undergraduate satisfaction with field work pointed out the importance of identifying those variables open to external manipulation, and those over which there is no control.⁵⁶ In the present study, the intent was to provide information which can be used by both schools of social work and hospital departments of social

work, whose differing positions create a different perspective with regard to which organizational variables are open to external manipulation and which are not. For schools of social work, larger hospital organizational variables are open to external manipulation in the sense that schools can change the configuration of their relationships to include those hospitals whose characteristics are most favorable to meeting school goals. For designers of hospital field work programs, the same characteristics may be impervious to manipulation.

Second, the author eliminated dimensions contained in the Hamilton and Else category which do not apply to hospitals or which do not distinguish one hospital program from another. For instance, it was assumed that all hospital field work programs are in agencies, as no hospitals are known to be under the control of schools of social work. Similarly, it was assumed that all students placed in hospitals would be involved with other health care disciplines, although the extent of interdisciplinary work would vary depending upon service location and function. Also, as the present study took place in New York City, primary service location was thought to be distinguishable more accurately by distinction as to hospital type and auspices than geographic location, since all hospitals are located in an urban metropolitan area.

Thirdly, some dimensions which are unique to hospitals and which are thought to affect opportunities for learning were added.

External Organizational Factors Affecting Learning Opportunities

In this category, the author included the following larger organizational variables thought to affect availability of learning oppor-

tunities for students placed in hospitals, but existing outside of program leadership control: type of hospital, hospital auspices, hospital size, size of department of social work, function of department of social work, and total number of social work students in training. The last category was included because it is an indicator of total resources and because it may or may not be under the control of the leadership of the masters program.

Dimensions related to size were included because of indications in the literature that hospital social work departmental power, departmental size, and emphasis upon student education are linked. Robinovitch and Nash contended that in hospitals, training of graduate social work students is a means to power because such activities enhance the legitimacy of social work departments in the eyes of other health care disciplines.⁵⁷ Jansson and Simmons, in a study of intra-hospital power held by social work departments in 50 hospitals in the Los Angeles area, found that departmental size (the ratio of the number of social workers to hospital beds) was a measure of power. Larger departmental size was associated with greater social work community involvement, grantsmanship, participation in high level hospital decision making, and emphasis given by social work departmental leadership to training of health care professionals. The relationship was a direct one.⁵⁸

Assuming the validity of these findings, it was postulated that greater learning opportunities for graduate social work students, including opportunities for innovation, would be found in larger hospital departments of social work, and hence satisfaction with

learning opportunities should be greatest in the field work programs located in those hospitals.

A second dimension added to this category is that of departmental function relative to discharge planning. During the 1970s, some hospital departments of social work abandoned this function to nursing, while others did not.⁵⁹ In their study of hospital social work department power, Jansson and Simmons found that large and powerful departments were much more likely to be perceived by hospital administrators as providing tangible services than those with lesser power.⁶⁰ Given the high degree of importance placed upon provision of tangible services under prevailing prospective reimbursement conditions, it was speculated here that availability of both present and future learning opportunities for students would be greater in hospital social work departments which have retained the discharge planning function than in those which have abandoned it.

Other dimensions outside of program control are hospital size, hospital auspice, and type of hospital, (i.e., general vs. specialty, and medical vs. psychiatric, etc.), all of which might be related to availability of program resource levels, student stress, complexity of hospital field work program structure, and student satisfaction with the field work experience.

Internal Organizational Characteristics Affecting Learning Opportunities

The dimensions identified by Hamilton and Else which are open to internal manipulation are diversity of population served, breadth of service assignments, and methods of practice offered.

The author assumed that while the extent of population diversity differs among hospitals, all New York City area hospitals are characterized by some diversity of population relative to age, class, race, sex, religion, etc., and that field work programs can assign students so as to provide diversity.

The utilization of multiple service assignments and training in multiple social work methods is thought to have significant potential impact upon satisfaction with field education experience. These elements were reported as early as 1973 in a non-funded New York City area hospital field work program. Lurie and Pinsky described a program at the Queens Field Instruction Center in which students were assigned to multiple services, with some students assigned to multiple agencies. That program also required that students be trained in more than one social work method.⁶¹ Gladstein and Wilson described a second unfunded program operative in New York City at the same time in which Montefiore Hospital and the Mosholu Montefiore Community Center joined forces to provide students with multiple assignments across agencies.⁶²

The benefit of multiple assignments and multiple methods presumably is enrichment of education. However, given the inherently stressful nature of hospital settings, it might be the case that potential gains are offset by the additional stress added for students, as well as sacrifice of the depth that a single assignment and/or single method would provide.

It is unknown how the assignment to multiple service areas and/or multiple methods is related to student satisfaction. Raskin, in her study of undergraduates, found that variety of tasks was positively

associated with satisfaction.⁶³ However, this finding appears to be derived from only one item in which nature of contact (i.e., short term crisis, 8-12 sessions, only long term, even distribution) was measured.

For hospital field education, dimensions such as nature of contact, location of services assigned to, and types of service areas assigned to may be equally important as the fact of multiple service assignments and/ or multiple methods. The nature of contact as defined by length of case contact differs considerably, for instance, depending upon the function of the service to which the student is assigned. Location of service along the dimension of inpatient and ambulatory care carries implications for degree of service structure and interdisciplinary activity as well as length of contact. Whether the service is in a psychiatric or medical area has implications for student satisfaction, as does overall balance among these dimensions.

Of particular interest is the question of whether student satisfaction associated with these dimensions differs depending on school status by year or kind of masters program enrolled in. In her 1983 study, Raskin reported that national experts on field instruction identified the need for research regarding the differential appropriateness of learning objectives and tasks for first and second year masters students as one of five priority areas for research about field education.⁶⁴

Caroff and Mailick noted that some hospital departments of social work now demand that only second year students be assigned to their programs, presumably because of the difficulty of first year students in functioning in stressful hospital settings.⁶⁵ It can be speculated that some hospital assignments and/or combination of assignments are in-

herently less stressful for first year students, and that students placed in such assignments will express higher levels of satisfaction than those placed in more stressful service areas.

As the nature and location of social work practice in hospitals shifts in response to prospective reimbursement related change, the question of locus of student assignments may be affected by departmental efficiency concerns as well as those relate to educational effectiveness. Further, as hospitals diversify and create integrated vertical structures, new potential student assignments may be expected to be added for individual hospitals. While educational effectiveness must be weighed against organizational needs in developing service assignments, knowledge regarding the differential educational effectiveness of service area assignments is a precondition for decision making. The capacity to offer breadth of experience in turn may be related to the breadth of program resources. Two additional dimensions considered, therefore, are those of external funding and consortium participation. External funding for program staff, student stipends, and/or support services presumably would expand breadth of available opportunities and hence enhance student satisfaction with field work. While program resources may be expanded through funding, however, they also may be expanded through informal pooling of resources by two or more hospital programs. Such participation in consortium arrangements may expand learning opportunities while requiring relatively low expenditure of economic resources.

Structure for Field Instruction

In their typology for field work program structure, the second major category identified by Hamilton and Else is that of structure for delivering field instruction. Within that category, the authors list four dimensions. They are source of field instruction (one or more than one field instructors), number of students jointly in placement, teaching format (individual and/or group), and teaching methods (post service instruction and/or direct instruction). Of these, the first three seemed most related to this study.

Number of Field Instructors

According to Hamilton and Else, the nature of a social work student's education is determined by the number of field instructors involved in that student's education.⁶⁶

The advantages of more than one field instructor are thought to include exposure to different professional role models,⁶⁷ exposure to teachers with different areas of expertise,⁶⁸ exposure to different supervisory styles, introduction of multiple perceptions of student performance into the evaluation process, and diminution of educationally dysfunctional aspects that can occur in student-field instructor relationships.⁶⁹

The disadvantages are thought to be the loss of depth that is possible when a student has only one field instructor, and potential fragmentation of field education. The literature on multiple instructors emphasizes the need for one instructor to carry the primary responsibility for assuring integration of learning and for coordination of assignments. Lacking designation of one instructor as primary, the

responsibility for integration falls on the student. Lacking coordination among field instructors, it is thought that field education experiences serves to fragment, rather than enrich learning.^{70,71,72,73}

Assuming that the practice of assigning multiple field instructors can either add to or dilute the amount of stress experienced by students placed in hospital settings, the question of whether it is more common for one or for multiple instructors to be assigned in hospital field work programs, and whether students generally are more satisfied with one kind of structure than with the other was relevant to this study.

A further question relates to whether other structural elements of field instruction serve to moderate the effects of field instructor numbers. The dimensions of student unit size and teaching format identified in the Hamilton and Else typology were retained in order to examine this question.

Number of Students Jointly in Placement

While the most common pattern of field instruction is for the assignment of one or two students to an agency, this is not considered to be the most desirable. The presumption in the literature is that educational effectiveness is enhanced when large numbers of students are in a program. Theoretically, the availability of a substantial peer group serves to enhance overall learning because of the opportunity for peer learning. Further, it is thought that the emotional support provided by a peer group can serve to lessen student stress.^{74,75}

The literature does not directly address the question of optimal size, but implies a linear relationship. Cassidy refers to groups of six to eight,⁷⁶ and the team of Hamilton and Else to groups of six to

twelve,⁷⁷ as reflecting the upper limits of size. It is this author's experience that some hospital field work programs in New York City encompass student groups much larger. The actual upper limit was unknown in the study area, as was the optimal size for enhancing program effectiveness.

Teaching Format

The combination of group and individual teaching is uniformly addressed in the literature as a superior field work program format to one in which only individual supervision is offered.

Cassidy proposed that weekly agency group seminars for students are particularly effective for first year students, because of their greater need to acquire social work values, knowledge regarding social problems and human needs dealt with by the particular field work agency, and strategies for immediate intervention.⁷⁸ That is, it is thought that transmission lag stress is greater for first year than for second year students and that the combination of individual and group teaching is a superior means of spanning this gap.

This contention is supported by a finding in a study conducted by Kolevzon. He found that first year students provided with both individual and group teaching were significantly less likely to be critical of their field instructors than those provided with individual supervision only. There was no similar difference for second year students.⁷⁹

Caroff and Mailick identified the problem of transmission lag as a high priority issue in health care field education of first year students. They found that most schools of social work offering health

care courses do not introduce health specific content until the second year. They concluded that first year students consequently are reliant upon field teaching for necessary specialized content. They asserted that this places pressure on field work programs to become adept at conceptual teaching related to health care.⁸⁰

Two additional dimensions are proposed for inclusion in the present category. These are dimensions related to frequency and range of content included in group teaching. These dimensions may affect degree of student satisfaction among students exposed to group teaching.

Of particular interest is the inclusion of material orienting students to the field of practice and to the particular setting. As noted previously, the need for orientation for students placed in hospital settings is emphasized consistently in the health care literature. The identification of this need is based both on empirical research⁸¹ and upon theory related to the nature of hospital settings.^{82,83} It was postulated for this study that group teaching containing this orientation content would result in higher student satisfaction levels than group teaching which did not.

A related dimension not addressed in the Hamilton and Else typology is field instruction program structure for student-program contact prior to the first day of field work. This is a highly conflicted issue in field work education, with field work program personnel advocating strongly for such contact and some school personnel strongly opposed. Suanna Wilson, for instance, strongly advocated for individual student interviews at agencies before assignments are made, for the purpose of matching individual students to field work assignments based on in-

dividual educational needs.⁸⁴ Reva Fine Holtzman, in reviewing Wilson's work, took umbrage with this position, on the grounds that some schools find that such a structure is "educationally destructive and that it raises some new issues and problems".⁸⁵ For the present study, it was speculated that student exposure to the hospital setting, to program personnel, to other students with whom they will be placed, and/or to program expectations prior to the official start of field work would decrease the amount of student stress experienced after field work begins, and hence result in higher levels of student satisfaction with field work.

Field Instructor Characteristics

The last category in the Hamilton and Else typology pertains to characteristics of field instructors themselves. The author expanded the range of field instructor characteristics included and extended the category to include programmatic provisions for shaping these characteristics.

Hamilton and Else identified five program dimensions pertaining to this category: the theoretical orientation of the field instructor, education and experience as practitioner (BA, MSW, or degree in another discipline plus practice experience), education and experience as field instructor, employer (school or agency), and time committed to field instruction (full or part time).⁸⁶

Of these, experience of the field instructor as field instructor seemed more relevant to hospital field work programs than other dimensions. Identification of professional education and experience is considered not to be a distinguishing feature of field work programs in

New York City, as all schools require field instructors to hold a masters degree and to have a minimum of three years of post-masters professional experience. New field instructors of masters level students from New York City area schools all are required to complete a course in field instruction, minimizing differences in school delivered field instructor education.

Excepting for rare funded programs, hospital program field instructors are employed by hospitals, and not by schools. Similarly, in this era of cost containment, it was considered unlikely that hospital social work departments would assign staff members full time to field instruction, since such deployment would be hard to justify. While the theoretical orientations of field instructors are of some interest, the cruciality of these in hospitals was considered by the author to be less than in other agencies in which administrative division of labor is less rigidly defined than in hospitals.

Experience as field instructors, organizational relief from work load responsibility, departmental status of field instructors, and program structure for education and support of field instruction staff were considered to be the most salient field instructor dimensions in hospital field work programs and accordingly were included as study variables.

Field Instructor Experience

Since the onset of the era of scarcity in public support of social services, there has been increasing evidence of unwillingness on the part of agency personnel to serve as field instructors for social work students.^{87,88} Schools of social work reportedly face increasingly high

annual turnover in field instructors, with figures as high as 45 per cent reported.⁸⁹ At the same time, the field work literature consistently emphasizes the cruciality of the field instructor in determining the nature of the field work experience for individual students.^{90,91} It also consistently is emphasized in the literature that clinical competence and practice knowledge are not sufficient for competence in field instruction. One must be educationally competent, with knowledge of and experience in applying social work education principles.^{92,93}

It is unknown whether the turnover in field instructors is as high for hospital departments of social work as is reported for all settings. Based on the literature regarding the differing competencies needed for practice and for field instruction, it was expected that educational effectiveness and hence student satisfaction would increase as field instructor experience increased in the present study.

Work Load Reduction

The social work educational literature is quite strong in the conviction that agency executives must relieve field instructors of some work load responsibilities so that they may be freed to carry out their educational responsibilities. It is assumed that this is the case.^{94,95,96}

Frumkin, however, posited that commitment to social work education is an insufficient administrative reason to take such an action. He wondered what possibly would compel agency administrators to reduce worker caseloads, given current demands for demonstration of social work effectiveness and efficiency in service delivery.⁹⁷ That question seems particularly relevant for hospital social work departments facing

threats to organizational survival under conditions of prospective reimbursement. Given the presumption of work load reduction by schools of social work, the amount of work load reduction that actually exists in hospital field work programs was of some interest to the present study. It was thought that work load reduction would be the exception, rather than the rule. The relationship of work load reduction or lack thereof to student satisfaction was unknown. However, it would seem that this relationship has implications for both schools and hospital departments of social work in developing strategies for strengthening field education in hospitals. Therefore, it was included in this study.

Departmental Status

The departmental status occupied by field instructors is of interest from an educational as well as a demographic perspective. While field instruction experience is presumed to increase educational effectiveness, so is current field instructor maintenance of caseload responsibility. That is, it is thought that field instructors who maintain caseloads remain attuned to the anxiety levels of students because they experience the same caseload related causal factors. Further, current shared common practice experience is presumed to increase the phenomenon of student identification with field instructor, potentiating the role model impact upon student professionalization.⁹⁸

According to this view of the impact of field instructor status, it could be expected that students whose field instructors are staff social workers would experience higher levels of satisfaction with the field instruction experience than those whose field instructors are supervisors or administrators.

Field Instructors' Characteristics as Educators

As noted above, the field work literature consistently emphasizes the need for social work field instructors to possess educational as well as practice expertise.

Fortune et. al. found that satisfaction with the field education experience was most highly associated with the quality of field instruction and with the relevance of learning experiences to the educational goals of students.⁹⁹

These findings are consistent adult education theory. Bogo, for instance, asserted that assurance of quality field instruction is contingent upon the competency of agency field instructors in applying adult learning theory and principles in their work with students.¹⁰⁰

According to adult learning theory, characteristics of competent field instructors include encouragement of student self-direction and participation in formulating educational goals, clarity regarding expectations for student performance, provision of content immediately relevant to student problem solving needs, provision of experiences relevant to student learning goals, encouragement of expression of new ideas and of differences of opinion, encouragement of risk taking and provision of support when mistakes are made, demonstration of practice skills, encouragement of continuous mutual evaluation of performance, and encouragement of students to apply their life experiences and abilities to the field work situation.¹⁰¹

Assuming the validity of application of adult learning theory to field work, it was thought that students who are most satisfied with their field instructors' performance along these educational dimensions

would evidence the highest levels of overall satisfaction with the field learning experience.

Program Structure for Education
and Support of Field Instructors

Field instructors in social work agencies experience heavy time and work pressures which produce stress and which affect their performance in roles as educators. They are subjected to pressures to assure educational effectiveness in field instruction while assuring effective and efficient service provision to clients.¹⁰² They can be overwhelmed by the totality of what needs to be taught and feel isolated in working without supports in their roles as teachers.¹⁰³ When students are in concurrent placement, it is the field instructor who must cover the student's caseload on the days in which the student is absent, adding to the stress of carrying the dual role.¹⁰⁴

While many schools now offer seminars for new field instructors, other programmatic responses to the needs of field instructors are largely absent. Wilson contended that the provision of school seminars for new field instructors is neither sufficient for new field instructors to deal with the role, nor for management of field instructor stress in subsequent years. She noted that for new field instructors, the school cannot be available every time they need help. She suggested that the only way they can validate their initial experiences and handle daily stress is through discussion with more experienced field instructors.¹⁰⁵

Wilson further stated that there is a need for agencies to provide opportunities for all field instructors to meet periodically in order to

shape common educational philosophy and expectations and to provide support to individual field instructors who are facing problematic situations. She argued that isolated field instructors who lack such group support from intra-agency colleagues may also lack the confidence or courage to counsel students out or fail them in the field when indicated.¹⁰⁶

Since hospital based field instructors represent the group of social workers whom Sze and Ivker found to be most prone to stress and to suffer the highest level of stress,¹⁰⁷ it can be argued that their need for programmatic support is highest among field instructors across agencies. Perhaps not coincidentally, the few references to agency based field instructor groups found in the literature all pertain to hospital settings.

Gladstein and Wilson, in their description of the Montefiore-Mosholu Consortium, noted that the program's educational coordinator met separately with the primary field instructor and the secondary field instructor groups in order to address staff development needs and to secure field instructor feedback in evaluating students.¹⁰⁸ Robinovitch and Nash described a hospital field work program at the University Hospital in Washington in which a field instructor seminar was held bi-monthly, focusing upon educational issues as well as upon implications of threats to hospital social work survival for both hospital social work practice and education for practice.¹⁰⁹

The most sophisticated unfunded hospital based field instruction program model described is that employed by the Queens Field Instruction Center in New York. That model was based upon the concept of a field

instruction team which met weekly. The field instruction teams in that center were comprised of primary field instructors and an educational coordinator. The content of those seminars included planning and programming student assignments, planning for secondary assignments, and the sharing of information regarding the progress of individual students.¹¹⁰ The basic organizing concept was that field instruction teams should have flexibility as to team structure and division of labor, so that each could capitalize upon the particular skills of its members.¹¹¹

The descriptions of hospital based field education seminars for field instructors thus vary in terms of frequency of meetings, participants included in meetings, and content of meetings. These dimensions were all considered pertinent to the purposes of this study, as any or all might affect the degree to which hospital program field instructor seminars mitigate the effects of carrying an inherently stressful dual role in an inherently stressful setting. Further, field instructor participation in such seminars might be associated with the extent to which desirable educational characteristics are evidenced. The greater the frequency of field instructor meetings and the greater the range of field instructor personnel and scope of content of field work seminars included in hospital field work programs, therefore, the greater the level of student satisfaction should be with the field instruction experience.

Accountability

The author added an additional category to the typology proposed by Hamilton and Else. This category includes dimensions related to the role and function of the hospital coordinator of field work, and to

mechanisms for assuring accountability. Category dimensions are as follows.

Hospital Coordinator

The general field work literature includes little mention of the position of agency based coordinator as a crucial element in the structure of hospital based field work. As noted previously, the literature focuses upon the field faculty advisor/student/field instructor triad as the basic unit of field instruction.

Wilson noted that in large agencies, someone may be designated to coordinate and oversee the programs.¹¹² In the Queens Field Instruction Center, the design called for each field instruction team to be headed by a supervisor or administrator with substantial experience in field instruction.¹¹³ The function of coordinators included planning and programming of student assignments, leading seminars for primary field instructors, selecting field instructors for the field instruction team, and enhancement of the competence of field instructors.¹¹⁴ In the Montefiore-Mosholu design, the function of the coordinator included developing assignments for all students, leading seminars for both primary field instructors and secondary field instructors, teaching student seminars, and supervising students.¹¹⁵

In New York City, where this study took place, all hospital field work programs were thought to have one person designated as program coordinator. The characteristics of these coordinators and the range and common patterns of their designated functions were unknown. One dimension considered pertinent to the study was the social work department offices held by coordinators. A second was the extent of their

non-field work responsibilities. A third was the extent of their departmental authority over field instructors in relation to educational issues with individual students.

The departmental office held was considered related to internal power, as well as to organizational power as perceived by schools of social work. The extent of non-field work program responsibilities was considered possibly reflective of the amount of time available for allocation to the program. Both of these dimensions could affect the degree of leadership and influence that can be exercised by the coordinator in shaping the field work program and negotiating with schools. According to Frumkin, field education leadership and influence are important factors to be considered in making decisions about relationships between school and field.¹¹⁶

The extent of departmental authority regarding field instruction was considered to be a determinant of educational focus. According to Frumkin, the authority of the designated field agency person who spans the boundary between school and field program to assure compliance with school mandates, should be a key factor in decisions regarding school and field agency relationships.¹¹⁷ It was speculated here that if the field instructors' departmental superiors were accorded authority over the educational aspects of field instruction, the emphasis upon educational aspects would be less than if this authority resided in the position of educational coordinator. Given the premise that the expertise essential for educational effectiveness is different than that required for clinical effectiveness, the possession of authority over educational matters by the educational coordinator should increase

educational effectiveness, because of the coordinator's greater expertise. Accordingly, student satisfaction should be greater.

For the purpose of this study, a related factor was considered to be the extent of coordinator involvement in school of social work advisory committees. In the health care field of practice, it is thought that such membership can influence the quality of social work practice in agencies of members in a positive direction, can provide for opportunities for collaborative teaching, and can keep schools in touch with changing practice demands.¹¹⁸ It can be speculated that such membership creates additional influence over school actions with regard to individual field work programs.

Written Policies and Procedures,
Written Evaluations of Program

The last accountability dimensions considered are hospital field work mechanisms for identifying and communicating field work program policies and procedures, and for assuring formal program evaluation by students at the end of each educational cycle.

These are identified by Robinovitch and Nash as essential structural elements of hospital field work programs.¹¹⁹ The existence of written program policies and procedures may be said to reflect conceptualization of educational principles underlying the program and the expectations of students which are considered to be manifestations of these. Similarly, the existence of a system for formal evaluation can be said to reflect conceptualization of both program goals and the objectives through which goals are intended to be achieved. Further, the existence of these can be interpreted as constituting intent to

change program structure program effectiveness changes over time. As previously noted, measurement of outcome in and of itself creates conditions which are favorable to change.¹²⁰

For the purposes of the present study, it was assumed that these dimensions are associated with overall program effectiveness. It was therefore expected that masters level social work students placed in programs containing these structural elements would evidence higher levels of satisfaction than those in programs without them.

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CHAPTER THREE

METHODOLOGY

This chapter describes the setting in which study programs are located, methods by which the program population was estimated and the program sample chosen, the study instruments used and rationales for their design, the process of study implementation, and the methods employed for data analysis.

The Setting

The location chosen for this study is New York City. The Metropolitan New York area was chosen as the geographical locus, because the author resides in the area and is employed in hospital social work in New York City. The author's proximity to and familiarity with some hospitals in which field work programs were likely to be found were thought to be important factors affecting feasibility.

Health Care in New York City

In New York City, as in the nation, health care is the third largest industry, with approximately \$18 billion expended in the city on health care annually.¹

The New York City health care industry is dominated by a medical academic establishment that is centered in medical schools and major teaching hospitals. The latter comprise the greatest concentration of teaching medical centers in the world. The city's six medical schools

and more than 50 teaching hospitals produce over 6% of medical graduates nationwide and train approximately 15% of the country's interns and residents. New York produces more physicians than any other city world wide.²

Social Work Education in New York

Within New York City, five schools of social work provide masters level education, all of which have sizeable numbers of students placed in hospitals for field work. These are Columbia University, Fordham University, Hunter College of The City University of New York, New York University, and Yeshiva University. Four additional schools of social work providing masters level education are located within a 50 mile radius. Two of these, Adelphi University and State University of New York at Stony Brook are located on Long Island. Two are located out of state. These are Southern Connecticut State University and Rutgers State University in New Jersey.

Examination of the 1984 listing of Master of Social Work Programs, published by the Council on Social Work Education, reveals that this is the largest concentration of schools of social work in the country. The five schools of social work located in Manhattan alone exceed the number found in any other metropolitan area in the nation. The nine together comprise over 10% of schools of social work in the United States.³

The study setting therefore is characterized by the greatest concentration of teaching medical centers in the world and by the greatest concentration of graduate social work education in the country. These setting characteristics carry the disadvantage of potential limitation of the generalizability of study findings. The advantage of this

setting, however, is that it holds the potential for study of programs with varying degrees of complexity along a wide spectrum of program dimensions.

The Timing of the Study

This study was conducted during the first full academic year in which the Medicare DRG system was in effect in New York State. Unlike most other states, the DRG system for Medicare reimbursement was not implemented in New York until January of 1986.

The State first began to experience the impact of related Medicare changes late in 1984, when new regulations for monitoring of reimbursement of hospital costs by Medicare were implemented. Under those regulations, the number of hospitalization days disallowed for reimbursement by Medicare quickly rose in the state. A swift decline in New York City hospital occupancy rates followed, as it became clear that reduction in lengths of stay for Medicare patients were necessary in order for hospitals to be fiscally viable. By July of 1986, occupancy rates were at a twenty year low.⁴

An associated shift in the New York City hospital environment occurred in the latter part of 1986, when the New York State Department of Health advocated the elimination of 19% of acute care hospital beds in New York City. In accordance with this recommendation, a movement to force substantial reduction in hospital bed capacity was underway during the academic year in which this study took place.⁵

This study thus took place at a time of fiscal uncertainty and environmental flux for hospitals in New York City. Hospitals were contending with problems attendant to initial stages of implementation

of the DRG system, while facing marked downward shifts in bed utilization and capacity.

The timing of the study, therefore, was such that program patterns were expected primarily to be carried over from the pre-prospective reimbursement era. This presented an opportunity to gather data about program characteristics that evolved naturally in the pre-DRG era, while examining the effects of existing structural characteristics upon outcomes likely to become increasingly important for organizations in the dawning era. Implementing the study during a year of turmoil and institutional change, however, might have obscured boundaries between old and new structures as well as affected measures of student satisfaction.

The Program Population

In order to select a study sample likely both to be ample in size and to contain sufficient representation of program variables to be meaningful, it was necessary first to estimate the size and scope of the population of hospital field work programs in the Metropolitan area.

It was considered desirable to select a sample size that would yield a group of 250-300 graduate social work students as informants. Assuming a minimum return rate of 65%, a sample of 250-300 students would produce from 160-195 informants, a number considered sufficient to provide a broad base of data and to allow for multiple regression analysis. However, no estimate could be made of the number of programs needed for study in order to recruit sufficient informants until estimates of numbers of programs, and the size of student groups within programs, could be achieved.

Because the study was intended to gather data about a wide variety of program characteristics, it was further considered desirable to obtain a program sample characterized by diversity along the varying program dimensions identified for study in Chapter Two. Selection for purposes of capturing diversity could not be undertaken until some parameters of existing programs were identified.

The Preliminary Study

An approximation of the number of hospital field work programs in the New York Metropolitan area was derived from study of listings of health care field work settings utilized by area schools of social work during 1985-1986. Lists of settings used by seven schools of social work were provided by the New York Area Consortium of Directors of Field Work (Consortium) to the New York Coalition of Hospital Field Work Coordinators (Coalition) and made available to the author by virtue of Coalition membership. Listings provided by the Consortium did not include data from the Connecticut and New Jersey schools.

The Consortium is comprised of field work directors from the nine area schools of social work. The Coalition is comprised of New York area hospital coordinators of field work. Its members are employed by hospital departments of social work and are responsible for masters level field work education in those hospitals. As will be described subsequently, information essential for completion of this preliminary study phase was obtained from the Coalition as well as the Consortium.

The author first combined information from the seven lists provided by the Consortium and categorized it by hospital location and number of schools of social work with students in placement. Analysis of this

data revealed that 57 of 95 New York City hospitals with certified beds as of March, 1984,⁶ provided social work field instruction to masters level students in 1985-1986.

Additional data was gathered from material published by the New York United Hospital Fund regarding New York City hospitals and from a 1985-1986 Coalition survey of hospital field work programs. The combined data indicated that field work programs in New York City hospitals varied considerably along dimensions of hospital size, auspices, types of treatment offered, numbers of schools with students in training, and size of student groups.

Of the field work hospital settings, governmental hospitals were best represented, with all 3 federal hospitals, 14 of 15 municipal hospitals, and 8 of 10 state hospitals providing field education. The voluntary sector was represented by 30 of 53 hospitals listed. Least well represented was the for profit sector, with only 2 of 15 hospitals providing field work training.

The range in size of the hospitals providing field work was substantial. Hospitals ranged in numbers of certified beds from a low of 26 to a high of 1452.⁷ The median was 571, with distribution relatively evenly scattered between 200 and 1400 beds. All of the large hospitals were represented in the field education group. In the hospitals not providing social work student training, the range was from 40 to 532 beds, with a median of 204.

Information contained in field work setting lists provided by the Consortium indicated that the number of schools with students placed in individual hospitals ranged from one to six, with thirty eight (67%) of

hospital field work programs providing field education to students from more than one school.

Responses to a brief questionnaire sent to hospital coordinators of field work by the Coalition in the fall of 1985 provided information about program parameters. Twenty five program coordinators responded to a survey requesting information about their 1985-1986 programs. A total of six schools of social work were reported to have masters students placed in respondents' programs. The coordinators reported a total of 291 masters level students in placement, with student group size ranging from four to more than twenty students. Twelve hospital coordinators reported student groups ranging from four to nine students. Thirteen reported groups ranging from twelve students upwards. Given a median student group size of approximately twelve to thirteen students, and assuming the representativeness of this sample, it appeared that a program study sample of 20 to 25 New York City programs would yield a student informant group of 250 to 310 students.

Based on the information described above, it was decided to select a sample of 20 to 25 programs from the New York City population of field work programs.

The Study Sample

Twenty hospitals were selected for study, representing 35% of the New York City hospitals known to have graduate social work students in placement in the academic year preceding the study year. It was estimated that this number of hospitals would yield a total of 20-25 programs for study. It was expected that the number of programs would exceed the number of hospitals listed as having certified beds in 1984.

This was because some New York City hospitals actually are medical centers comprised of hospital divisions. While beds are certified to the parent medical center, they actually are located in separate divisions. At the time of sample selection, the author knew of several medical centers comprised of multiple hospital divisions and containing multiple field work programs. Thus there was reason to believe that the number of programs would exceed the number of hospitals.

The hospitals selected for study comprise a non-probability sample drawn from the population of 57 New York City hospitals previously described. A combination of quota and accidental selection was used to narrow the population to a sample of twenty. Selection by quota is considered to be a useful means of choosing subjects when specific characteristics of study subjects are associated with variables of concern. Accidental sampling frequently is used in exploratory social work research as a means of gathering large amounts of data in a limited amount of time.⁸ Since the object of the study was to obtain large amounts of data related to program characteristics and their differential impact upon satisfaction, and it was necessary to do so in a short amount of time, both kinds of sampling were deemed to be appropriate for this study.

Appendix I contains a listing of hospitals chosen for program study. It includes notation of some salient characteristics. The rationale for selection of these particular hospitals is as follows.

Hospital characteristics were used as the primary bases for quota selection, because of the connection of these to the statement of need as presented in Chapter One. The criterion of feasibility was used as

the basis for accidental selection when hospitals appeared equally to meet quota criteria. That is, those hospitals whose program coordinators were considered to be most likely to cooperate were selected.

Of hospital characteristics, auspice was considered to be the most important characteristic for selection by quota. As described in Chapter One, it is important to gain an appreciation of differences between education for social work practice in and for the public and private hospital sectors, because of the impact of prospective reimbursement upon clienteles. It is thought that it will be necessary to train social workers to work in a two class health care system in which lower class, chronically ill and sicker patients are treated in public hospitals, while more affluent and less ill patients are treated in voluntary and for profit systems.⁹ As the gap between these strata of hospitals widens, and as the current difficulty in recruiting hospital social workers worsens, knowledge about patterns of field work training and their differential effects upon student satisfaction will be of greater concern to the profession. For this reason, it was decided to select half of the hospitals from the public sector and half from the voluntary sector. The two proprietary hospitals in the population were not included in the sample chosen.

From the 23 public hospitals, the author selected 2 of 3 federal hospitals, 2 of 7 state psychiatric hospitals, and 6 of 13 municipal hospitals. The rationale for these selections was as follows.

The federal hospitals selected provide both medical and psychiatric treatment, offering a basis for contrast along those dimensions. They are large hospitals, providing a basis for comparison with large volun-

tary teaching centers along other program dimensions. Further, their lesser vulnerability to prospective reimbursement changes carries the long term potential of their serving as a rare locus for training of social workers in long term, inpatient care of chronically ill patients as well as shorter term care of less chronic ones.

The two state psychiatric centers were selected largely because it was expected that student training would be limited to work with psychiatric patients, thus increasing the number of student informants with that program characteristic and providing a broader base of programs distinguished by type of treatment given as well as by auspices. The Creedmoor State Psychiatric program specifically was chosen because of its participation in the Queens Field Instruction Center, a multi-agency consortium for social work training.¹⁰ Inclusion of consortium program hospitals offered potential for study of differences between programs participating and not participating in consortia.

Six municipal hospitals comprise the remainder of the public hospital sub-sample. These all are general hospitals providing both medical and psychiatric treatment. All are teaching centers affiliated with major voluntary hospitals. One was specifically chosen because of its participation in the Queens Field Instruction Center. The remainder were chosen for feasibility reasons.

Ten of the thirty four voluntary hospitals were selected for the other sub-sample. All of the hospitals known to be medical centers comprised of separate hospital divisions (four) were included. As noted in Chapter One, the vertical integration of hospital systems resultant from prospective reimbursement mandates is expected to produce extremely

large, complex, and diversified multi-hospital systems for delivery of health care by the end of the century.¹¹ As this pattern of organization develops, knowledge about differing organizational patterns for training within complex systems, and about their differential effectiveness will become increasingly important. Hence, hospital complexity was considered to be an appropriate basis for quota selection.

Program complexity was the next criterion employed. All hospitals connected with the three centers of field instruction previously reported upon in the literature were selected.¹² The Mt. Sinai and Montefiore hospitals as well as those involved in the Queens Field Instruction Center were selected. This resulted in a net gain of two, as one also was in the group of medical centers. Two of the remaining four hospitals to be selected were chosen because they provide only medical treatment and thus could provide student informants presumably assigned only to medical services, thus increasing the number of informants with that program characteristic. The last two were selected for feasibility reasons.

The final sample included hospitals ranging in size from 395 to 1452 beds, with a median size of 789. It included 16 general hospitals, some of which were known to include specialized divisions, as well as four hospitals with only psychiatric or medical beds. The number of schools with students placed in sample hospitals during the previous academic year ranged from one to six. All hospitals in the sample were known to be teaching centers affiliated with and providing training for academic medical institutions in the New York Metropolitan area. Thus the sample was comprised of relatively large teaching hospitals of

varying complexity and evidencing diversity along other known dimensions.

The Study Respondents

Previous studies of social work student satisfaction with field work experiences have utilized social work students to provide data about setting and program characteristics. Using students as the sole respondents, however, limits the scope of study variables to that data about which students are presumed to be knowledgeable. Further, it does not always allow for data gathering from informants who are the most knowledgeable about some variables. Accordingly, confining study to student respondents limits the extent to which variations in student satisfaction can be accounted for.

This study collected data from program coordinators as well as from students. The coordinators were thought to possess knowledge about dimensions of program characteristics that would be unknown or poorly known to students. Further, it was thought that the opinions and perceptions of coordinators might have a direct or indirect bearing upon the satisfaction experienced by students.

The Study Instruments

The instruments used in this study were the Graduate Social Work Student Satisfaction Questionnaire and the Hospital Field Work Coordinator Questionnaire, both of which were developed for this study.

The survey questionnaire was selected as the best type of instrument for the study, because of its potential for providing large amounts of information about organizations and people.¹³ Questionnaires present

the advantages of considerable savings in time and money, of diminished bias because of greater assurance of anonymity and standardized wording of questions to all subjects, and of enlisting large numbers of subjects over wide geographic areas.¹⁴

These advantages were considered primary in the present study because of the large number of subjects in the sample proposed and the large amounts of data sought.

The student questionnaire contains 88 items and the coordinator questionnaire 97. The items included in the questionnaires encompass the variables identified for study in the literature review of Chapter Two. As described in that chapter, study variables were drawn primarily from the social work health care education literature, from the general social work field education literature, from the general field work research literature, from literature related to stress among social work student and hospital social workers, and from research literature related to social work student satisfaction.

A full listing of questionnaire items and the distribution of sets of items among sections within questionnaires and between questionnaires is located in Appendix II.

Each questionnaire consists of three major sections, with an open question asking for comments appearing at the end of both. The three major questionnaire sections address student and program demographic variables, satisfaction variables, and criticisms of program characteristics. The following part of this chapter includes a description of items included in each section and of rationales for instrument design.

Student Demographics and Program Characteristics

The first section in each questionnaire contains demographic items. The coordinator questionnaire contains 39 such items related to program characteristics. The student questionnaire contains 6 demographic items related to student personal characteristics, 15 items related to student characteristics associated with educational status, and 6 items related to program characteristics.

As discussed in Chapter Two, the 6 student personal items were included in order to allow for sample comparison. Items pertaining to student educational characteristics were drawn from the field work literature.

Program characteristic items are taken from the revised Hamilton and Else framework¹⁵ that was developed in Chapter Two. The four major categories used to catalogue program dimensions in this study include Learning Assignment Opportunities Dimensions, Structure for Field Instruction (Teaching) Dimensions, Field Instructor Dimensions, and Accountability Dimensions.

Satisfaction

The second section in each questionnaire contains items related to satisfaction. Both questionnaires include Likert type satisfaction scaled items, with the scale including 5 choices from "Very Dissatisfied" to "Satisfied". The student questionnaire includes five such items (satisfaction with field instructor, with learning, with field work program, with hospital, and with the experience). Three additional items at the end of the questionnaire ask students to indicate whether

they would take a social work position at the hospital if it were offered, whether they think such a position would be offered, and whether they would recommend the field work placement. The coordinator questionnaire contains 6 satisfaction scale items (satisfaction with field instructors, with learning, with field work program, with hospital, with students, and with school seminars for new field instructors). One additional related item at the end of that questionnaire asks coordinators to indicate how many students they would recommend for employment as social workers in their hospitals.

The satisfaction section contains the items measuring the study's dependent variable. In planning its design, the question was whether to construct a new instrument for measuring satisfaction or to use or modify an existing one.

Bostwick and Kyte point out that one of the problems in social work research is that researchers use different instruments to measure the same variables. This approach makes it difficult for the profession to progress toward empirical testing of theories.¹⁶ Austin and Crowell suggest the use of standardized measurement in social work research because the use of different measurements always calls into question whether differences in findings are attributable to differences in measurement. They recommend modification of existing questionnaires as a way of building upon existing work while avoiding the limitations of rigid adherence to the original instruments.¹⁷

The design ultimately adopted for measuring satisfaction in the current study combines and modifies parts of instruments used by Ras-

kin¹⁸ and by Fortune et. al.¹⁹ in their respective studies of undergraduate and graduate social work student satisfaction with field work.

Initially it was planned to follow the design employed by Raskin in her 1979 study, in order to achieve standardization in measuring satisfaction, an approach recommended in the social work literature, as previously noted. The Raskin instrument includes a section of 73 scaled satisfaction items, with a 5 choice scale to the left of each item asking students to indicate their degree of satisfaction (from Very Dissatisfied to Very Satisfied), and a 5 choice scale on the right asking students to indicate the amount which explained the degree to which they were satisfied (from Much Too Little to Much Too Much).²⁰ After some review of the Raskin material, however, it was decided to adopt the "Amount Explaining Satisfaction" type of scale to measure specific program items for the present study, while using a separate Likert type satisfaction scale section to measure more global areas of satisfaction.

The decision to do so was based partly on Raskin's finding that the two scales were redundant on individual items. Raskin found a nearly perfect correlation between the two scales on each item. That is, subjects were satisfied when variables were present in the "Just Right" amount and were unsatisfied when they were not.²¹ The apparent redundancy of the scales made it desirable to eliminate one, despite a consequent partial loss in standardization.

The decision to create a separate satisfaction section further was based on the advantages such a design might offer for utilization of study findings within the context of the statement of need and problem

approach developed in Chapter One. It was thought that combining the design used by the Fortune group to measure areas of satisfaction, with the design used by Raskin to measure explanations for satisfaction with specific related items, could provide a means for organizational decision making based on hierarchical priorities.

The Fortune group obtained measures of three global areas of satisfaction (satisfaction with field instructor, satisfaction with field learning, and satisfaction with field agency) and examined associations of a number of items with these larger categories of satisfaction.²² For the present study, it seemed that adopting a similar strategy could facilitate decision making related to establishing, reshaping, and/or dissolving school/field ties by consumers of study findings. That is, an understanding of level of student satisfaction in an area most closely allied with the highest organizational priority could allow school and/or field to reshape inter-organizational ties or influence program patterns consistent with identified priorities. It would allow for further examination of those variables known to influence satisfaction in the highest priority areas and for reshaping of program design and/or affiliations to influence those program characteristics in the desired direction.

At the same time, the possibility of a curvilinear distribution of criticisms about program variables made it desirable to keep the "Amount Explaining Satisfaction" type scale for individual items. If lack of satisfaction in an area can be attributable to too much of something as well as too little, then including a scale measuring direction of criticism allows for more specific interpretation of significant findings.

Hence, an association between satisfaction in a global area and amount of criticism of a specific program characteristic could further be examined to determine the numbers of students experiencing too little as well as those experiencing too much of a characteristic. Those subgroups might then be examined in relation to other variables.

Hypothetically, for instance, student satisfaction with the program hospital might constitute a high priority for its social work department because of a critical need for recruitment. In that case, the program design might be reshaped in order to strengthen those program dimensions producing greatest satisfaction with the hospital. The hospital social work department might also realign affiliations with schools of social work to maximize ties with schools whose students are most likely to be satisfied with the hospitals in which they are placed. On the other hand, a school of social work might well place highest priority on developing relationships with programs in which student satisfaction with program is high, based on a belief that this area of satisfaction is linked to recruitment and retention of the most able students. In such a case, the measurement of satisfaction in global areas would allow schools to identify programs most likely to produce the kind of student satisfaction desired. The use of explanations for satisfaction areas would allow for enhancement of specific program characteristics most likely to produce the kind of outcome desired.

The satisfaction variables used by the Fortune group served as the basis for selecting scaled student satisfaction items. The variable of satisfaction with agency was split into two variables for the present study, because of the complexity of hospital organizations. Separate

measures of satisfaction with the field work program and with the hospital were obtained.

A fifth variable, overall satisfaction with the field work experience, was added. While intuitively it seemed that the sum total of measurements of satisfaction in the four areas identified would capture the essence of overall satisfaction, it could not be assumed that this was the case. Other global areas might exist outside the researcher's awareness which could affect the overall satisfaction with the experience. Obtaining a separate measure of satisfaction with the experience, therefore, would allow for determination of how well the first four satisfaction variables together capture the experience. Further, it could not be assumed that each of the four global measures would equally affect overall satisfaction with the field work experience. Adding the fifth variable offered the advantage of examining the relative contribution of the first four to overall satisfaction with the experience.

The rationale for employing the present study instruments, therefore, is based upon the potential for maximum utilization of findings within the context of the statement of need leading to the study, and the contingency approach advocated for responding to that need. The rationale for using modified instruments employed in previous student satisfaction studies is based upon the advantages of building upon scarce existing research, while allowing the specific objectives of the study to be met consistent with the problem formulation.²³

Criticism Scale

The third section of each questionnaire contains 50 scaled items asking informants to indicate the extent to which they considered each

item variable to be present in the placement. As previously discussed, this scale is based on the Raskin instrument for measuring explanations of satisfaction. The scale is a 5 point scale ranging from Much Too Little to Much Too Much. A 6th response choice of Not Applicable is offered. The same 50 items appear in the same order on both student and coordinator questionnaires, with the wording on student questionnaires generally requesting opinions about individual or program experiences with variables, and wording on coordinator questionnaires requesting an opinion about the program items as a whole. For instance, students were asked to rate the extent of "My field instructor'(s)' being open to my opinions" and coordinators were asked to rate the extent of "Field instructors' being open to students' opinions". This scale will be referred to as the Criticism Scale.

Forty two items on the Criticism Scale relate to program characteristics. Four other items are drawn from the literature on student stress (amount of stress in placement; overall amount of work expected; rules, administrative details and red-tape involved; feeling of accomplishment from work). The remaining four consist of items related to student educational characteristics.

Distribution of Items

Appendix II lists the items by set (student demographics; program dimensions; stress; satisfaction) according to appearance in student questionnaire, coordinator questionnaire, and Criticism Scale (i.e., items appear in both questionnaires).

A small number of items in given categories appear in more than one place. For instance, students were asked to indicate the number of

services or programs to which they were assigned, coordinators were asked to indicate how many students were assigned to various numbers of services or program areas, and both groups were asked their opinions about the number of services or program areas to which students were assigned.

As detailed in Appendix II, a total of 28 study items relate to student demographics, 21 items to Learning Opportunities Program Dimensions, 21 items to Structure for Field Instruction Program Dimensions, 34 items to Field Instructors Program Dimensions, 10 items to Accountability Program Dimensions, 15 items to satisfaction, and 4 items to stress.

Pre-Testing

The primary concern in pre-testing the instrument was assurance of clarity in and common understanding of questionnaire language. This is a concern whenever pre-existing questionnaires developed originally for one group of respondents are modified for use with another.²⁴ For the present study it was questionable whether language used in the Raskin and Fortune group studies would be understood as intended by the cohorts in this study, because of demographic differences. In the present study, it further seemed likely that differences in terminology related to study variables would exist within and between the groups of respondents. It was speculated that students and coordinator graduates of different schools of social work would use differing terminology to describe educational factors. Similarly, it was thought that individuals from different hospital programs might understand program items dif-

ferently, because such programs generally have evolved autonomously in hospitals and hence have developed their own technical languages.

Two small groups of individuals were used to pre-test the instruments. Four people, including two experienced program coordinators and two relatively inexperienced assistant coordinators were asked to complete the coordinator questionnaire. Four recently graduated social workers who had been in hospital field work placements during the previous academic year pre-tested the student questionnaire. Pre-testers were graduates of different schools of social work and had received field work training at different hospitals.

Pre-testers were asked to make written comments about the questionnaires, following which individual meetings were held to discuss comments. On the coordinator questionnaire, one question was eliminated and five modified in the demographic section as a result of pre-testing. On the student questionnaire, 2 demographic questions were added and 5 were modified. Additional changes were made in the format and content of the Criticism Scale because of consensus discomfort over its format and language.

One major area of discomfort about the Criticism Scale related to the language of the instructions. The original instrument closely followed the Raskin language and format. There was consensus among the pre-testers for this study's instruments that the request for social workers to judge the amount of a characteristic was awkward. All agreed that being asked to judge the extent to which something is evidenced is more consistent with the way in which social workers evaluate phenomena.

The language of the instructions was modified accordingly to ask for opinions regarding the extent to which characteristics were present.

Pre-testers in both groups also expressed uneasiness about the choices on the scale itself. During individual discussions, it emerged that some of this discomfort related to respondents' failure to perceive the curvilinear logic of the design. That is, because the draft instrument began with a series of items all of which tended to elicit either "Too Little" or "Just Right" responses, respondents experienced completing the questionnaire as an arbitrary exercise in making unreal distinctions. Changing the order of questions so as to include a more balanced mixture at the beginning of the scale was recommended by pre-testers and adopted by the researcher as a means of establishing an initial pattern in which curvilinear possibilities were clear.

Five questions in the Criticism scale were eliminated and another 5 modified as a result of pre-testing.

Two questions were added to the coordinator questionnaire after pre-testing, as a result of preliminary conversations with two coordinators about study participation. In the course of both conversations, coordinators described having had unusually large numbers of students with problems in placement during the study year. As they described some of these experiences, it was apparent that this phenomenon had intensely affected their views about field work in the study academic year. The coordinators described having experienced considerable drain both upon their emotional resources and upon their time. Each expressed the opinion that dealing with situations involving problem students resulted in diversion of considerable time and attention

away from other organizational responsibilities as well as from other students and other areas of program functioning. These observations raised the possibility of an adverse effect on general student satisfaction as a result of participation in programs in which there were students considered to have problems in performance.

Accordingly, questions were added requesting that coordinators indicate the number of students who had left placement for any reason during the course of the year as well as the number of students considered to have major problems in placement.

After pre-testing and completion of content and form, both questionnaires were transformed into booklets 8 1/2 by 11 inches in dimension. Copies of the final instruments appear in Appendix III.

Implementation

Questionnaires were pre-tested and revised during the first half of February, 1987. The process of making initial telephone contact with program personnel from the sample hospitals was begun on February 18, 1987 and completed by March 9. The first set of student questionnaires was completed on February 23, and the last returned at the beginning of June. The first coordinator questionnaire was returned at the beginning of March and the last at the beginning of July.

The process of initial contact varied somewhat, depending upon the author's relationship with individual coordinators. In instances in which coordinators were known to the researcher, initial requests for study participation were made via telephone calls to those persons. In instances in which the coordinators were unknown to the researcher, the first approach was made by the author's department head to his counter-

part at the other hospital. This was consistent with the notion that adhering to agency protocol is key to securing cooperation with social work research.²⁵ Having secured departmental permission to proceed via that means, direct telephone contact was established with the coordinator.

In the initial telephone conversations, the purpose and design of the study were discussed briefly. Coordinators were asked whether they would like an individual meeting in which to further discuss the study. In two instances, such a meeting was requested and held. In the initial telephone calls, coordinators also were asked how many students were in placement in their programs, whether other programs and/or program coordinators existed in their hospital settings, and what method of data collection was best for their programs. Some requested further written material prior to making a commitment to participate and/or establishing a method for implementation, and this was provided. Ultimately, all of the program coordinators who were asked to participate in the study did so. Administration of student questionnaires was conducted through those coordinators.

Defining Programs and Coordinators

A need to decide what constituted a program and/or who would be considered a coordinator for study purposes emerged during initial telephone contacts with social work personnel from three of the original sample hospitals.

In one instance, the question of what constitutes a distinct program and what person is a coordinator was difficult to decide. Three distinct sub-programs were identified, each with a different type of

student cohort and each with a different program coordinator. The coordinators in turn were accountable to an educational director, who was responsible for all three sub-programs.

In that case, there was no clear conceptual basis for deciding whether to treat the three sub-programs as different programs, or to treat them as one. Whereas coordinator accountability was ultimately to one educational director, and there was a long history of institutional clarity and unity with regard to program philosophy, methodology, and norms, there also appeared to be significant delegation of authority for the organization and delivery of field instructor continuing education as well as student education. While there were common student and program personnel meetings, there also appeared to be substantially different ones.

Ultimately it was decided to treat the three programs as distinct for most study purposes, on the basis that the organization perceived them as such. Given that comprehensive knowledge of potential variations in structure was not available at study inception, and therefore distinctions among them could not be made, the clearest criterion for defining a field work program seemed to be whether or not the organization sponsoring it so defined it. Similarly, the clearest criterion for defining a coordinator seemed to be whether the organization sponsoring the program defined someone as coordinator. Since the educational director perceived the programs as distinct and the persons administering them as coordinators, they were treated so in the study.

In a second situation, a large program had no designated coordinator. In this case, the director of the social work department was

treated as the coordinator for study purposes, providing program data via completion of the coordinator questionnaire. That director also arranged for distribution of student questionnaires and provided names of students for follow up purposes.

In a third situation, two programs were found in a single hospital entity. The medical social work service had one program and the psychiatric service another. Each program had its own coordinator, and the programs were considered by the organization to be separate. Accordingly, the programs were treated as different for purposes of data gathering and in analysis of most study variables.

During the initial phase, a total of 27 programs were identified. These included eight programs located in separate divisions of major medical centers and five programs located within two single hospital settings.

Methods of Questionnaire Administration

The process of implementation of student questionnaire administration in different programs varied according to the stated preferences of the individual coordinators.

A total of four coordinators requested that the researcher administer questionnaires to student groups at the program site. One requested that questionnaires be mailed directly to students in the program. The remainder expressed a preference for distributing the questionnaires themselves, either in group administration or via individual distribution.

Following initial telephone contact, written material was sent to

each coordinator. The content varied, depending upon agreements previously negotiated and concerns stated by the particular coordinator.

The most frequently used method for distributing and tracking student questionnaires was suggested by one coordinator early in the initial contact phase. That method is as follows. Pre-packaged packets of student materials were given to coordinators. Each student packet contained a letter of explanation, a questionnaire coded by hospital and student number, and a large stamped addressed envelope in which the student was asked to seal and return the questionnaire. Consecutive numbers were assigned to and marked on the outside of the envelopes containing the packets. The packets then either were given to students in group administration or distributed to individual students. For questionnaires completed in group administration and collected in sealed envelopes, the numbers were to be ignored. Coordinators were asked to track the questionnaires distributed by other means. They were asked to provide names of students given specific numbered packets on a list supplied by the researcher, and to return the list by mail so that follow up questionnaires could be sent to those students not responding.

Follow up was made whenever possible, using the method preferred by individual coordinators. Some coordinators collected the sealed envelopes in order to track responses themselves, and then mailed entire sets. Others kept the lists and requested to be notified of questionnaires not returned, so that they could follow up themselves. Some immediately returned the lists for researcher follow up. A few others deferred distributing questionnaires until the end of the semester, obviating opportunity for follow up.

Coordinator questionnaires were sent and returned by mail. In all, 27 of 27 coordinator questionnaires and 238 of 278 student questionnaires distributed were returned. These respective response rates of 100% and 85.6% exceed the 65% response rate considered to be the minimum acceptable for social work survey research.²⁶ They compare favorably with response rates achieved in previous studies of student satisfaction.

Analysis

Data from both questionnaires was recorded for computerized analysis using the Statgraphics statistical package. Statgraphics programs then were used for all data analyses excepting factor analysis. For that procedure, data was converted to SAS format and analysis performed on mainframe.

Cronbach's alpha was obtained for the two instrument scales in order to determine whether they would yield interpretable statements about individual differences.^{27,28} The alpha coefficients for the satisfaction and criticism scales in this study instrument were .85 and .75 respectively. These coefficients fall somewhat short of the .90 level considered desirable for reliability.

Descriptive Analysis

The Statgraphics Frequency Tabulation and Summary Statistics programs were used for descriptive analysis of student demographics, student satisfaction levels, program characteristics, and student criticisms. As noted previously, a total of nine research questions were

formulated for this study. These descriptive analyses were used to answer questions 1,3,5, and 7:

1. What were the characteristics of the hospital field work programs studied in New York City during the Spring of 1987?
3. What were students' perceptions regarding the extent to which they experienced stress in field work?
5. What were student criticisms about program characteristics?
7. What differences existed between student criticisms of program characteristics and criticisms expressed by program coordinators?

Analyses of Association

The One-Way ANOVA program was used to examine relationships between nominal level independent variables and satisfaction scale variables. ANOVA is a procedure used to study relationships between multiple group nominal-level independent variables and interval or ratio level dependent variables. The use of ANOVA for analysis of non-dichotomous nominal variables is preferable to a series of t-tests on rotated pairs of multiple group variables. Further, since the mathematical results of t-tests and ANOVA are the same, ANOVA may also be used to test dichotomous independent variables.²⁹

The Statgraphics One-Way ANOVA program allows for post-hoc testing when significant F ratios are determined. In this study, two post-hoc analyses were completed on multiple group independent variables showing significant F ratios. First, Bartlett's and Cochran's tests for homogeneity of variance were done. This was necessary because ANOVA assumes that group means do not differ significantly from each other. In instances in which unequal variances were found, data was dichotomized and

subjected to the t-test procedure for unequal variance, using a 95% confidence level.

Variables which yielded statistically significant results on ANOVA and met homogeneity of variance requirements were subjected to the Scheffe test in order to identify which groups differ significantly from each other. The Scheffe test was used because it is appropriate for groups of unequal size.³⁰ A confidence level of .95 and an alpha level of .05 were used in these tests.

The Pearson r Correlation Analysis procedure was used to examine associations between quantitative independent variables and satisfaction scale dependent variables. This procedure was used in preference to ANOVA and t-tests whenever possible, because it indicates strength of association as well as direction and level of significance.

To test associations between program variables reported by program coordinators and student satisfaction variables, coordinator responses were assigned to all students in their respective programs. Testing was completed using this converted data for the independent variable.

ANOVA, t-tests, and Pearson r correlation procedures were used to answer questions 2,4,6,and 8:

2. How were program characteristics related to student satisfaction with field work?
4. How were student stress levels related to student satisfaction with field work?
6. How were student criticisms about program characteristics related to student satisfaction with field work?
8. How were differences between student criticisms of program characteristics and criticisms expressed by program coordinators related to student satisfaction?

Factor Analysis

Prior to performing correlation analyses for Criticism Scale items, factor analysis was done in order to reduce the number of variables to manageable proportions. Factor analysis is a procedure which determines which items cluster together and then groups them into factors which can be used for other analysis. The intent in using this procedure was to combine within single factors those items which are most highly correlated with each other, while independent of items found in other factors.

Because the data set was too large for the micro-computer, this analysis was done on a mainframe using the SAS program. Applicable responses to all 50 items were included in analysis. Selection of variables was pairwise, because some variables had large numbers of Not Applicable responses. Factors with eigenvalues of 1 and above were chosen. Varimax orthogonal rotation was used for analysis of principle factors. Items with loadings of at least .40 were assigned to factors for further analysis.

Prior to correlation analysis, Criticism scale items were recoded to capture curvilinear relationships. Much Too Much and Much Too Little responses were combined into one category and assigned the value of 1. Too Much and Too Little responses were combined and assigned the value of 2. Just Right responses retained a value of 3. Scores of items found within independent factors were then averaged in order to establish factor scores.³¹ Correlation analysis was completed using these factor scores as independent variables.

Factor scores measuring differences between student and coordinator perceptions regarding program characteristics were obtained by first subtracting student responses from their corresponding coordinators' responses on individual items. Negative scores were converted to positive in order to establish absolute distance. Factor scores were then established by averaging those item scores within each factor.

Multiple Regression Analysis

Finally, multiple regression analysis was employed to determine the amount of variance in satisfaction explained by study variables, and to examine the relative contributions of these variables to outcome measures.

This procedure was used to answer question 9:

9. What program factor or factors make the greatest contribution to explaining variations in graduate social work student satisfaction with field work in hospitals?

Organization of Findings

Study findings have been organized into four chapters.

In Chapter Four, findings related to students are presented. That chapter includes descriptions of student satisfaction levels, student demographics, student perceptions about field work program characteristics, and the relationships of student demographics and perceptions to the five student satisfaction scale variables.

Findings related to hospital field work program characteristics are presented in Chapter Five. Prevalence and patterns of characteristics are described, with presentation of findings related to associations

between program characteristics and student satisfaction outcome measures.

In Chapter Six, differences in perceptions between coordinator and student pairs, and between cohorts, are presented as appropriate in relation to satisfaction and criticism variables.

Chapter Seven reports on independent variables that are predictors of five outcome measures of student satisfaction. That chapter includes discussion of explanatory data related to major predictive factors, and how that data might be used to improve program performance in relation to student satisfaction. Chapter Seven concludes with a brief analysis of the responses to the open question appearing at the end of each questionnaire, with a primary view toward identifying salient variables omitted by this study.

The last chapter, Chapter Eight, presents a discussion of implications of study findings within the context of problem formulation discussed in Chapters One and Two.

CHAPTER THREE FOOTNOTES

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CHAPTER FOUR

FINDINGS RELATED TO THE STUDENTS

A total of 238 graduate students participated in this study of hospital social work programs in New York City. This chapter presents findings about levels of student satisfaction with field work, descriptive data about student respondents, findings regarding associations between student characteristics and field work satisfaction, descriptive data about student perceptions regarding field work characteristics, factor analysis of student perceptions about field work characteristics, and findings regarding associations between perception factors and field work satisfaction.

Student Satisfaction with Field Work

A total of eight satisfaction items were included in the student questionnaire. Five comprise the student satisfaction scale. Those items constitute the dependent study variables. Three additional items were included at the end of the student questionnaire. Distribution of responses and associations among satisfaction items are as follows.

Satisfaction Scale Items

The distribution of responses to the five scale items is presented in Table 1. The rates of satisfaction for the five items are: satisfaction with learning, 85%; satisfaction with the field work experience,

TABLE 1
NUMBERS AND PERCENTAGES OF STUDENTS AT FIVE LEVELS OF SATISFACTION
ON FIVE SATISFACTION SCALE ITEMS
(N=238)

Satisfaction Level	Satisfaction With ...				
	Field Instructors	Learning	Field Work Program	Hospital	Field Work Experience
<u>Very Dissatisfied</u>	9 3.8%	4 1.7%	7 2.9%	18 7.6%	3 1.3%
<u>Dissatisfied</u>	31 13.0%	9 3.8%	24 10.1%	30 12.6%	21 8.8%
<u>Neither Satisfied Nor Dissatisfied</u>	16 6.7%	20 8.4%	30 12.6%	55 23.1%	23 9.7%
<u>Satisfied</u>	77 32.4%	108 45.4%	119 50.0%	111 46.6%	113 47.5%
<u>Very Satisfied</u>	102 42.9%	95 39.9%	57 24.0%	23 9.7%	76 31.9%
<u>No Response</u>	3 1.3%	2 .8%	1 .4%	1 .4%	2 .8%

79%; satisfaction with field instructors, 75%; satisfaction with the field work program, 74%; and satisfaction with the hospital, 56%.

It was expected that rates of student satisfaction on these items would be low in comparison with those reported in the literature for other groups. However, this was not the case. Satisfaction rates in the present study compare favorably with the general field work satisfaction rates of 65-75% reported in the literature¹ as well as the 71-81% rates reported by Fortune et. al. in their more recent study of graduate students.²

In the Fortune et. al. study, students in health care settings were found to be significantly less satisfied with field instructors than students in other settings. In the present study, however, satisfaction with field instructors was higher than the overall Fortune study rate. Accordingly, it would appear either that health care students in New York are more satisfied than the cohort in Virginia, or that non-hospital health care settings account for the lower satisfaction rate reported by the Fortune group.

The pattern of satisfaction rates among items in this study parallel the findings of Fortune et. al. That is, the highest level of satisfaction was found in the area of field work learning, while lowest satisfaction levels relate to the field work agency.³

Correlation analysis was performed in order to examine the relationships among the five scaled satisfaction items. As shown in the Table 2, all items were inter-correlated at the .0000 level of significance, with correlation coefficients ranging from a high of .72 (satisfaction with program and with the field work experience) to a low of .34 (satisfaction with hospital and with field instructors).

Non-Scale Satisfaction Items

Three additional satisfaction items appeared at the end of the questionnaire. The first of these items asked students whether they would accept a position at the host hospital if it were offered. The second asked whether students thought a job would be offered. The third asked whether students would recommend the placement. "Other" category

TABLE 2
CORRELATIONS FOR SATISFACTION SCALE VARIABLES
(N=234)

Student Satisfaction with ...					
	<u>Learning</u>	<u>Field Instructors</u>	<u>Program</u>	<u>Hospital</u>	<u>Field Work Experience</u>
<u>Learning</u>	1.000	.5592	.5239	.4015	.6528
<u>Field Instructors</u>		1.000	.4771	.3395	.5861
<u>Program</u>			1.000	.5995	.7226
<u>Hospital</u>				1.0000	.5912
<u>Field Work Experience</u>					1.0000

P < .0000 for all correlations

responses on two items were recoded prior to data analysis. The frequencies program was used to tabulate responses. Distribution of responses is presented in Table 3.

An encouraging number of students indicated that they either would accept (39%) or did not know whether they would accept (34%) a job at the host hospital. Responses on this item generated considerable interest during the course of the study, as a shortage of social workers in the Metropolitan area worsened and recruitment to hospital positions suffered. That shortage possibly accounted for the high number of students (79%) who thought they would be offered a position. On the third item, 69% of this cohort indicated that they would recommend the field placement, a finding that appears to substantiate that this student group generally was satisfied with the field work

TABLE 3
DISTRIBUTIONS FOR THREE NON-SCALE SATISFACTION VARIABLES
(N=238)

Satisfaction Item	Number	Percent
<u>Would you accept a social work job at the hospital ... if you were offered one?</u>		
Yes	93	39.1%
Don't Know	81	34.0
No	61	25.6
No Response	3	1.3
<u>Do you think the social work department...would offer you a position ...?</u>		
Yes	188	79.0%
No	26	10.9
No Response	24	10.1
<u>Would you recommend your hospital as a field placement to other social work students...?</u>		
Yes	164	68.9%
Don't Know	36	15.1
No	36	15.1
No Response	2	.8

experience.

The relationships between these latter satisfaction items and the satisfaction scale items first were examined through ANOVA. Items then were dichotomized and subjected to two sample t-tests in order to control for unequal variances that emerged on some ANOVA tests. Results are presented in Table 4.

TABLE 4

T-TESTS FOR THREE NON-SCALE SATISFACTION VARIABLES,
WITH STUDENT SATISFACTION SCALE ITEMS AS DEPENDENT VARIABLES

Variable	<u>Satisfaction with Field Instructors</u>		t score	p
	Mean Score	Mean Score		
	Yes Group	No/Don't Know Group		
Would Accept Job If Offered	4.4457	3.69014	5.0392	.0000
Think Job Would Be Offered	4.1123	3.26923	3.5492	.0004
Would Recommend Placement	4.3580	3.1644	8.1541	.0000

Variable	<u>Satisfaction With Learning</u>		t score	p
	Mean Score	Mean Score		
	Yes Group	No/Don't Know Group		
Would Accept Job If Offered	4.4457	4.4028	3.6809	.0002
Think Job Would Be Offered	4.2766	3.7600	2.8958	.0042
Would Recommend Placement	4.4534	3.6027	7.7624	.0000

Variable	<u>Satisfaction With Field Work Program</u>		t score	p
	Mean Score	Mean Score		
	Yes Group	No/Don't Know Group		
Would Accept Job If Offered	4.2581	3.5352	5.7472	.0000
Think Job Would Be Offered	3.8936	3.3846	2.4440	ns
Would Recommend Placement	4.1890	3.0000	10.021	.0000

TABLE 4 (Continued)

Variable	<u>Satisfaction With Hospital</u>		t score	p
	Mean Score	Mean Score		
	Yes Group	No/Don't Know Group		
Would Accept Job If Offered	3.9247	3.0281	6.9114	.0000
Think Job Would Be Offered	3.4575	2.9615	2.2200	ns
Would Recommend Placement	3.7561	2.5480	9.3946	.0000

Variable	<u>Satisfaction With Field Work Experience</u>		t score	p
	Mean Score	Mean Score		
	Yes Group	No/Don't Know Group		
Would Accept Job If Offered	4.4731457	3.7112	6.5648	.0000
Think Job Would Be Offered	4.1170	3.4231	3.6632	.0003
Would Recommend Placement	4.3587	3.1644	11.439	.0000

The procedure controlled for unequal variances in all but two pairs of variables, which are listed as non-significant in the table.

As can be seen in Table 4, there was a consistent positive relationship between scaled items measuring student satisfaction with field work and other satisfaction items. All but one were statistically significant. Satisfied students were significantly more apt to accept a job at the host hospital, to believe that a job would be offered, and to recommend the field placement to other students.

Student Demographics

Demographic data was obtained about student personal characteristics as well as student characteristics associated with educational status.

Personal Characteristics

Variables in this category are age, sex, marital status, race, outside employment status, and history of prior hospital employment. A table of distributional data for these variables is located in Appendix IV.

Students ranged in age from 21 to 66 years of age, with a mean age of 31.5 and a median of 29. Women comprised 80% and racial minorities 15% of the student cohort.

About one fourth of the respondents (26%) worked while in field placement. For working students, the number of weekly hours of outside employment ranged from 10.5 to 40. Of the total group, 24% reported prior hospital employment.

Educational Characteristics

This category includes student characteristics related to education.

Variables in this category are: school attended, type of masters program, year of graduation, timing of field placement entry, weekly field work hours, major methods of study, prior hospital field work experience, total number of courses taken concurrently with placement, number of health care courses taken concurrently with placement, number of health care courses taken prior to placement, payment for field work,

placement preference, BSW degree status, frequency of faculty field liaison visits to the field, total number of faculty liaisons assigned to the program, total number of program students who left placement prematurely, and total number of program students with major problems in placement. Distributional data for fourteen education related characteristics is reported in Table 5.

Students from 8 schools of social work participated in the study, with students from 3 schools (Columbia University, New York University, and Hunter College) comprising 84% of the sample. Respondents included students from Smith College and the University of Stockholm, as well as from the six schools expected to be represented.

Almost three fourths (74%) of the group were enrolled in traditional two year programs. The preponderance (94%) of students were in field work at least 21 hours per week, while concurrently enrolled in classroom courses (96%). The number of hours in field work ranged from 10.5 to 40, with a mean of 22.7 and a median of 21. The number of total courses taken at the time the questionnaire was completed ranged from 0 to 6, with a mean of 3.6 and median of 4.

Most students (61%) reported having a single major in casework, with the second largest group reporting a dual casework/group work major. Of students with macro level majors, only four reported having a single major (administration). The remainder reported having multiple macro majors or mixed macro/micro majors. Because of the small numbers of students with macro majors, all students reporting at least one macro major were combined into a single group. That group comprised less than 10% of the total sample.

TABLE 5
STUDENT DEMOGRAPHIC CHARACTERISTICS (EDUCATIONAL)
(N=238)

Characteristic	Number	Percent
<u>School of Work</u>		
Columbia University	82	34.5%
New York University	67	28.2
Hunter College	51	21.4
Adelphi University	23	9.7
Yeshiva	7	2.9
Smith College	5	2.1
Fordham University	1	.4
University of Stockholm	1	.4
No Response	1	.4
<u>Type of Masters Program Enrolled In</u>		
Traditional Two Year	176	73.9%
Continuous Four Semester	18	7.6
Extended (Miscellaneous)	15	6.3
Advanced Standing	9	3.8
Joint Degree	7	2.9
One Year Residency	6	2.5
Block	6	2.5
No Response	1	.4
<u>Expected Graduation Date</u>		
1987	121	50.8%
1988	109	45.8
No Response	8	3.4
<u>Hours Per Week in Field Work</u>		
Less Than 21 Hours	14	5.9%
21-24 Hours	190	79.8
More Than 24 Hours	34	14.3
<u>Number of Courses Enrolled In</u>		
None	7	2.9%
1-2 Courses	18	7.6
3-4 Courses	179	75.2
More Than 4 Courses	32	13.4
No Response	2	.8

TABLE 5 (Continued)

Characteristic	Number	Percent
<u>Major Method of Study</u>		
Casework	145	60.9%
Casework/Group Work	35	14.7
Other Micro	27	11.3
Macro	22	9.2
No Response	9	3.8
<u>Previous Hospital Field Work Experience</u>		
None	162	68.1%
Less Than Six Months	57	24.0
Six Months or More	18	7.6
No Response	1	.4
<u>Number of Graduate Social Work Health Care Courses Taken Previously</u>		
None	122	51.3%
One Course	29	12.2
Two Courses	30	12.6
Three Courses	15	6.3
Four Courses	14	5.9
More Than Four Courses	28	11.8
<u>Number of Graduate Social Work Health Care Courses Taken Concurrently</u>		
None	57	24.0%
One Course	33	13.9
Two Courses	49	20.6
Three Courses	37	15.5
Four Courses	30	12.6
More Than Four Courses	32	13.4
<u>Total Number of Graduate Social Work Health Care Courses</u>		
None	37	15.6%
One to Two Courses	66	27.7
Three to Four Courses	50	21.0
Five to Six Courses	36	15.1
More Than Six Courses	49	20.6

TABLE 5 (Continued)

Characteristic	Number	Percent
<u>Remuneration for Field Work</u>		
None	123	51.7%
State or Federal Grant	44	18.5
School of Social Work	39	16.4
Stipend from Field Work Hospital	14	5.9
Combinations of Previous Three	12	5.0
Agency Salary	2	.8
No Response	4	1.6
<u>BSW</u>		
No	216	90.8%
Yes	22	9.2
<u>Placement Preference</u>		
First Choice	114	48.0%
Second Choice	29	12.2
Third Choice	15	6.3
Not One of Top Three	79	33.2
No Response	1	.4
<u>Number of Faculty Field Liaison Visits To Field Work Hospital</u>		
None	64	26.9%
One	120	50.4
Two	41	17.2
Three	7	2.9
More Than Three	3	1.3
No Response	3	1.3

Almost half of the students reported receiving some remuneration for field work, with funding provided primarily by government grants and by schools of social work.

All but seven students reported having begun the current hospital field work placement in the period September-October, 1986. The impact

of time of entry therefore could not be measured because of the small numbers entering at other points in the school year.

With regard to field work placement preference, almost one half reported the placement to be their first choice (48%). This included students who noted that while schools did not offer a choice, the placements would have been their first preference.

First and second year students were represented relatively evenly in the sample, a finding that was unexpected in view of a report by Caroff and Mailick that hospital social work departments have grown reluctant to accept first year students in field education programs.⁴

Less than 10% of students had BSW degrees, indicating that the vast majority of students were not exposed to professional foundation courses until graduate school. Most (51%) had taken no social work health care courses prior to this placement, and almost one fourth (24%) had no classroom courses with health care content during placement. Hence, over half the students began placement with no classroom preparation in health care and almost one fourth received no related classroom education during field work. These findings tend to substantiate the view presented in Chapter One that deficiencies exist in both vertical and horizontal integration of classroom/field curricula for health care students. That is, large numbers of students in this cohort lacked the professional foundation assumed to precede and underlie learning of specialized content, lacked the prior exposure to specialized content deemed essential for vertical integration of learning in this field of practice, and/or lacked the concurrent exposure to classroom health care content necessary for horizontal integration of learning.

About one third (32%) of the students reported prior field work experience in hospitals, thus beginning placement with some familiarity with this kind of setting.

According to program coordinators, of 315 masters students who began field work during the academic year, 37 (11.8%) left placement prematurely. The dropout rate for individual programs ranged from 0 to 40 percent, with seven programs losing at least one fifth of students who began in placement.

Coordinators considered 45 students (14.3%) to have evidenced serious problems in placement. The problem rate for individual programs ranged from 0 to 80 percent. It seems likely that programs in the upper range of both problem and dropout student rates suffered excessive costs, including costs incurred in inter-organizational communication.

Program coordinators reported that numbers of faculty field liaisons dealt with by programs ranged from 1 to 7, with a mean of 3.3 and a median of 3. According to students, their faculty field liaisons visited placements far less frequently than the tri-weekly to monthly schedule recommended in the literature.⁵ About half of the students reported that the school faculty field liaison had visited the placement only once since placement began. Over one-fourth reported that the liaison had not visited at all.

Patterns of faculty field liaison visiting varied according to school. Among the three schools with large numbers of students in hospital field work placements, for instance, the percentage of students reporting no faculty field liaison visits ranged from 9.8% in one school to 47.8% in another, a considerable difference.

Associations between Student Demographics
and Satisfaction with Field Work

Relationships among demographic items and the five satisfaction scale items were examined through ANOVA, t-tests, or correlation analysis as appropriate. Significant findings are presented in Table 6, which lists t-test findings, and Table 7, which lists correlation findings. As can be seen in Table 7, all correlations for student demographic characteristics are weak, with the highest at .1885.

Only one personal demographic item was found to be associated with satisfaction at a statistically significant level of less than .05. Negative correlations were found between the number of weekly hours in outside employment and satisfaction with the field work program, with the hospital, and with the overall field work experience.

Six educational demographic variables were found to be associated with field work satisfaction at a statistically significant level of less than .05. As can be seen in Table 6, students who reported that the placement was their first preference were more satisfied with their field instructors, with learning, with the placement hospital, and with the overall field work experience than were students who did not. Students with BSW degrees were found to be less satisfied with the overall field work experience than other students.

As can be seen in Table 7, there was a positive correlation between the number of weekly field work hours and satisfaction with learning. Amount of prior hospital field work experience was positively correlated with satisfaction with field instructors. Negative correlations were found between numbers of program dropouts and student satisfaction with

TABLE 6

SUMMARY TABLE OF t-TESTS FOR SIGNIFICANT STUDENT CHARACTERISTICS
BY SATISFACTION OUTCOME VARIABLE

<u>Student Satisfaction with Field Instructors</u>				
<u>Student Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Placement First Choice</u>				
Yes	4.1964	2.6908	232	.0075
No	3.7869			
<u>Student Satisfaction with Field Work Program</u>				
<u>Student Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Placement First Choice</u>				
Yes	4.0000	2.6337	234	.0009
No	3.6585			
<u>Student Satisfaction with Hospital</u>				
<u>Student Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Placement First Choice</u>				
Yes	3.5664	2.4596	234	.0146
No	3.228			
<u>Student Satisfaction with Overall Field Work Experience</u>				
<u>Student Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Placement First Choice</u>				
Yes	4.1964	3.8374	232	.0035
No	3.8374			
<u>BSW</u>				
Yes	3.5238	-2.4887	23	.0135
No	4.0558			

TABLE 7
SUMMARY TABLE OF CORRELATIONS
STUDENT CHARACTERISTICS AND STUDENT SATISFACTION SCALE VARIABLES

<u>Student Character- istic</u>	<u>Satisfaction With...</u>				
	<u>Field Instructors</u>	<u>Learning</u>	<u>Program</u>	<u>Hospital</u>	<u>Field Work Experience</u>
Outside Employment Hours	ns	ns	-.1398 (228) .0349	-.1349 (228) .0419	-.1391 (228) .0362
Weekly Field Work Hours	ns	.1885 (236) .0036	ns	ns	ns
Previous Hospital Field Work	.1390 (234) .0335	ns	ns	ns	ns
Program Dropout Numbers	ns	-.1382 (236) .0339	ns	-.1382 (237) .0335	-.1420 (237) .0292
Program Problem Numbers	ns	ns	ns	ns	-.1286 (236) .0484

r correlation
(number)
p significance level

learning, student satisfaction with hospital, and student satisfaction with field work experience. The number of students evidencing serious problems in the program was negatively correlated with student satisfaction with the field work experience.

Perceptions about Program Characteristics

Fifty items thought to be related to field work satisfaction were included in the Criticism Scale, which measured student perceptions

about field work characteristics. The frequencies program was used to determine distribution of responses on these items.

A majority of students rated 35 of 50 items to be present to a "Just Right" extent, indicating a general perception that programs were performing well in most areas. Responses deviating from the "Just Right" category tended to fall into the "Too Little" side of the scale, a finding also reported by Raskin in her study of undergraduate students. That is, students tended to criticize programs for providing too little, rather than too much, of a given characteristic. On the items on which more than half of responses deviated from "Just Right" to one side of the scale, for instance, students criticized only two items as present to too great an extent. More than half thought there were too many rules, red tape, and administrative details involved in the hospital (64%) and that they had experienced too much stress (58%). Two other items drew clusters of responses on the Too Much side of the scale. A large sub-group (30%) opined that programs expected too much work, and about 40% were relatively evenly split on whether there were too many (23%) or too few (18%) student seminars.

On the other hand, more than half the students thought that there was too little opportunity to participate in decision making regarding policies and procedures related to students (67%), too little opportunity to watch field instructors work (62%), too little faculty field liaison help in integrating class and field learning (59%), too little coordination between field instructors and school personnel (56%), too little orientation to hospital policies and procedures (53%), and too

little attention by field instructors to integration of class and field learning (50%).

Students were most positive about the following program characteristics, as indicated by at least 75% of students rating them as "Just Right": fairness in evaluation of performance (81%), quality of social work students (81%), number of social work students (78%), opportunities to learn about and develop skills in social work practice (78%), the opportunity to see field instructors when needed (77%), helpfulness of other students (77%), helpfulness of field instructors when students have difficulty (76%), involvement of students in evaluation of their performance (75%), and the openness of field instructors to student opinions (75%).

These findings generally indicate areas in which students think hospital field work programs performed relatively well and poorly. However, they do not indicate how responses cluster among items, an aspect of interest for purposes of conceptualizing, evaluating, and making differential decisions about program organization. Nor do they indicate the relative importance of student perceptions about items in accounting for student satisfaction. Factor analysis was used to identify item clusters which could be used for these purposes.

Fourteen factors with eigenvalues greater than 1.0 were identified, together accounting for 65.6% of the total variance. Each scale item was assigned only to the factor upon which it had the highest loading after varimax rotation. All fifty items carried a loading of at least .40 for factors to which they were assigned. Table 8 shows the grouping of item stems into factors according to strength of loading.

TABLE 8

CRITICISM SCALE FACTORS

FACTOR 1: FIELD INSTRUCTOR RELATIONSHIP CHARACTERISTICS

<u>Items</u>	<u>Item Stems</u>	<u>Loading</u>
49	Fairness in evaluation of student performance	.81
70	Instructors' openness to student opinions	.81
41	Instructors' objectivity in dealing with students	.78
40	Student freedom to disagree with instructors	.74
63	Degree of student involvement in evaluation of own performance	.68
56	Instructors' helpfulness when student has difficulty	.62
52	Instructors' feedback when student did good job	.60
62	Instructors' making expectations clear at beginning of placement	.59
53	Support students receive when they make mistakes	.53
71	Instructors' helpfulness to student in student's learning about social work practice	.51
66	Chance for student to make use of abilities and skills	.46

FACTOR 2: LEARNING ASSIGNMENT OPPORTUNITIES

39	Variety in student assignments	.81
64	Number of different services/program areas student assigned to	.75
43	Number of different practice methods student used	.70
59	Number of learning experiences student was given	.57
75	Opportunities to learn about and develop skills in social work practice	.54
65	Opportunity to participate in selection of learning experiences	.50
47	Relevance of assignments to student's learning goals	.40

FACTOR 3: FIELD INSTRUCTOR TEACHING CHARACTERISTICS

44	Opportunity to watch field instructors work	.65
55	Instructors' attention to student's integrating class and field	.61
78	Instructor helpfulness to student in learning to work with other disciplines	.55
35	Instructors' attention to teaching student about community resources	.45
54	Instructors' organization in presenting material to student	.45
46	Security students feel in offering new and original ideas	.44

TABLE 8 (Continued)

FACTOR 4: ORIENTATION CHARACTERISTICS

<u>Items</u>	<u>Item Stems</u>	<u>Loading</u>
42	Orientation student received about field program	.74
36	Orientation student received about hospital policies and procedures	.72
58	Orientation student received about functions and roles of social workers in the hospital	.66
38	Student contact with program personnel prior to first day of field work	.44

FACTOR 5: FACULTY FIELD LIAISON CHARACTERISTICS

81	Field liaison's helpfulness to student's integration of class and field	.85
84	Field liaison's helpfulness to student in dealing with placement	.82
72	Coordination between field instructors and field liaison	.63

FACTOR 6: STRESS

50	Rules, administrative details and red-tape	.77
51	Amount of stress experienced in placement	.70
68	Student's feeling of accomplishment from work	-.49

FACTOR 7: FIELD INSTRUCTOR EXPECTATIONS

45	Instructors' offering of constructive criticism	.63
77	Overall amount of work expected	.60
48	Instructors' sensitivity to student's educational needs	.56

FACTOR 8: SUPPORT FROM OTHER SOCIAL WORK STUDENTS IN PROGRAM

69	Willingness of students to help each other	.85
83	Amount of peer support experienced	.82

FACTOR 9: PROGRAM ORGANIZATION

80	Coordination between student's field instructors	.69
79	Degree to which field work program is organized	.61

TABLE 8 (Continued)

FACTOR 10: AUTONOMY WITHIN THE ORGANIZATION

<u>Items</u>	<u>Item Stems</u>	<u>Loading</u>
57	Contact student had with other disciplines	.67
60	Student's opportunities to make decisions on own	.64

FACTOR 11: QUANTITY OF STUDENT CONTACT

82	Number of other social work students in field work	.80
73	Number of seminars for social work students	.54

FACTOR 12: NUMBER OF FIELD INSTRUCTORS ASSIGNED TO

76	Number of field instructors student was assigned to	.84

FACTOR 13: QUALITY OF SOCIAL WORK STUDENTS

74	Quality of social work students in placement hospital	.74

FACTOR 14: ACCESSIBILITY

67	Student opportunity to participate in decision making regarding policies and procedures relating to students	.48
37	Instructors' attention to student's understanding and use of self	.45
61	Opportunity for student to see field instructor when the need arises rather than waiting for conferences	.44

Factors and the Program Model

Factor analysis is used for theory building and instrument development as well as data reduction.⁶ The results of this factor analysis were reviewed in order to evaluate their usefulness in planning future studies, as well as their associations with outcome variables in the present study.

In this analysis, most Criticism Scale items clustered into factors which may be considered to constitute sub-scales of program characteris-

tics within the program model categories developed in Chapter 2. These factor patterns accordingly can provide a basis for future testing and refinement of concepts about hospital field work program structure.

To establish sub-scales that can be used in that manner, items which did not cluster as expected on factor analysis first were reconsidered for conceptual linkage to other categories. Only three of the 42 program model items and 1 of 4 stress items failed to cluster within the expected categories on factor analysis. Those items were shifted to other categories based on the strength of the relatedness of their host factors to the larger categories. The remainder were organized into sub-scales within the categories to which they originally were assigned. The program model sub-scales identified in this manner are listed in Appendix V.

Two non-program model categories were included in the Criticism Scale. In the stress category, three of four items expected to cluster did so. These comprise Factor 6, Stress Characteristics. As expected, perceptions about the amount of red tape and about the amount of stress students experienced clustered with negative perceptions about feelings of accomplishment. However, this factor accounted for only 3% of the total variance and 7% of the explained variance in responses, raising question about the study premise that stress is a major factor for students placed in hospital field work programs.

The fourth item, perception about overall amount of work, was removed from the stress category and introduced into the program model category of Dimensions Related to Field Instructors because of its

stronger relatedness to the Field Instructor Expectations Factor found in the field instructor dimensions category.

In the second non-program model category, characteristics related to educational status, the four items expected to cluster fell into two sub-scales. Three comprise Factor 5, Faculty Field Liaison Characteristics. The fourth item proposed in that category, quality of social work students, comprised a factor in and of itself in the analysis, Factor 13. Thus, two sub-scales of perceptions related to educational variables were identified for future study of student perceptions of field work.

Associations Between Identified Factors and Student Satisfaction

Correlation analysis was used to examine associations between the fourteen factors identified and the five satisfaction scale items. As described in the previous chapter, satisfaction scale item scores were on a continuum from least to most satisfied with field work, and for this procedure, factor item scores were on a continuum from least to most positive perceptions about program characteristics. Correlations between factors and satisfaction items are presented in Table 9.

As can be seen in Table 9, nine of fourteen factors were positively correlated with all five measures of student satisfaction at a significance level of less than .05. As student perceptions of field work characteristics approached the "Just Right" level in those factors, student satisfaction increased in all areas measured. These factors were: Field Instructor Relationship Characteristics, Learning Assignment Opportunity Characteristics, Field Instructor Teaching Characteristics,

TABLE 9

CORRELATIONS BETWEEN CRITICISM SCALE FACTORS AND STUDENT SATISFACTION SCALE ITEMS

<u>Factor</u>	<u>Satisfaction With...</u>				
	<u>Field Instructors</u>	<u>Learning</u>	<u>Program</u>	<u>Hospital</u>	<u>Field Work Experience</u>
Factor 1	.6699	.3768	.3855	.2503	.4889
Instructor	(210)	(211)	(211)	(211)	(211)
Relationship	.0000	.0000	.0000	.0002	.0000
Factor 2	.3841	.4310	.4011	.3143	.5244
Learning	(211)	(211)	(212)	(212)	(212)
Opportunities	.0000	.0000	.0000	.0000	.0000
Factor 3	.6395	.5361	.3579	.3069	.5089
Instructor	(203)	(204)	(204)	(204)	(204)
Teaching	.0000	.0000	.0000	.0000	.0000
Factor 4	.1841		.2635	.3205	.2846
Orientation	(189)		(190)	(190)	(190)
	.0112	ns	.0002	.0000	.0001
Factor 5	.1711		.1828		.1770
Faculty Field	(197)		(198)		(198)
Liaison	.0162	ns	.0099	ns	.0126
Factor 6	.3037	.1837	.3818	.4897	.4441
Stress	(220)	(220)	(221)	(221)	(221)
	.0000	.0000	.0000	.0000	.0000
Factor 7	.6515	.3729	.4085	.2991	.4371
Expectations	(233)	(233)	(234)	(234)	(234)
	.0000	.0000	.0000	.0000	.0000
Factor 8					
Peer Support	ns	ns	ns	ns	ns
Factor 9	.1842	.1863	.3644	.4241	.3922
Program	(158)	(157)	(158)	(158)	(158)
Organization	.0205	.0195	.0000	.0000	.0000
Factor 10	.2536	.2446	.3320	.3203	.3385
Autonomy	(224)	(224)	(225)	(225)	(225)
	.0001	.0002	.0000	.0000	.0000

TABLE 9 (Continued)

Factor	Satisfaction With...				Field Work Experience
	Field Instructors	Learning	Program	Hospital	
Factor 11 Student Contact	ns	ns	ns	ns	.1362 (210) .0485
Factor 12 Number Instructors	.3756 (221) .0000	.1478 (221) .0280	.2624 (222) .0001	.1546 (222) .0212	.2905 (222) .0000
Factor 13 Student Quality	ns	ns	ns	ns	ns
Factor 14 Accessibility	.5166 (207) .0000	.3030 (207) .0000	.4017 (208) .0000	.3341 (208) .0000	.4757 (208) .0000
r correlation (number) p significance level					

Stress, Field Instructor Expectations, Program Organization Characteristics, Autonomy, Number of Field Instructors, and Accessibility Characteristics.

Three factors were positively correlated with one or more, but less than five satisfaction variables. The factor of Orientation Characteristics was correlated with satisfaction with field instructors, with program, with hospital, and with the overall field work experience. The factor Faculty Field Liaison Characteristics was correlated with satisfaction with field instructors, with program, and with the overall field work experience. The factor Quantity of Student Contact was correlated only with satisfaction with the field work experience.

Two factors, Quality of Social Work Students and Peer Support Characteristics were not correlated with any measure of student satisfaction. Thus, although items comprising these were among those with highest percentages of students giving "Just Right" responses, positive perceptions on these items were not associated with student satisfaction.

Among factors that were correlated with aspects of student satisfaction, many correlations were weak, although statistically significant. Highest correlations were in the range of .50 to .69. There were seven correlations in that range, of which six are related to field instructor sub-scales of the program model, and one is related to the learning assignment opportunities sub-scale. The field instructor relationship factor, the field instructor expectations factor, and the field instructor accessibility factor all were so correlated with satisfaction with field instructors. The field instructor teaching factor was correlated relatively strongly with satisfaction with field instructors, with learning and with the overall field work experience. Thus all field instructor factors produced relatively high correlations with satisfaction with field instructors, and one (supervisory teaching characteristics) produced relatively high correlations with satisfaction with learning and with the overall experience as well. The learning assignment opportunities factor was correlated in this range with satisfaction with the overall field work experience.

Summary

Levels of student satisfaction with field work for this cohort of graduate social work students were higher than expected in four of five

areas of satisfaction measured. Rates of satisfaction with learning, with the field work experience, with field instructors, with the field work program, and with hospital were 85%, 79%, 75%, 74%, and 56% respectively. These findings contradict the study assumption that social work students in hospitals are less satisfied than students in other settings because of stressful characteristics inherent to hospitals.

High percentages of students indicated that they would accept or consider a job at the host hospital and would recommend their placements to other students. Both willingness to accept employment at the placement hospital and willingness to recommend placements to other students were associated with all five measures of satisfaction at a significance level of less than .0003.

Of personal demographic variables studied, only student employment was associated with any area of student satisfaction at a statistically significant level. Negative correlations were found between hours worked and satisfaction with program, hospital, and overall experience. Six educational characteristics showed significant associations. Students who reported the placement as their first preference were more satisfied with field instructors, with learning, with the placement hospital, and with the overall field work experience. Students with BSW degrees were less satisfied with the overall field work experience than other students. Amount of prior hospital field work experience was found to be positively correlated with satisfaction with field instructors. Hours in field work was positively correlated with satisfaction with learning. Negative correlations were found between program numbers

of students dropping out and individual student satisfaction with learning, hospital, and field work experience. A negative correlation also was found between program numbers of students with serious problems in placement and individual student satisfaction with the field work experience.

On a scale measuring student perceptions about field work characteristics the majority of students rated 35 of 50 items to be present to the "Just Right Extent". Through factor analysis, Criticism Scale items were grouped into fourteen factors. Of these, nine factors, including the stress factor, were correlated with all five satisfaction scale measures at a statistically significant level, and three others were correlated with at least one measure. Two factors, encompassing items of willingness of students to help each other, peer support, and student quality were not correlated with any area of student satisfaction.

Of the variables reported on in this chapter, associations between perception factors and student satisfaction generally were much stronger than associations between student characteristics and satisfaction. The former ranged from weak to relatively high, while the latter uniformly were in the weak range. The stress factor, thought to be of major import in accounting for student satisfaction, showed weak to moderate correlations with satisfaction measures. With one exception, factors showing strongest correlations with satisfaction constitute the four sub-scales of the Field Instructor Dimensions category of the program model developed for this study.

CHAPTER FOUR FOOTNOTES

1. Miriam Susan Raskin, "Factors Associated with Student Satisfaction in Undergraduate Social Work Field Placements," (Ed. D. Dissertation, Virginia Polytechnic Institute and State University, 1981), p. 135.
2. Anne E. Fortune et. al., "Student Satisfaction with Field Placement," Journal of Social Work Education 21 (Fall 1985), p. 96.
3. Ibid., p. 95.
4. Phyllis Caroff and Mildred D. Mailick, "Health Concentrations in Schools of Social Work: The State of the Art," Health and Social Work 10 (Winter 1985), p. 11.
5. Philip A. Fellin, "Responsibilities of the School: Administrative Support of Field Instruction," in Quality Field Instruction in Social Work: Program Development and Maintenance, eds. Bradford W. Sheafor and Lowell E. Jenkins (New York: Longman, Inc., 1982), p. 112.
6. Barbara Hazard Munro, Madelon A. Visintainer, and Ellis Batten Page, Statistical Methods for Health Care Research (Philadelphia, Pa: J.B. Lippincott Company, 1986), p. 268.

CHAPTER FIVE

FINDINGS RELATED TO PROGRAM CHARACTERISTICS

This chapter presents descriptive data about program characteristics and reports findings regarding associations between program characteristics and student satisfaction scale items.

Data presented in this chapter primarily was obtained from coordinator questionnaires, with six items drawn from student questionnaires. Descriptive data and satisfaction related findings are presented within the framework of program dimension categories developed in Chapter Two. Summaries of significant findings can be found in Tables 18 and 19, which are located at the end of the chapter.

Program Dimensions Related to Learning Opportunities

For study purposes, this category was divided into two sub-categories, one encompassing variables external to control program leadership and the other including variables subject to leadership control.

External Organizational Factors Affecting Learning Opportunities

This sub-category includes hospital organizational variables which are outside the control of program leadership. These are hospital type, hospital auspices, hospital size, size of social work department, social work department function, and total number of social work students of all levels in training.

All data in this section were obtained from the coordinator questionnaire. Distributional data related to these characteristics is presented in Table 10, with data analyzed by hospital, rather than by program.

As can be seen in Table 10, most programs were located in independent general hospitals. As anticipated, hospitals were large in size, with three fourths having more than 500 certified beds.

Two measures of social work departmental size were obtained. Absolute size was measured by the numbers of full time equivalent (FTE) social workers with the MSW degree. Relative size was measured by computing the ratio of certified beds per FTE. Departments ranged in absolute size from 20.3 to 125 FTEs, with a median of 67. Relative departmental size ranged from 2.5 to 30.4 beds per FTE, with a median of 10.5.

Approximately four fifths of social work departments carried official responsibility for the mandated discharge planning function, with about the same percentage of students placed in departments charged with that function.

The scope of social work education reported in study hospitals was considerable. Coordinators reported having begun a total of 315 masters level students in placement during the academic year, with 278 remaining at the time of the study. The extent of BSW and DSW training in program hospitals, however, was limited. Only four programs reported BSW training within the hospital, with a total of nine such students. Only two hospitals were reported to have DSW students, with one in each.

TABLE 10

PROGRAM DIMENSIONS RELATED TO LEARNING OPPORTUNITIES
EXTERNAL ORGANIZATIONAL FACTORS
(HOSPITAL N=24)
(STUDENT N= 238)

Characteristic	Number Hospitals	Percent Hospitals	Number Students	Percent Students
<u>Hospital Treatment Type</u>				
Medical Only	4	16.7%	27	11.3%
Psychiatric Only	4	16.7	55	23.1
General	16	66.7	156	65.5
<u>Hospital Complexity</u>				
Division of Medical Center	7	29.2%	67	28.2%
Not a Division of Medical Center	17	70.8	171	71.8
<u>Hospital Auspices</u>				
Voluntary	14	58.3%	137	57.6%
Municipal	6	25.0	37	24.0
State	2	8.3	30	12.6
Federal	2	8.3	14	5.9
<u>Hospital Size</u>				
Less Than 500 Beds	6	25.0%	58	24.4%
500 - 999 Beds	13	54.2	120	50.4
1000 + Beds	5	20.8	60	25.2
<u>Department Size</u>				
<u>MSW FTES</u>				
Less Than Median (67) MSW FTEs	10	41.7%	101	42.4%
More Than Median (67) MSW FTEs	10	41.7	95	39.9
No Response	4	16.7	42	17.7

TABLE 10 (Continued)

Characteristic	Number Hospitals	Percent Hospitals	Number Students	Percent Students
<u>Department Size</u>				
<u>Certified Beds/ MSW FTE</u>				
Less Than Median (10.5) Beds/MSW FTE	10	41.7%	106	44.5%
More Than Median (10.5) Beds/MSW FTE	10	41.7	90	37.8
No Response	4	16.7	42	17.7
<u>Department Function</u>				
Discharge Planning	19	79.2%	193	81.1%
Not Discharge Planning	5	20.8	45	18.9

Associations Between External Program Dimensions
Affecting Learning Opportunities and
Student Satisfaction Scale Items

The following organizational program dimensions external to control of program leadership were found not to be associated with any measure of student satisfaction: number of hospital beds, hospital autonomy (divisional status), number of social work department FTEs with MSW degrees, number of certified beds per MSW FTE, and social work department responsibility for discharge planning.

Hospital type and hospital auspices, however, both were associated with student satisfaction with the placement hospital. Students placed in specialty hospitals (either entirely medical or entirely psychiatric) were more satisfied with the hospital than students in general hospitals ($t=2.0491$, $df=187$, $p=.0391$). Students in voluntary hospitals were more

satisfied with the hospital than those in public hospitals ($t=2.0749$, $df=192$, $p=.0416$).

Internal Organizational Characteristics Affecting Learning Opportunities

This sub-category includes organizational program dimensions within the control of program leadership. Variables are external program funding, consortium participation, number of schools with students in placement, use of single or multiple assignments, use of single or multiple practice methods, assignment to inpatient and/or outpatient locations, assignment treatment type, length of client contact, and number of contacts with client systems. Descriptive data related to eight of these program dimensions is presented in Table 11.

As can be seen in that table, only two of the study programs reported receipt of external funding. However, two thirds participated with other field work programs in consortium activity, a number higher than anticipated.

The number of schools with students placed in individual programs ranged from 1 to 5, with a mean of 2.6 and median of 3.

Both the students and the coordinators were asked to indicate the number of program or service areas to which students were assigned. As can be seen in Table 11, there is a difference of 22 points between the percentage of students with multiple assignments as reported by students and that reported by coordinators. The higher rate of 74% reported by students is probably more accurate, since coordinators estimated assignment numbers for a total of 278 students, and students reported only on their individual experiences. By either report, it seems clear that

TABLE 11

PROGRAM DIMENSIONS RELATED TO LEARNING OPPORTUNITIES
INTERNAL ORGANIZATIONAL FACTORS
(PROGRAM N=27)
(STUDENT N= 238)

Program Dimension	Number Programs	Percent Programs	Number Students	Percent Students
<u>Funding</u>				
Yes	2	7.4%		
No	25	92.6		
<u>Consortium Participation</u>				
Yes	18	66.7%		
No	9	33.3		
<u>Number of Areas Students Assigned To</u>				
(Coordinator Question)				
Assigned to One Area			103	37.1%
Assigned to Two Areas			145	52.2
Assigned to More Than Two Areas			1	.4
Data Not Reported	2	7.4%	29	10.4
TOTAL			278	
(Student Question)				
Assigned to One Area			56	23.5%
Assigned to More Than One Area			177	74.4
NA/Missing			5	2.1
<u>Number of Methods Used</u>				
One Method			54	22.7%
Two Methods			158	66.4
Three Methods			24	10.2
No Response			2	.8

TABLE 11 Continued

Program Dimension	Number Programs	Percent Programs	Number Students	Percent Students
<u>Locations of Assignments</u>				
Inpatient Only			52	21.9%
Outpatient Only			83	34.9
Both Inpatient and Outpatient			101	42.4
Not Applicable			2	.8
<u>Types of Treatment Areas</u>				
Medical Only			58	24.4%
Psychiatric Only			81	34.0
Other Only			13	5.5
Mixed			84	35.3
Not Applicable			2	.8
<u>Longest Contact with Client System</u>				
Less Than One Month			3	1.3%
One to Two Months			22	9.2
Three to Four Months			57	24.0
Five to Six Months			55	23.1
More Than Six Months			100	42.0
No Response			1	.4
<u>Most Number of Client Contacts Per Case</u>				
At least 13			164	68.9
Twelve or Less			62	26.1%
No Response			12	5.0

most students in these hospital field work programs received training in multiple program or service areas.

The kinds of services and programs to which students were assigned showed considerable diversity, paralleling the increasing diversification of hospital and hospital social work services discussed in Chapter

One. In addition to more traditional treatment programs in areas such as physical health, mental health, and substance abuse, students reported training in program areas such as research, home care, discharge planning, public school outreach, working with the homeless, financial services, preventive services, employee assistance, victim abuse, geriatric community services, nursing homes, and community consultation and guidance programs.

Regarding assignment location, the largest group (42%) was assigned to both inpatient and outpatient settings. Slightly fewer students (35%) were assigned only to outpatient locations. Twenty two percent had assignments only in inpatient service areas.

With regard to type of setting care provided, the largest group (35.3%) was assigned to some mixture of health, mental health, and/or other kinds of care areas. Slightly fewer students (34%) were assigned only to psychiatric care areas. Twenty four percent were assigned only to areas providing care for physical problems.

A large percentage of students (76.6%) reported having trained in more than one social work method during placement. By far, the most common multiple method combination was a mixture of case work and group work, with 149 students (63%) reporting that design. An additional 13% reported combinations of micro and macro methods.

Lastly in this category, duration of work with client systems and numbers of contacts with clients were examined. As can be seen in Table 11, almost 90% of students worked with some client systems for at least two months. A large majority (69%) had at least 12 contacts with some clients. These findings indicate that most students experienced variety

in duration and number of contacts, as well as in other dimensions related to learning opportunities.

Associations Between Internal Program Dimensions
Affecting Learning Opportunities and
Student Satisfaction

The following organizational dimensions under leadership control were not associated with any measure of student satisfaction: external program funding, number of schools with students in placement, assignment location (inpatient/outpatient), type of care given in assignment setting, duration of contact with client systems, and numbers of contacts with client systems.

Three internal program variables affecting learning opportunities were associated with student satisfaction scale items.

Students in programs which participated in consortia with other field work programs were more satisfied with learning ($t=2.6263$, $df=112$, $p=.0092$) and with the hospital ($t=2.9372$, $df=235$, $p=.0036$). Students who used multiple methods were more satisfied with the field work program ($t=3.3726$, $df=235$, $p=.0009$), with the hospital ($t=2.0009$, $df=75$, $p=.0465$), and with the field work experience ($t=3.4296$, $df=234$, $p=.0007$) than students trained only in a single method. Lastly, the program percentage of students with multiple assignments as reported by coordinators was positively correlated with satisfaction with the hospital ($r=.1407$, $p=.0426$). However, student self-reports of multiple assignments and student satisfaction items were not correlated.

Program Dimensions Related to
Structure for Teaching

This category includes variables related to program structure for delivering field instruction. These include assignment to single or multiple field instructors, size of student group, group teaching or individual supervision only, frequency of student seminars, leadership of student seminars, content of student seminars, and contact with program personnel prior to the start of field work.

Data regarding program and student distribution for six program characteristics is presented in Table 12, with data appearing in program and student categories as drawn from their respective questionnaires. Descriptive data related to experience and status of field instructors is presented in Table 13.

As can be seen in Table 12, a large percentage of programs were structured so as to provide for multiple field instructors, with 70% using both primary field instructors and secondary/task supervisors. As shown in Table 13, 26 programs reported a total of 314 staff members involved as field instructors, indicating a very large allocation of staff to social work education. Since 27 programs reported a total of 315 students and only 26 reported on field instructors, it can be assumed that the total number of field instructors surpassed the total number of masters students.

Not all students in programs offering multiple field instructors were assigned to more than one. As reported in Table 12, 57.5% of student respondents indicated that they were assigned to multiple instructors.

TABLE 12
PROGRAM DIMENSIONS RELATED TO STRUCTURE FOR TEACHING
(PROGRAM N=27)
(STUDENT N=238)

Program Dimension	Number Programs	Percent Programs	Number Students	Percent Students
<u>Number of Field Instructors Assigned</u>				
One			100	42.0%
Two			116	48.7
Three			21	8.8
More Than Three			1	.4
<u>Number of Program Field Instructors by Role</u>				
Primary Only	7	25.9%		
Primary and Secondary	19	70.4		
No Response	1	3.7		
<u>Contact Prior to Field Work Start</u>				
(Both Questionnaires)				
None	8	29.6%	85	35.7%
Telephone/Written	6	22.3	57	23.9
Face to Face	13	48.1	96	40.3
<u>Number of Masters Students in Program</u>				
3-7 Students	8	29.6%		
8-12 Students	10	37.0		
More Than 12	9	33.3		
<u>Student Seminar Frequency</u>				
Weekly	16	59.3%		
3 Times/Month	2	7.4		
Bi-Weekly	6	22.2		
Monthly	3	11.1		

TABLE 12 (Continued)

Program Dimension	Number Programs	Percent Programs	Number Students	Percent Students
<u>Student Seminar Teachers</u>				
Program Coordinators	22	81.5%		
Social Work Admini- strative/Supervisory Staff	24	88.9		
Line Social Workers	18	67.0		
Other Disciplines	8	29.7		

The size of student groups in programs ranged from 3 to 27, with a mean of 11.6 and a median of 9. Table 12 shows the relatively even distribution of program size according to small, medium, and large groups. Fully one third of the programs in this study exceeded 12 students, the largest figure mentioned for any field work program in the literature reviewed.

Both students and coordinators were asked to indicate what contact students had with program personnel prior to the start of field work. As shown in Table 12, 70% of programs and 64% of students reported some student/program contact prior to placement, with 48% of programs and 40% of students reporting individual or group meetings.

All 27 programs provided group teaching via student seminars, with most programs (60%) providing seminars on a weekly basis. Twenty five programs reported using multiple teachers for student seminars. The categories of staff most frequently mentioned as seminar leaders are listed in Table 12. It appears that a large number of social work staff

TABLE 13
PROGRAM DIMENSIONS RELATED TO TEACHING STRUCTURE
NUMBERS OF FIELD INSTRUCTORS IN STUDY HOSPITALS
(PROGRAM N=26)

	Number	Percent
Number Serving Only As Primary Field Instructors	216	68.8%
Number Serving Only As Secondary Field Instructors	85	27.1
Number Serving as Both Primary And Secondary Field Instructors	13	4.1
TOTAL FIELD INSTRUCTORS	<u>314</u>	

from all departmental ranks were involved in group teaching, with smaller numbers of members from other disciplines represented.

Coordinators were asked to indicate the content of student seminars by checking from a list of nine content areas provided and listing additional content areas. For analysis, responses were assigned to three categories: 1) administrative content, including subjects such as hospital policies and procedures; 2) didactic content, comprising content also likely to be taught in schools of social work, including subjects like health care finance; and 3) practice content, including subjects such as professional chart note writing, specific disease entities, interdisciplinary functioning, etc.

Coordinators reported a range of from 0 to 5 administrative content areas included in student seminars, with a mean of 3.1 and a median of 4. The number of didactic content areas reported ranged from 0 to 9, with a mean of 2.4 and a median of 2. The number of practice related areas ranged from 0 to 5, with both a mean and median of 2. The total

number of content areas covered ranged from 2 to 13, with a mean of 7.5 and median of 8.

Associations Between Program Dimensions Related to Structure for Teaching and Student Satisfaction Scale Items

The following program variables related to structure for delivery of field work education were not associated with any measure of student satisfaction: numbers of students jointly in placement, ratio of field instructors (total primary and secondary) to students, frequency of student seminars, number of administrative content areas included in student seminars, and number of didactic areas included in student seminars.

Five dimensions in this category were associated with one or more measures of student satisfaction.

Students with multiple field instructors were more satisfied with the field work program than students assigned to a single field instructor ($t=2.1727$, $df=194$, $p=.0308$). Students in programs whose coordinators reported face to face contact between program and students prior to the start of field work were less satisfied with learning ($t=2.0013$, $df=234$, $p=.0465$), with the field work program ($t=2.0938$, $df=233$, $p=.0374$), and with the hospital ($t=2.6197$, $df=118$, $p=.0094$). This association did not hold true for student self reports of face to face contact. Positive correlations were found between the number of practice related areas included in student seminars and student satisfaction with learning ($r=.1634$, $p=.0119$) and with the hospital ($r=.1506$, $p=.0204$). While number of didactic areas was not associated with satisfaction, the total number of educational areas (didactic plus

practice) was positively correlated with satisfaction with learning ($r=.1294$, $p=.0471$) and with hospital ($r=.1994$, $p=.0020$). The total number of student seminar content areas was positively correlated with satisfaction with learning ($r=.1387$, $p=.0332$) and with the hospital ($r=.1776$, $p=.0061$). Thus it would appear that range and variety of student seminar content areas are positively correlated with student satisfaction with learning and with the placement hospital.

Program Dimensions Related to Field Instructors

Program dimensions included in this category are related to characteristics of field instructors and to program provisions for supporting field instructors. Variables include field instructor experience in field instruction, departmental status of field instructors, workload reduction for field instructors, field instructor seminars and seminar frequency, field instruction seminar participants, and field instructor seminar content.

Descriptive data related to experience and status of primary and secondary field instructors is presented in Tables 14 and 15. Data related to program supports for field instructors is presented in Table 16.

Measures of primary field instructor experience were obtained both from students and coordinators. Unfortunately, different response categories were used on the two questionnaires, so that direct comparison for reliability is not possible. Further, 13.1% of students stated that they did not know how many years experience their field instructors had.

TABLE 14

PROGRAM DIMENSIONS RELATED TO FIELD INSTRUCTORS
FIELD INSTRUCTION EXPERIENCE AND DEPARTMENTAL STATUS OF PRIMARY
FIELD INSTRUCTORS

Program Dimension	Number	Cumulative Percent	Percent
<u>Primary Field Instructor</u> <u>Experience as Reported by</u> <u>Students (N=237)</u>			
Primary Field Instructors With No Experience	49	20.7%	
Primary Field Instructors With 1-3 Years Experience	68	28.7	49.4%
Primary Field Instructors With More Than 3 Years Experience	89	37.6	86.9
Don't Know	31	13.1	100.0
TOTAL	237		
<u>Primary Field Instructor</u> <u>Experience as Reported by</u> <u>Coordinators (Program N=26)</u>			
Primary Field Instructors With No Experience	60	27.2%	
Primary Field Instructors With 1 Year experience	33	14.9	42.1%
Primary Field Instructors With 2 Years Experience	33	14.9	57.0
Primary Field Instructors With 3 to 5 Years Experience	51	23.1	80.1
Primary Field Instructors With 6 to 10 Years Experience	23	10.4	90.5
Primary Field Instructors With More Than 10 Years Experience	21	9.5	100.0
TOTAL	221		
<u>Primary Field Instructor</u> <u>Status (Program N=26)</u>			
Line Worker	167	74.9%	
Supervisor	48	21.5	96.4%
Administrator	7	3.1	99.5
School of Social Work Faculty	1	.4	99.9
TOTAL	223		

The percentage of new primary field instructors as reported both by students (21%) and coordinators (27%) is below the general 45% figure reported for one school of social work.¹ The percentage of new secondary field instructors (25%) is quite close to that for new primary field instructors. Among programs, the percentage of new primary field instructors ranged from 0 to 67%, while the percentage of new secondary field instructors ranged from 0 to 100%. Thus while the overall rates are consistent for the groups of primary and secondary field instructors, considerable variability existed among programs.

Departmental status profiles of primary and secondary field instructors are similar, with about three quarters of each group falling into the line social worker category (75% and 79% respectively). Among programs, the percentage of primary field instructors with line worker status ranged from 11.1% to 100%. The percentage of secondary field instructors with line worker status ranged from 33% to 100%. Thus, variability in this dimension also existed among programs.

Only 3 coordinators reported that work load reduction was provided in order to compensate for time given by field instructors. Hence, the preponderance of programs (89%) appeared to expect field instructors to contribute their own time to the educational endeavor.

Twenty four programs conducted seminars for field instructors, with 16 programs holding seminars monthly or less frequently. Program coordinators and/or assistant coordinators led seminars in 19 of 24 programs. Of the 20 programs with secondary field instructors, 8 did not include secondary field instructors in seminars, 7 included secondary field instructors in seminars with primary field instructors, 4 held

TABLE 15

PROGRAM DIMENSIONS RELATED TO FIELD INSTRUCTORS
FIELD INSTRUCTION EXPERIENCE AND DEPARTMENTAL STATUS OF SECONDARY
FIELD INSTRUCTORS
(PROGRAM N=26)

Program Dimension	Number	Cumulative Percent	Percent
<u>Secondary Field Instructor Experience (Program N=20)</u>			
Secondary Field Instructors With No Experience	26	25.0%	
Secondary Field Instructors With 1 Year Experience	13	12.5	37.5%
Secondary Field Instructors With 2 Years Experience	11	10.6	48.1
Secondary Field Instructors With 3 to 5 Years Experience	36	34.6	82.7
Secondary Field Instructors With 6 to 10 Years Experience	5	4.8	87.5
Secondary Field Instructors With More Than 10 Years Experience	13	12.5	100.0
TOTAL	<u>104</u>		
<u>Secondary Field Instructor Status (Program N=20)</u>			
Line Worker	81	79.4%	
Supervisor	15	14.7	94.1%
Administrator	6	5.9	100.0
School of Social Work Faculty	<u>0</u>	0	100.0
TOTAL	<u>102</u>		

separate seminars for secondary field instructors, and 1 held no field instructor seminars.

Responses to a question eliciting information about content areas included in field instructor seminars were assigned to two categories for purposes of analysis: 1) administrative content covering such areas as program planning and coordination; or 2) practice content encompass-

TABLE 16
PROGRAM DIMENSIONS RELATED TO FIELD INSTRUCTORS
PROGRAM SUPPORTS FOR FIELD INSTRUCTORS
(N=27 PROGRAMS)

Program Dimension	Number of Programs	Percent
<u>Reduction of Work Load for Field Instructors</u>		
Yes	3	11.1%
No	24	88.9
<u>Seminars for Field Instructors</u>		
Yes	24	88.9%
No	3	11.1
<u>Frequency of Seminars for Field Instructors</u>		
Weekly	3	11.1%
Bi-Weekly/3x Monthly	5	18.5
Monthly	10	37.0
Bi-Monthly	6	22.2
Not Applicable	3	11.1
<u>Leadership of Seminars for Field Instructors</u>		
Program Coordinators And/Or Assistant Coordinators	19	70.4%
Other	5	18.5
Not Applicable	3	11.1

ing areas of field instruction technology such as assessing and responding to process recording. The number of administrative content areas reported ranged from 1 to 5, with a mean of 3.9 and median of 4. The number of practice related content areas ranged from 0 to 5, with a mean of 3.4 a median of 4. The number of total content areas elicited ranged from 3 to 10 with a mean of 7.3 and median of 7.

Associations Between Program Dimensions
Related to Field Instructors and
Student Satisfaction Scale Items

The following dimensions related to field instructors were not associated with any measure of student satisfaction: primary field instructor experience in field instruction, program percentage of new primary field instructors, program percentage of new secondary field instructors, program percentage of primary field instructors who are line workers, workload reduction for field instructors, and practice content of field instructor seminars.

Four dimensions related to field instructors were associated with one or more measures of student satisfaction.

Program percentage of secondary field instructors with line worker status was positively correlated with student satisfaction with learning ($r=.1993$, $p=.0094$), with the field work program ($r=.1884$, $p=.0139$), with the hospital ($r=.2112$, $p=.0057$), and with the field work experience ($r=.1644$, $p=.0327$). Students in programs in which field instructor seminars were held weekly or bi-weekly were more satisfied with learning ($t=3.7103$, $df=234$, $p=.0003$), with the program ($t=2.0881$, $df=154$, $p=.0379$), with the hospital ($t=2.7238$, $df=235$, $p=.0007$) and with the field work experience ($t=2.3231$, $df=234$, $p=.0210$) than students in programs in which field instructor seminars were held less frequently. There was a negative correlation between the number of administrative content areas included in field instructor seminars and student satisfaction with learning ($r=-.1477$, $p=.0373$). Finally, students in programs in which secondary field instructors were not involved in field instructor seminars were more satisfied with the hospital than were

students in programs in which secondary field instructors were included ($t=2.2639$, $df=170$, $p=.0094$).

Program Dimensions Related to
Accountability

This category includes dimensions related to program leadership and systems for accountability. Variables include coordinator organizational status, coordinator experience as field instructor, coordinator experience as coordinator, coordinator time allocated to the field work program, designation of assistant program coordinators, field instructor accountability to departmental supervisors or to program leadership on educational matters, existence of written program policies and procedures, utilization of written program evaluations by students, utilization of written program evaluations by field instructors, and membership of program coordinators on school of social work committees.

Descriptive data is presented in Table 17. As can be seen there, the preponderance of coordinators (81.5%) carried administrative status within the organization. The most frequent organizational title listed for coordinators was assistant director of social work. The experience of coordinators as coordinators ranged from 0 to 16 years, with a mean of 5 and a median of 3.5 years. Almost half (48.1%) reported 3 years or less of experience. Thus it would appear that there is a substantial base of relatively new leadership in this program sample, as well as a slightly larger group of more established program leaders.

On the whole, this group of coordinators were more experienced as field instructors than as field work program coordinators. Experience

TABLE 17
PROGRAM DIMENSIONS RELATED TO ACCOUNTABILITY
(PROGRAM N=27)

Program Dimension	Program Number	Program Percent
<u>Coordinator Organizational Status</u>		
Administrative	22	81.5%
Supervisory	5	18.5
<u>Coordinator Experience as Coordinator</u>		
None	2	7.4%
1-3 Years	11	40.7
4-6 Years	7	25.9
More Than 6 Years	6	22.2
No Response	1	3.7
<u>Coordinator Experience as Field Instructor</u>		
1-3 Years	5	18.5%
4-6 Years	13	48.1
7-10 Years	5	18.5
More Than 10 Years	3	11.1
No Response	1	3.7
<u>Coordinator Time Allocated To Program</u>		
5-10 Percent	9	33.3%
15-20 Percent	11	30.7
25-30 Percent	6	22.2
50 Percent	1	3.7
<u>Field Instructor Accountability For Field Instruction</u>		
Departmental Supervisor	9	33.3%
Program Coordinator	18	67.7
<u>Assistant Coordinator(s)</u>		
Yes	7	25.9%
No	20	74.1

TABLE 17 (Continued)

Program Dimension	Program Number	Program Percent
<u>Coordinator Participation on School of Social Work Committee(s)</u>		
Yes	13	48.1%
No	14	51.9
<u>Written Program Policies and Procedures</u>		
Yes	20	74.1%
No	7	25.9
<u>Written Program Evaluations Administered to Students</u>		
Yes	16	59.3%
No	11	40.7
<u>Written Program Evaluations Administered to Field Instructors</u>		
Yes	3	11.1%
No	24	88.9

in field instruction ranged from 1 to 14 years, with both a mean and median of 6 years.

The amount of time allocated by program coordinators to the field work programs ranged from 5% to 50% with a mean of 18.3% and median of 20%. Additionally, more than 25% of programs had assistant coordinators, who presumably allocated time to program administration. Thus, the amount of leadership time donated by departments of social work was considerable.

In almost two thirds of the programs (65%), field instructors were accountable to coordinators for matters pertaining to student training,

rather than to their departmental superiors. This may be indicative of an emphasis upon field instruction as a teaching rather than apprenticeship endeavor in most programs.

Almost three fourths of the coordinators (74.1%) reported that program policies and procedures were in written form. More than half (59.3%) obtained written program evaluations from students. However, only a small minority of programs (11.1%) obtained written program evaluations from field instructors.

Almost half of the coordinators studied were members of school of social work committees.

Associations Between Accountability Dimensions and Student Satisfaction Scale Items

The following dimensions were not associated with any area of student satisfaction measured: coordinator organizational status, coordinator experience as coordinator, coordinator time allocated to the program, designation of assistant coordinators, field instructor accountability to coordinators, utilization of written policies and procedures, utilization of written program evaluations by students, utilization of written program evaluations by field instructors, and coordinator membership on school of social work committees.

Only one program dimension related to accountability was associated with student satisfaction scale items. Coordinator experience as field instructor was negatively correlated with student satisfaction with learning ($r = -.1399$, $p = .0386$) and with the field work experience ($r = -.1434$, $p = .0340$).

Additional Data

Three additional items not included in the student questionnaire appeared on the coordinator questionnaire.

Two items appeared on the coordinator satisfaction scale. The first asked coordinators to indicate their levels of satisfaction with school of social work seminars for new field instructors. The second asked them to indicate levels of satisfaction with students.

On the first, 5 (18.5%) reported that they were very satisfied with seminars, 12 (44.4%) that they were satisfied, 9 (33.3%) that they were neither satisfied nor dissatisfied, and 1 (3.7%) reported being very dissatisfied. The satisfaction rate was 63%.

Satisfaction with students was higher, with 10 coordinators (37%) reporting being very satisfied with students, 10 (37%) reporting being satisfied, 6 (22%) being neither satisfied nor dissatisfied, and 1 (4%) being very dissatisfied. The overall satisfaction rate on this item was 74.1%.

Twenty three coordinators responded to a question about how many students they would recommend for employment in the placement hospital. The percentage of students recommended ranged from 16% to 100%, with a mean of 44.5% and a median of 44%. The percentage of students that coordinators would recommend was associated only with student satisfaction with field instructors ($r=.1872$, $p=.0126$).

Summary

Distributional data related to hospital field work program characteristics revealed that hospital departments of social work allocated considerable resources to field instruction during the study year.

Large numbers of departmental staff representing all organizational levels were found to be involved in program administration, primary and secondary field instruction, group teaching of students, and field instructor seminars. Only 2 of 27 programs received external funding for student training, and only three offered workload reduction to compensate for field instructor time. Thus, the preponderance of resources given to student training was uncompensated.

Most students in the study programs were assigned to multiple program or service areas, to multiple field instructors, to multiple methods of social work intervention, and to multiple teaching methods. There was considerable diversity in the kinds of program areas to which students were assigned and in the combinations of assignments used. All but 3 programs offered seminars for field instructors. While most provided written policies and procedures and formal program evaluations by students, only a small number provided for formal program evaluations by field instructors. The development of accountability systems somewhat lagged behind the development of teaching structures and supports for field instructional staff.

A total of fifteen program dimensions were associated with one or more student satisfaction scale items at a statistically significant level of less than .05. Findings on these variables are summarized in Tables 18 and 19.

Table 18 shows the eight program characteristics found to be associated with one or more measures of student satisfaction on t-test analyses, according to outcome measure. These independent variables are hospital type, hospital auspices, program participation in consortia

with other programs, number of methods students used, number of field instructors to which students were assigned, program provision for face to face meetings with students prior to field work start, frequency of field instructor seminars, and inclusion of secondary field instructors in field instructor meetings. None of these variables was found to be associated with student satisfaction with field instructors.

Table 19 shows correlations for seven other program characteristics. These variables are program percentage of students with multiple assignments, number of practice area topics in student seminars, number of student seminar teaching content topics, total number of student seminar topics, program percentage of secondary field instructors who were line workers, number of field instructor seminar topics, and coordinator years of experience as field instructor. As can be seen in Table 19, the r score for all significant item pairs is less than .22.

A comparison of r scores for statistically significant program characteristics and the r scores reported upon in Chapter Four reveals that correlation scores for student perceptions about program characteristics generally are much higher than scores for program characteristics or for demographic characteristics. It would appear, therefore, that in this cohort, student perceptions can be expected to explain variations in student satisfaction to a greater extent than objective data about program characteristics.

The next chapter extends knowledge of the effects of perceptions on student satisfaction by contrasting student and coordinator opinions about field work characteristics.

TABLE 18

SUMMARY TABLE OF t-TESTS FOR SIGNIFICANT PROGRAM CHARACTERISTICS
BY SATISFACTION OUTCOME VARIABLE

<u>Student Satisfaction with Learning</u>				
<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Consortium Participation</u>				
Program Participated	4.2823	2.6263	112	.0092
Program Did Not Participate	3.9546			
<u>Frequency of Field Instructor Seminars</u>				
Met Weekly/Bi-Weekly	4.5000	3.7103	234	.0003
Met Less Frequently	4.0549			
<u>Program Provision For Meetings with Students Before Placement</u>				
Did Not Have Meetings	4.3025	2.0013	234	.0465
Had Meetings	4.0769			

<u>Student Satisfaction with Field Work Program</u>				
<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Number of Methods Used</u>				
More Than One	3.9399	3.3726	235	.0009
One	3.4259			
<u>Number of Instructors Student Was Assigned To</u>				
More Than One	3.9420	2.1727	194	.0308
One	3.6565			
<u>Frequency of Field Instructor Seminars</u>				
Met Weekly/Bi-Weekly	4.0278	2.0882	154	.0379
Met Less Frequently	3.7333			

TABLE 18 (Continued)

Student Satisfaction with Field Work Program (Cont'd)

<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Program Provision For Meetings with Students Before Placement</u>				
Did Not Have Meetings	3.9580	2.0938	233	.0374
Had Meetings	3.6864			

Student Satisfaction with the Hospital

<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Hospital Treatment Type</u>				
Medical or Psychiatric Only	3.5802	2.0491	187	.0416
General	3.2821			
<u>Hospital Auspices</u>				
Voluntary	3.5073	2.0749	192	.0391
Public	3.2178			
<u>Consortium Participation</u>				
Program Participated	3.5087	2.9372	235	.0036
Program Did Not Participate	3.0606			
<u>Number of Methods Used</u>				
More Than One	3.4590	2.0009	75	.0465
One	3.1296			
<u>Program Provision For Meetings with Students Before Placement</u>				
Did Not Have Meetings	3.5630	2.6197	118	.0094
Had Meetings	3.2034			
<u>Frequency of Field Instructor Seminars</u>				
Met Weekly/Bi-Weekly	3.6667	2.7238	235	.0079
Met Less Frequently	3.2706			

TABLE 18 (Continued)

Student Satisfaction with Hospital (Cont'd)

<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Inclusion of Secondary Instructors in Field Instructor Seminars</u>				
Not Included	3.7361	2.2639	170	.0248
Included	3.3942			
<u>Frequency of Field Instructor Seminars</u>				
Met Weekly/Bi-Weekly	3.6667	2.7238	235	.0079
Met Less Frequently	3.2706			
<u>Inclusion of Secondary Instructors in Field Instructor Seminars</u>				
Not Included	3.7361	2.2639	170	.0248
Included	3.3942			

Student Satisfaction with Field Work Experience

<u>Program Characteristic</u>	<u>Mean Score</u>	<u>t Score</u>	<u>df</u>	<u>p Score</u>
<u>Number of Methods Used</u>				
More Than One	4.1209	3.4296	234	.0007
One	3.6296			
<u>Frequency of Field Instructor Seminars</u>				
Met Weekly/Bi-Weekly	4.2222	2.3231	234	.0210
Met Less Frequently	3.2706			

TABLE 19
SUMMARY TABLE OF CORRELATIONS
PROGRAM CHARACTERISTICS AND STUDENT SATISFACTION SCALE VARIABLES

<u>Program Dimension</u>	<u>Satisfaction With...</u>		<u>Program</u>	<u>Hospital</u>	<u>Field Work Experience</u>
	<u>Field Instructors</u>	<u>Learning</u>			
Program Pct. Two Assign- ments	ns	ns	ns	.1407 (208) .0426	ns
Student Sem- inar Practice Content Areas	ns	.1634 (236) .0119	ns	.1506 (237) .0204	ns
Student Sem- inar Teaching Content Areas	ns	.1294 (236) .0471	ns	.1994 (237) .0020	ns
Total Student Seminar Content Areas	ns	.1387 (236) .0332	ns	.1776 (237) .0061	ns
Pct. Second- ary Instruct- or Line Work- ers	ns	.1993 (169) .0094	.1884 (170) .0139	.2112 (170) .0057	.1644 (169) .0327
Instructor Seminar Admin- istrative Content Areas	ns	-.1477 (199) .0373	ns	ns	ns
Coordinator Experience as Instructor	ns	-.1399 (219) .0386	ns	ns	-.1434 (219) .0340

r correlation
(number)
p significance level

CHAPTER FIVE FOOTNOTES

1. Marion Bogo, "An Educationally Focused Faculty/Field Liaison Program for First-Time Field Instructors," Journal of Education for Social Work 17 (Fall 1981), p.65.

CHAPTER SIX

FINDINGS RELATED TO DIFFERENCES IN STUDENT AND COORDINATOR RESPONSES

Two kinds of comparisons of student and coordinator responses are reported in this chapter, using data drawn from the satisfaction scale and criticism scale sections of both questionnaires. Differences between student and coordinator group percentages and/or means are examined in some areas of interest, while differences between responses of pairs of students and coordinators are the basis for other analyses.

Comparison of Responses on Satisfaction Scale Items

Four items are common to satisfaction scales on both questionnaires. These are satisfaction with field instructors, satisfaction with learning, satisfaction with the field work program, and satisfaction with the hospital. Table 20 presents a comparison of group responses for each of these items, with numbers and respondents at each level of satisfaction, as well as group means listed.

Overall coordinator satisfaction rates were higher than student rates for all four satisfaction variables. Greatest group rate differences were found for items of satisfaction with field instructors (96.3% vs. 76.2%) and field work program (92.6% vs. 74.3%), and least differences on items of satisfaction with learning (88.9% vs. 86.1%) and with the hospital (59.3% vs. 56.2%). Only one variable showed a statistically significant mean difference on t-test. Students were less

TABLE 20
COMPARISON OF STUDENT AND COORDINATOR RESPONSES
ON FOUR SATISFACTION ITEMS

<u>Satisfaction with Field Instructors</u>						
Group	Very Dissat- isfied	Dissat- isfied	Neither	Satis- fied	Very Satis- fied	Mean
Students (N=235)	9 3.8%	31 13.1%	16 6.8%	77 32.8%	102 43.4%	3.987
Coordinators (N=27)			1 3.7%	15 55.6%	11 40.7%	4.370
<u>Satisfaction with Learning</u>						
Group	Very Dissat- isfied	Dissat- isfied	Neither	Satis- fied	Very Satis- fied	Mean
Students (N=236)	4 1.7%	9 3.8%	20 8.5%	108 45.8%	95 40.3%	4.191
Coordinators (N=27)		1 3.7%	2 7.4%	16 59.3%	8 29.6%	4.148
<u>Satisfaction with Field Work Program</u>						
Group	Very Dissat- isfied	Dissat- isfied	Neither	Satis- fied	Very Satis- fied	Mean
Students (N=237)	7 3.0%	24 10.1%	30 12.7%	119 50.2%	57 24.1%	3.823
Coordinators (N=27)			2 7.4%	14 51.9%	11 40.7%	4.333

TABLE 20 (Continued)

Group	<u>Satisfaction with Hospital</u>					Mean
	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied	
Students (N=237)	18 3.8%	30 13.1%	55 6.8%	111 32.8%	23 43.4%	3.384
Coordinators (N=27)		2 7.4%	9 3.3%	13 48.2%	3 11.1%	3.630

satisfied with field work programs than coordinators ($t=-2581$, $df=262$, $p=.0104$).

As reported in chapter four, student responses on all four items were inter-correlated at a significance level of less than .0000. This was not the case, though, for coordinator responses. For coordinators, only one pair of variables (satisfaction with the field work program and satisfaction with the hospital) was correlated at a significance level of less than .05 ($r=.4961$, $p=.0085$).

However, as shown in Table 21, differences in student-coordinator pair responses were negatively correlated with student satisfaction items at highly significant levels for all but two item pairs. As the distance between coordinator and student satisfaction scores increased, student satisfaction decreased.

These negative correlations were strongest in relation to paired field instructor and to paired program satisfaction variables ($-.7032$ and $-.7403$ respectively). As noted previously, these also are the areas

TABLE 21

CORRELATIONS FOR DIFFERENCES IN COORDINATOR-STUDENT PAIR RESPONSES
AND STUDENT SATISFACTION ON FOUR SATISFACTION VARIABLES

	<u>Student Satisfaction With...</u>			
	<u>Field</u>	<u>Learning</u>	<u>Field Work</u>	<u>Hospital</u>
	<u>Instructors</u>		<u>Program</u>	
<u>Difference In</u>	-.7032	-.3384	-.3075	-.2709
<u>Satisfaction</u>	(235)	(234)	(235)	(235)
<u>With</u>	.0000	.0000	.0000	.0000
<u>Instructors</u>				
<u>Difference In</u>	-.1840	-.3677		
<u>Satisfaction</u>	(234)	(236)		
<u>With</u>	.0000	.0000	ns	ns
<u>Learning</u>				
<u>Difference In</u>	-.3508	-.4126	-.7403	-.4748
<u>Satisfaction</u>	(235)	(236)	(237)	(237)
<u>With</u>	.0000	.0000	.0000	.0000
<u>Program</u>				
<u>Difference In</u>	-.1593	-.2140	-.3250	-.5318
<u>Satisfaction</u>	(235)	(236)	(237)	(237)
<u>With</u>	.0145	.0009	.0000	.0000
<u>Hospital</u>				
	r correlation			
	(Number)			
	p significance level			

in which student and coordinator groups showed the greatest differences in satisfaction rates. Hence, field instructor and program satisfaction comprise the areas of greatest differences in satisfaction between coordinator and student groups, as well the areas in which coordinator-student pair differences are most strongly and negatively associated with student satisfaction.

Comparison of Perceptions Related to
Field Work Characteristics

All fifty items on the Criticism Scale appeared on both questionnaires. In chapter four, findings were presented regarding those characteristics which most students found present to too great and too little an extent. Table 22 presents a listing of all items on which at least half of the student or coordinator groups indicated negative perceptions.

As can be seen in Table 22, there was a high degree of consistency on items identified as problematic by the two groups.

A majority of respondents in each group identified seven characteristics as too little present, with six common to both groups. Most students and coordinators thought that field programs were lacking the following: opportunity for students to participate in decisions about program policies and procedures, opportunity for students to watch field instructors work, faculty liaison helpfulness to students in integrating class and field learning, coordination between field instructors and faculty field liaisons, orientation to program policies and procedures, and field instructor attention to helping students integrate class and field learning.

In both groups, a majority of respondents identified two items as too much in evidence. Those group items were identical. Most respondents in both groups thought that there was too much red tape involved in the hospital and that students experienced too much stress in placement.

The extent of relative agreement about what programs did best, as indicated by characteristics deemed present to just right an extent by

TABLE 22

COMPARISON OF FIELD WORK CHARACTERISTICS RATED AS PRESENT TOO LITTLE
AND TOO MUCH BY MOST STUDENTS AND MOST COORDINATORS.

ITEMS RATED AS TOO LITTLE PRESENT BY MOST STUDENTS AND COORDINATORS

<u>Item</u>	<u>Percent Students</u>	<u>Percent Coordin- ators</u>
The opportunity for students to participate in decision making about policies and procedures relating to students	67%	52%
The opportunity for students to watch field instructors work	62	52
Helpfulness of faculty field liaisons in student integration of class and field	59	58
Orientation of students to field work program	57	
Coordination between field instructors and faculty field liaisons	56	63
Orientation of students to hospital policies and procedures	53	52
Field instructors' attention to students' integration of class and field	50	59
Student contact with program prior to the first day of field work		82

ITEMS RATED AS TOO MUCH PRESENT BY MOST STUDENTS OR COORDINATORS

<u>Item</u>	<u>Percent Students</u>	<u>Percent Coordin- ators</u>
Rules, administrative details and red-tape involved in this hospital	66%	82%
The amount of stress students experienced in placement	58	69

large numbers of respondents, was somewhat less. Of the 12 items rated just right by the largest numbers of respondents in each group, only 6 were identified by both groups. These characteristics are fairness in evaluation of student performance, opportunities for students to learn about and develop skills in social work practice, field instructor helpfulness when students have difficulty, students' involvement in evaluation of their own performance, field instructor openness to student opinions, and opportunities for students to use their abilities and skills. At least 73% of students and 93% of coordinators rated these as just right.

Overall, the group of coordinators rated field work characteristics as present to an ideal extent more frequently than did students. While only two items were rated as present to a just right extent by more than 80% of students, twenty two were so rated by that percentage of coordinators.

Further, the group of coordinators tended to rate field work characteristics as present to a greater extent than did the group of students. Of the 50 items, mean student responses were higher than those of coordinators only for 6. Items rated higher by the student group are: extent of stress experienced by students, the overall amount of work expected of students, the quality of social work students, contact between program and student prior to beginning field work, the number of students jointly in placement, and the number of student seminars.

Items on which greatest percentages of student-coordinator pairs evidenced differences in perceptions are shown in Table 23. As can be

TABLE 23
ITEMS ON WHICH GREATEST PERCENTAGES OF COORDINATOR-STUDENT
PAIRS DIFFERED

<u>Item</u>	<u>Percentage of Pairs With Score Differences</u>
Student contact with program prior to the first day of field work	64%
*The opportunity for students to participate in decision making about policies and procedures relating to students	64
*Helpfulness of faculty field liaisons in student integration of class and field	62
*Coordination between field instructors and faculty field liaisons	61
*Rules, administrative details and red-tape involved in this hospital	61
*Field instructors' attention to students' integration of class and field	61
Helpfulness of faculty field liaisons to students in dealing with field work placement	60
*The amount of stress students experienced in placement	59
*The opportunity for students to watch field instructors work	59
*Items on which most students and coordinators agreed that characteristics were present too little or too much an extent	

seen by comparison of Tables 22 and 23, 7 of the 10 items that coordinator and student groups agreed were problematic also appeared among the nine items upon which there was disagreement between the greatest number of coordinator-student pairs. Hence, while there was strong agreement between groups regarding which program characteristics were

most problematic, the same items elicited strongest disagreement between pairs about the severity of those problems, with students perceiving problems as more extreme than did coordinators.

Items on which least percentages of pairs differed are presented in Table 24. As can be seen in that table, pairs generally showed strongest agreement with regard to characteristics of field instructors.

Correlations for pair differences in perceptions about field work characteristics and student satisfaction with field work are shown in Table 25. Items are grouped according to the factors described in chapter four. All correlations are negative, indicating that as distance between perceptions of student and coordinator increased, student satisfaction decreased. Nine factors yielded statistically significant correlations for all five student satisfaction outcome measures. An additional two factors are correlated with three of five student satisfaction scale variables.

A comparison of Table 25 with Table 9 reveals that for ten of fourteen factors, patterns of correlations are similar for student perceptions and for differences in perceptions. For instance, just as no significant correlations were found between the Peer Support and Student Quality Factors and any outcome variable with student opinions as independent variables, none were found for differences in opinion.

The remaining four factors all showed shrinkage in the number of significant correlations with outcome variables. Correlations with five satisfaction areas diminished to three when opinion differences related to Program Organization were substituted for student opinions. The Orientation Factor, correlated at a significant level with four outcome

TABLE 24

ITEMS ON WHICH LEAST PERCENTAGES OF COORDINATOR-STUDENT PAIRS DIFFERED

<u>Item</u>	<u>Percentage of Pairs With No Score Dif- ference</u>
Fairness in evaluation of performance	79%
Opportunity to learn about and develop skills in social work practice	76
Opportunities for students to use abilities and skills	74
Number of field instructors assigned to	74
Field instructors' helpfulness to students when they have difficulties	73
Field instructor sensitivity to students' educational needs	72
Openness of field instructors to student opinions	71
Involvement of students in evaluation of own performance	70
Willingness of students to help each other	70

variables using student opinions, was correlated with three using opinion differences. The Faculty Liaison Factor, which produced significant correlations with three student satisfaction variables when student opinions served as independent variables, produced no significant correlations when differences in opinion were used. The Student Contact Factor, significantly correlated with satisfaction with the field work experience when using student opinions as independent

TABLE 25

CORRELATIONS FOR CRITICISM SCALE FACTOR DIFFERENCES BETWEEN
COORDINATOR-STUDENT PAIRS
AND STUDENT SATISFACTION SCALE ITEMS

	<u>Satisfaction With...</u>				
	<u>Field</u> <u>Instructors</u>	<u>Learning</u>	<u>Program</u>	<u>Hospital</u>	<u>Field Work</u> <u>Experience</u>
<u>Factor 1</u> <u>Supervisory</u> <u>Relationship</u>	-.6269 (197) .0000	-.3122 (197) .0000	-.3236 (198) .0000	-.1798 (198) .0113	-.4200 (198) .0000
<u>Factor 2</u> <u>Learning</u> <u>Assignment</u>	-.3151 (211) .0000	-.3287 (211) .0000	-.3655 (212) .0000	-.2604 (212) .0001	-.4679 (212) .0000
<u>Factor 3</u> <u>Supervisory</u> <u>Teaching</u>	-.3785 (199) .0000	-.3780 (200) .0000	-.2539 (200) .0000	-.1967 (200) .0000	-.3464 (200) .0000
<u>Factor 4</u> <u>Orientation</u>	ns	ns	-.2175 (183) .0031	-.1470 (183) .0470	-.1986 (183) .0070
<u>Factor 5</u> <u>Faculty Field</u> <u>Liaison</u>	ns	ns	ns	ns	ns
<u>Factor 6</u> <u>Stress</u>	-.2074 (203) .0030	-.1881 (203) .0072	-.2166 (204) .0019	-.2265 (204) .0011	-.2796 (204) .0001
<u>Factor 7</u> <u>Supervisory</u> <u>Expectations</u>	-.5908 (233) .0000	-.3320 (233) .0000	-.3031 (234) .0000	-.1883 (234) .0038	-.3863 (234) .0000
<u>Factor 8</u> <u>Peer Support</u>	ns	ns	ns	ns	ns
<u>Factor 9</u> <u>Program</u> <u>Organization</u>	ns	ns	-.3774 (125) .0000	-.3984 (125) .0000	-.4421 (125) .0000
<u>Factor 10</u> <u>Autonomy</u>	-.2249 (224) .0001	-.2805 (224) .0002	-.3271 (225) .0000	-.2916 (225) .0000	-.3293 (225) .0000

TABLE 25 (Continued)

	<u>Satisfaction With...</u>				
	<u>Field</u>	<u>Learning</u>	<u>Program</u>	<u>Hospital</u>	<u>Field Work</u>
	<u>Instructors</u>				<u>Experience</u>
<u>Factor 11</u>					
<u>Student</u>					
<u>Contact</u>	ns	ns	ns	ns	ns
<u>Factor 12</u>	-.3219	-.1412	-.2296	-.1325	-.2791
<u>Number</u>	(221)	(221)	(222)	(222)	(222)
<u>Instructors</u>	.0000	.0359	.0006	.0486	.0000
<u>Factor 13</u>					
<u>Student</u>					
<u>Quality</u>	ns	ns	ns	ns	ns
<u>Factor 14</u>	-.4258	-.2682	-.2834	-.1797	-.3640
<u>Accessibility</u>	(202)	(202)	(203)	(203)	(203)
	.0000	.0001	.0000	.0103	.0000

r correlation
(number)
p significance level

variables, showed no significant correlations when using opinion differences.

These patterns indicate that differences in opinion between program leaders and consumers generally affect student satisfaction in the same way that negative student opinions about field work characteristics do so. In those areas in which negative student perceptions fail to be associated with field satisfaction, differences in perceptions also fail to be associated. Conversely, excepting for a few cases, differences in opinion show significant correlations in the same areas of satisfaction as do negative student opinions. It would appear that correlation between student opinion and satisfaction may be a precondition for correlation between opinion differences and student satisfaction.

This finding may have some utility for program evaluation in mid as well as end cycles. Differences between perceptions of students and of program coordinators about how well the program is doing in specific as well as global areas at given points in time might signal both areas of need for program correction and remedies indicated.

Summary

Examination of differences between perceptions of students and coordinators produced information about two sets of variables not previously known to be associated with student field work satisfaction.

In comparing student and coordinator responses in four areas of field work satisfaction, it was found that coordinator satisfaction rates were substantially higher than student rates for satisfaction with field instructors and for satisfaction with the field work program. Further, the coordinator group was significantly more satisfied with field work programs than was the student group on t-test. Coordinator rates were slightly higher for satisfaction with learning and for satisfaction with the hospital.

Differences in satisfaction between coordinator and student groups were negatively correlated with all four student satisfaction measures at a statistical level of significance of less than .02 on all but two items. Highest correlations were found between field instructor satisfaction differences and student satisfaction with field instructors ($r = -.7032$) and between program satisfaction differences and student satisfaction with programs ($r = -.7403$). Thus, field instructor and program satisfaction comprise the variables for which coordinator-student pair differences are most negatively associated with student satisfaction as

well as the areas of greatest differences in satisfaction between coordinator and student groups. The area of program satisfaction showed the highest correlation between satisfaction differences and student satisfaction. As noted, this also was the one variable on which group satisfaction means showed a statistically significant difference. In comparing satisfaction of these cohorts, therefore, it appears that satisfaction with the field work program was the most crucial variable.

Coordinators generally rated field work characteristics as present to an ideal extent more frequently than did students. Further, while the student and coordinator groups for the most part identified the same program characteristics as lacking, greatest disagreements between student-coordinator pairs were found regarding the extent to which the problems existed, with students generally rating them as more problematic. Those variables are: opportunity for students to participate in decisions about program policies and procedures; rules, administrative details, and red-tape in the hospital; helpfulness of faculty field liaisons in student integration of class and field; amount of stress experienced in placement; opportunity for students to watch field instructors work; coordination between field instructors and faculty field liaisons; and field instructor helpfulness to students in integration of class field learning.

Differences between perception responses of student and coordinator pairs were correlated negatively with 3 or more student satisfaction outcome measures at statistically significant levels on 11 of 14 program perception factors. For those factors, as well as most areas of differences in student and coordinator satisfaction, as the distance

between the perceptions of program leader and social work student increased, student satisfaction decreased. Two factors produced statistically significant correlations with satisfaction at a level above $-.50$. These factors both were from the Field Instructor category of the program model developed for this study. Supervisory Relationship and Supervisory Expectations factors were both relatively highly correlated with satisfaction with field instructor, with r scores of $-.63$ and $-.59$ respectively. It is concluded, therefore, that field instructor characteristics constitute the factors most strongly associated with satisfaction when examining differences between student and coordinator perceptions, as well as when considering relationships between satisfaction and student perceptions alone.

CHAPTER SEVEN

FINDINGS RELATED TO PREDICTORS OF STUDENT SATISFACTION WITH FIELD WORK

In this chapter, the author identifies the independent study variables most predictive for each of the five satisfaction outcome variables and reports non-study variables mentioned by respondents as impinging upon satisfaction with field work.

Predictors of Student Satisfaction

Stepwise multiple regression was used to examine the predictive value of statistically significant independent variables for each of the five outcome measures of student satisfaction. The regression analysis for each dependent variable tested those student demographics, program characteristics, student Criticism Scale factor perceptions, and differences in student-coordinator perceptions on Criticism Scale factors that were found to be associated with the dependent variable at a significance level of less than .05.

Table 26 shows the results of stepwise regression for each of the five dependent field work satisfaction variables. As can be seen there, a total of nine independent variables were predictive of one or more outcome variables at a statistical significance level of less than .05.

All significant predictive variables consist of student perception or perception difference factors derived from the Criticism Scale,

TABLE 26

STEPWISE MULTIPLE REGRESSIONS IN ANALYSIS WITH FIVE STUDENT SATISFACTION SCALE ITEMS AS DEPENDENT VARIABLES AND STUDENT DEMOGRAPHICS, PROGRAM CHARACTERISTICS, STUDENT PERCEPTIONS ABOUT PROGRAM CHARACTERISTICS, AND DIFFERENCES IN STUDENT-COORDINATOR PAIR PERCEPTIONS ABOUT PROGRAM CHARACTERISTICS AS INDEPENDENT VARIABLES.

<u>Student Satisfaction with Field Instructors</u>					
<u>Independent Variables</u>	<u>Step</u>	<u>Adjusted R²</u>	<u>Adj.R² Change</u>	<u>F Change</u>	<u>Significance</u>
1. Student Perceptions: Supervisory Relationship Characteristics	1	.5578		124.21	p <.0000
2. Placement First Choice	2	.5856	.0278	-	ns
3. Student Perceptions: Supervisory Teaching Characteristics	3	.6052	.0198	119.01	p =.0256
4. Difference in Perceptions: Supervisory Teaching Characteristics	4	.6281	.0229	-1.7	p =.0105
5. Student Perceptions: Supervisory Expectations	5	.6449	.0168	3.64	ns

<u>Student Satisfaction with Field Learning</u>					
<u>Independent Variables</u>	<u>Step</u>	<u>Adjusted R²</u>	<u>Adj.R² Change</u>	<u>F Change</u>	<u>Significance</u>
1. Student Perceptions: Supervisory Teaching Characteristics	1	.4031		29.79	p <.0000
2. Student Perceptions: Assignment Learning Opportunities	2	.4670	.0639	.26	p <.0000

TABLE 26 (Continued)

<u>Student Satisfaction with Field Work Program</u>					
<u>Independent Variables</u>	<u>Step</u>	<u>Adjusted R²</u>	<u>Adj.R² Change</u>	<u>F Change</u>	<u>Significance</u>
1. Student Perceptions: Learning Assignment Opportunities	1	.4084		45.78	p <.0000
2. Difference in Perceptions: Extent of Program Organization	2	.5251	.1157	34.24	p =.0016
3. Student Perceptions: Number of Field Instructors	3	.5640	.0389	4.41	p =.0110
4. Student Perceptions: Autonomy Within Organization	4	.6035	.0395	2.15	p =.0314

<u>Student Satisfaction with Hospital</u>					
<u>Independent Variables</u>	<u>Step</u>	<u>Adjusted R²</u>	<u>Adj.R² Change</u>	<u>F Change</u>	<u>Significance</u>
1. Student Perceptions: Stress Experienced	1	.4043		37.97	p <.0000
2. Difference in Perceptions: Learning Assignment Opportunities	2	.5371	.1328	25.21	p =.0009

TABLE 26 (Continued)

<u>Student Satisfaction with Field Work Experience</u>					
<u>Independent Variables</u>	<u>Step</u>	<u>Adjusted R²</u>	<u>Adj.R² Change</u>	<u>F Change</u>	<u>Significance</u>
1. Difference in Perceptions: Extent of Program Organization	1	.4498		17.56	p = .0002
2. Student Perceptions: Learning Assignment Opportunities	2	.5976	.1478	4.84	p = .0010
2. Student Perceptions: Supervisory Teaching Characteristics	3	.6531	.0555	5.47	p = .0105

rather than external program characteristics. Thus it would appear that for this cohort, perceptions about program characteristics were more influential in shaping student satisfaction than the structural characteristics themselves.

Five of the eight items jointly perceived as most problematic by both groups were found to be part of the factors predictive of student satisfaction upon multiple regression analysis. However, three commonly held negative perceptions were not significant predictors of any measure of student satisfaction. These were perceptions regarding opportunities for students to participate in decision making about policies and procedures related to students, regarding the helpfulness of faculty field liaisons to students in integration of class and field learning, and regarding orientation of students to hospital policies and procedures.

Six student perception factors were found to be predictive of one or more areas of student satisfaction. These were: 1) student perceptions about supervisory relationship characteristics (56% of variance in satisfaction with field instructors); 2) student perceptions about supervisory teaching characteristics (2% of variance in satisfaction with field instructors, 40% of variance in satisfaction with learning, and 6% of variance in satisfaction with the overall field work experience); 3) student perceptions about assignment learning opportunities (6% of variance in satisfaction with learning, 41% of variance in satisfaction with the program, and 15% of variance in overall satisfaction); 4) student perceptions about the number of field instructors to whom they were assigned (4% of variance in satisfaction with the program); 5) student perceptions about their autonomy within the organization (4% of variance in satisfaction with the program); and 6) student perceptions about the extent of stress they experienced in placement (40% of variance in satisfaction with the hospital).

Three difference in perception factor variables each were found to be predictive of one or more dependent variables. These were: 1) differences in student-coordinator perceptions about teaching characteristics (2% of variance in satisfaction with field instructors); 2) differences in student-coordinator pair perceptions about learning opportunities (13% of variance in satisfaction with the program); and 3) differences in perceptions about program organization (12% of variance in satisfaction with the program, and 45% of variance in satisfaction with the overall experience).

Thus of nine predictive independent variables, three predicted multiple outcome measures (student perceptions about supervisory teaching characteristics, student perceptions about learning assignment opportunities, and differences in perception about the extent of program organization).

The design of this study was intended to allow for explanations of significant factors. Explanatory data is presented in Table 27, which shows the percentages of students who responded within predictive factor item categories. For purposes of the following discussion, Much Too Little and Too Little responses are combined into the Too Little category and Much Too Much and Too Much responses are combined into the Too Much category on student perception variables. On difference in perception factors, categories include the relative difference in responses on the continuum of the Criticism Scale. "Higher" responses in explanatory categories connote opinion that the characteristic was present to a greater extent.

Factors in Table 27 are presented in the order in which they first appear in Table 26. Multiple regression findings for each of the five dependent variables and explanations for findings are as follows.

Student Satisfaction with Field Instructors

As shown in Table 26, student perceptions about supervisory relationship characteristics accounted for 56% of variance in student satisfaction with field instructors. Perceptions about supervisory

TABLE 27

EXPLANATIONS FOR EIGHT FACTORS PREDICTING STUDENT SATISFACTION

<u>Student Perceptions:</u> <u>Supervisory Relationship Characteristics</u>	<u>Just</u> <u>Right</u>	<u>Too</u> <u>Little</u>	<u>Too</u> <u>Much</u>
1. Fairness in evaluation of student performance	81.4%	16.1%	1.3%
2. Helpfulness when student has difficulty	76.1	22.6	1.2
3. Student involved in evaluation of own performance	75.4	17.8	5.5
4. Openness to student opinions	75.0	22.5	1.3
5. Chance for students to make use of their abilities and skills	73.3	25.0	.8
6. Feedback when student did a good job	72.9	25.9	.8
7. Helpfulness to students in their learning about social work	72.8	25.1	1.3
8. Objectivity in dealing with students	70.3	22.5	1.3
9. Student freedom to disagree with field instructors	69.1	29.6	4.2
10. Support students received when they made mistakes	65.9	31.3	0
11. Instructors made expectations clear at start of placement	58.1	40.3	.4
<u>Student Perceptions:</u> <u>Supervisory Teaching Characteristics</u>	<u>Just</u> <u>Right</u>	<u>Too</u> <u>Little</u>	<u>Too</u> <u>Much</u>
1. Helpfulness to students in their learning to work with other disciplines	65.6%	30.2%	1.3%
2. Attention to teaching students about community resources	48.3	49.2	0
3. Security students feel in offering new and original ideas	46.6	49.2	0
4. Attention to student integration of class and field learning	46.4	49.8	1.3
5. Instructors' organization in presenting material to students	39.0	58.9	1.3
6. Opportunity to watch field instructors work	32.5	62.0	1.6

TABLE 27 (Continued)

<u>Difference in Perceptions:</u> <u>Supervisory Teaching Characteristics</u>	<u>None</u>	<u>Coord- inator Higher</u>	<u>Student Higher</u>
1. Helpfulness to students in their learning to work with other disciplines	65.8%	28.9%	5.2%
2. Security students feel in offering new and original ideas	55.8	30.9	13.3
3. Attention to teaching students about community resources	50.9	40.3	8.8
4. Instructors' organization in presenting material to students	53.4	32.4	14.2
5. Opportunity to watch field instructors work	40.8	38.6	20.6
6. Attention to student integration of class and field learning	38.9	31.0	30.0

<u>Student Perceptions:</u> <u>Learning Assignment Opportunities</u>	<u>Just Right</u>	<u>Too Little</u>	<u>Too Much</u>
1. Opportunities to learn about and develop skills in social work practice	77.5%	19.5%	.4%
2. Number of learning experiences	73.7	22.9	3.9
3. Relevance of assignments to student learning goals	70.3	28.0	1.2
4. Variety in assignments	69.8	24.3	3.7
5. Number of practice methods used	67.1	28.7	.8
6. Number of program or service areas	65.7	25.0	5.9
7. Opportunity to participate in choosing learning experiences	54.7	40.3	.4

<u>Difference in Perceptions:</u> <u>Extent of Program Organization</u>	<u>None</u>	<u>Coord- inator Higher</u>	<u>Student Higher</u>
1. Coordination between student's field instructors	60.4%	31.7%	7.9%
2. Degree to which program is organized	47.7	22.3	30.0

<u>Student Perceptions:</u> <u>Number of Field Instructors Assigned</u>	<u>Just Right</u>	<u>Too Little</u>	<u>Too Much</u>
1. Number of field instructors	72.4%	18.6%	6.6%

TABLE 27 (Continued)

<u>Student Perceptions:</u> <u>Autonomy Within Organization</u>	<u>Just</u> <u>Right</u>	<u>Too</u> <u>Little</u>	<u>Too</u> <u>Much</u>
1. Contact with other disciplines	59.5%	35.1%	4.4%
2. Opportunities for students to make decisions on their own	71.4	22.2	5.4
 <u>Student Perceptions:</u> <u>Amount of Stress Experienced</u>	 <u>Just</u> <u>Right</u>	 <u>Too</u> <u>Little</u>	 <u>Too</u> <u>Much</u>
1. Feeling of accomplishment from work	66.4%	31.9%	9.6%
2. Amount of stress experienced in placement	38.6	1.7	58.4
3. Rules, administrative details, and red-tape	24.6	6.4	63.9
 <u>Difference in Perceptions:</u> <u>Learning Assignment Opportunities</u>	 <u>None</u>	 <u>Coord- inator</u> <u>Higher</u>	 <u>Student</u> <u>Higher</u>
1. Opportunities to learn about and develop skills in social work practice	75.5%	17.1%	7.3%
2. Relevance of assignments to student learning goals	65.1	28.1	6.8
3. Number of learning experiences	63.1	29.2	7.6
4. Number of practice methods used	60.7	24.4	14.8
5. Variety in assignments	58.2	25.7	15.9
6. Number of program or service areas	56.1	27.8	15.2
7. Opportunity to participate in choosing learning experiences	48.4	31.9	19.6

Percentages for student perception factors do not equal 100% because Not Applicable responses are not included.

teaching characteristics and differences in perceptions about supervisory teaching characteristics together predicted an additional 4.4%. Hence, the factors explaining most of the variation in satisfaction with field instructors relate to field instructor performance in both expressive and instrumental roles.

As shown in Table 27, the eleven supervisory relationship characteristics constituting the relationship factor, which was most predictive of field instructor satisfaction, generally were rated very positively, with a majority rating of Just Right on all items. Explanations falling into the too much range were negligible for this factor. On the items rated most negatively, students thought there was too little clarity by field instructors at the start of placement regarding expectations (40%), too little support for students when they make mistakes (31%), and too little freedom to disagree with field instructors (30%).

Student perceptions of teaching characteristics explained about 2% of variation in satisfaction with field instructors. While of much smaller predictive power, there was greater room for improvement on teaching factor items than on relationship items. Whereas all 11 of the supervisory relationship factor items were rated as Just Right by a majority of students, only 1 of 6 items comprising the supervisory teaching characteristics factor was so rated. Responses on the too much side of teaching item scales were negligible. On the other side, students thought that there was too little opportunity to watch field instructors work (62%); too little field instructor organization in presenting material (59%); too little attention to integrating class and field (50%); too little student security in offering new ideas (49%), and too little attention to teaching students about community resources (49%). The only item rated Just Right by a majority of students was field instructor helpfulness to students in their learning to work with other disciplines.

Differences in perceptions regarding supervisory teaching characteristics explained about 3% of variance in satisfaction with field instructors. Most pairs showed no difference in perceptions regarding 4 of 6 items comprising this factor. Those items encompass perceptions about supervisor helpfulness in students' learning to work with other disciplines, student security in offering new ideas, field instructor attention to teaching about community resources, and supervisor organization in presenting material. Differences in perceptions on those items generally are attributable to higher ratings by coordinators. Some increase in satisfaction with field instructors might be achieved through modifying coordinator opinions downward or student opinions upward with regard to those characteristics.

On the two items of least agreement, disparities between student and coordinator pairs were curvilinear. For the item on opportunity to watch field instructors work, coordinator ratings were higher than students in 39% of the pairs, while student ratings were higher in 21%. For the item on field instructor attention to student integration of class and field learning, 39% of pairs showed no score difference, 31% showed higher coordinator ratings, and 30% showed higher student ratings. For these items it would seem that the fact of disparity, rather than its direction, explains predictive power.

From these findings, it appears that programs experiencing low field instructor satisfaction might benefit most from examining how well field instructors are perceived to be performing in the 11 relationship item areas. This would allow for increased emphasis upon and strength-

ening of those specific field instructor characteristics most likely to affect satisfaction in a positive direction.

To a lesser extent, strengthening perceptions of field instructor performance with regard to teaching characteristics, and/or diminishing the disparities between student and coordinator perceptions about field instructor teaching characteristics, should result in increased student satisfaction with field instructors.

Student Satisfaction with Learning

Student perceptions about supervisory teaching characteristics accounted for 40.3% of variance in learning satisfaction, with student perceptions about learning opportunities contributing 6.4%. Thus the two predictive variables for student satisfaction with learning relate to field instructor performance in the instrumental role, and to perceptions about the scope and relevance of program learning assignment characteristics.

The most powerful predictor for this dependent variable, student perceptions of supervisory teaching characteristics, was also the second most powerful predictor for satisfaction with field instructors. Related discussion of explanatory data can be found in that section. As noted there, this factor showed room for improvement, as most students perceived most items on this factor negatively.

As shown in Table 27, student appraisals of characteristics comprising the learning assignment opportunities factor generally were favorable, with all factor items producing a majority Just Right Rating. Responses on the too much side of the scale again were negligible. On the other side, the greatest criticism was that there was too little

opportunity for students to participate in the choosing of their own learning experiences (40%).

For programs needing improvement in this outcome measure, increased student perceptions of field instructor performance on teaching characteristic items, and perceived increases in scope and relevance of learning opportunities should result in increased satisfaction with learning.

Student Satisfaction with the Field Work Program

Student perceptions regarding learning assignment opportunities explained 40.8% of variance in program satisfaction, with three other factors together explaining an additional 20.5%. Those factors are differences in coordinator-student perceptions regarding program organization, student perceptions about number of field instructors assigned, and student perceptions regarding their autonomy within the organization.

The most powerful predictor for this variable was perceptions regarding learning opportunities, a factor that was second most powerful in predicting satisfaction with learning and was discussed in that section. As noted there, students generally perceived this factor positively.

Differences in coordinator and student perceptions about program organization explained 11.6% of variance. The two items in this factor showed different patterns of disparity. For the item on field instructor coordination, coordinator ratings were higher for 32% of pairs, whereas student ratings were higher for only 8%. For the second item,

however, there was a curvilinear distribution, with 48% of pairs showing no score difference, 22.3% showing higher coordinator ratings, and 30% showing higher student ratings. Strengthening satisfaction with the program through improving perceptions of program performance on this factor would require increased coordination between field instructors, and/or decreased opinion disparities about degree of program organization in both directions.

Student perceptions regarding the number of field instructors assigned explained 3.9% of variance. On the one item in this factor, 72% of students rated the number as just right, with 6.6% rating the number as too much and 18.6% as too little. Increasing the number of field instructors assigned to students, therefore should result in a slight increase in program satisfaction.

Perceptions about student autonomy within the organization accounted for 4.0% of variation in satisfaction with the field work program. More than a third of the students (35.1%) thought there was too little contact with other health care disciplines. Only 4.4% rated this item as too much present. On the second factor item, a strong majority perceived opportunities to make their own decisions as Just Right, with 22.2% reporting too little opportunity in this area. Student satisfaction with field work programs, therefore, could somewhat be strengthened through increased uniformity in amount of student contact with other disciplines and through more uniform provision for student decision making.

Student Satisfaction with The Hospital

As previously reported, overall satisfaction with placement hospitals was 56.2%, a figure lower than the general satisfaction range reported in the literature.

On regression analysis, student perceptions about the levels of stress they experienced accounted for 40.4% of variance in this category, with differences in coordinator-student perceptions about learning assignment opportunities contributing an additional 13.2%. Thus the two predictive factors for satisfaction with the hospital have to do with it being a place in which students experience stress as well a place in which they find rich learning opportunities.

The finding of stress as the greatest predictor of satisfaction with hospitals tends to substantiate the theoretical position put forward in Chapters One and Two that hospitals are inherently stressful places, and that student stress levels affect satisfaction. The lack of predictive power for the other four areas of satisfaction, however, indicates that the main effect of stress is confined to one area of student satisfaction. While stress is relevant to other satisfaction areas measured here, it is not predictive. Therefore, the heavy emphasis given to the stress factor in formulating the study rationale does not appear warranted by the findings, excepting in the area of student satisfaction with placement hospitals.

As shown in Table 27, perceptions of too much experienced stress (58.4%) and too much red tape and paperwork (63.9%) have most explanatory power on this factor. A lower percentage thought there was too little feeling of accomplishment in the work (31.9%). It seems

unlikely that social work departments can reduce either the amount of red tape or the perceived amounts of red tape that students must contend with. To some extent, reducing program related paper work and red tape might result in some increase in this area of satisfaction. However, resulting tradeoffs in other areas of satisfaction should be taken into account. Similarly, for students experiencing little feeling of accomplishment, some increase in satisfaction might accrue from altering assignments to provide more gratification.

Differences in perceptions about learning opportunities accounted for an additional 13.3% of variance in satisfaction with the hospital. On all 7 items comprising this factor, coordinators rated the characteristic higher than did students. The factor item of greatest disparity related to student opportunities to participate in choosing their learning experiences. Less than half the pairs rated this the same, and disparities approached a curvilinear pattern. In 32% of pairs this item was rated higher by coordinators than by students, while in 20% of pairs it was rated higher by students. Most pairs agreed on the remainder of the items. Of these, three approached a curvilinear pattern. Those included number of programs or services assigned to, variety in assignments, and number of practice methods used. The disparity in the last two items of this factor was largely due to higher ratings by coordinators.

Decreasing the disparities in perceptions about adequacy of learning opportunities as viewed by program leadership and social work students might be the most propitious means for producing increased student satisfaction with hospitals. While of lesser predictive power

than the stress factor, the difference in perception factor seems more open to social work department and school of social work intervention. Social work departments might act to decrease disparities in perception, and schools might act to better match students with programs likely to address specific learning goals and needs.

Student Satisfaction with the Field Work Experience

Through regression analysis, three factors were identified as predictive of satisfaction with the field work experience. Differences in perceptions about program organization accounted for 45.0% of the variance. Student perceptions regarding learning assignment opportunities and student perceptions about supervisory teaching characteristics together explained an additional 20.3% of variance.

The most predictive factor, differences in perceptions regarding program organization, was the second most predictive factor in student satisfaction with the field work program. Discussion of explanations for differences and suggestions for strengthening commonality in perceptions can be found in that section. As noted there, most students disagreed with their coordinators about how organized programs were, and thought there was less coordination among field instructors than did program coordinators.

The second most predictive factor for the overall experience also was most predictive of student satisfaction with the field work program and second most predictive of satisfaction with learning. Thus, it would seem that for this group of students, the factor encompassing perceptions of variety in assignments, number of services assigned to,

number of practice methods used, number of learning experiences, opportunities to learn about and develop skills in social work practice, opportunities to participate in selection of learning experiences, and relevance of assignments to learning goals was a powerful determinant of satisfaction.

The third predictive factor, perceptions regarding supervisory teaching characteristics, also was most predictive of student satisfaction with learning, and second in explaining satisfaction with field instructors. The most frequent determinants of satisfaction for this student group, then, were the factors most central to education, i.e., perceptions about richness of learning opportunities and about how well field instructors performed in the teaching aspects of their roles. Students generally rated learning opportunities in their assignments positively, excepting for the opportunity to participate in selecting their own learning experiences. Their view of supervisory teaching characteristics generally were less positive, and more open to improvement.

Coordinator and Student Comments

An open ended question requesting additional comments appeared at the end of both questionnaires. Nine coordinators and one hundred eleven students responded. For analysis, comments first were coded according to topic and then according to whether they connoted praise or negative criticism. The basic thrust in examining these comments was to identify areas not covered or insufficiently covered in questionnaires.

Twenty three comments were coded in coordinator questionnaires, with little commonality evidenced in remarks. Several coordinators

remarked upon the difficulty in coping with yearly variability in the nature of student and field instructor groups. Other topics not included in questionnaire content, but commented upon, included paucity of coordinator knowledge about school curricula, differences between quality of coordinator-field work director relationships and coordinator relationships with faculty field liaisons, and a wide variability in responsiveness of schools. Examples of these are as follows:

- "This is my third year as coordinator.
 Year I - Resistant and uncooperative field instructors, overly critical of students.
 Year II - Resistant and uncooperative sub-group of students, destructive to the field work program.
 This year - my impression is that the great majority of students and field instructors are enjoying a gratifying experience."
 - "My only dissatisfaction is a lack of any direct contact with the school in the area of student education (e.g. curriculum planning, program evaluation, etc.)"
 - "...Coordination with the schools varies dramatically. Lots of contact with one...none with the other two!
- We had a great year! You should have asked me these questions last year...."
- "...Best relationships are with (School 1 - name deleted) and (School 2 - name deleted) director of field work is just fine, but zero contact with school advisors. This is o.k. if students are doing well.... This year's students despite our urging did not coalesce as a group for peer support...."

On student questionnaires, a total of 270 comments were coded. By far, the most frequent comments related to field instructors, with about 40% of commentaries addressing this subject.

Examples of comments are as follows:

- "I have found this placement to be an excellent learning experience.... I also believe that my experience was enhanced by the excellent quality of supervision I received."

- "Overall, I have regarded my field experience at (program name deleted) as exceptionally worthwhile and highly educative.... My field supervisor is very strict and demanding of me. I need this, however, in a work placement and regard my supervisor as one exceptional aspect of my work experience..."

- "The placement is very good. The coordinator of the social work student program has done an excellent, comprehensive interesting job.

My field supervisor was very difficult for me to work with at first but got much better as we went along, and worked through the issues.

My field ... liaison has been possibly 'conscientious'; however, she's unpleasant in the sense that she's unavailable to students' concerns and issues about placement. A real stinker. She appears open, however she's not really. Students don't want to 'rock the boat'...so we get guidance from other sources."

- "With the exception of my supervisor (who is age-prejudiced), this experience has been most rewarding and I feel I have learned a great deal in my placement..."

- "My field instructor is absolutely first rate. I hope I'm as lucky next year."

The topic area that drew the greatest number of negative comments was not included on the questionnaire. Nineteen students mentioned organizational turmoil and/or a toxic political atmosphere as powerful negative influences on their educational experiences. The subject of organizational environment also drew smaller numbers of negative comments related to lack of office space for interviewing clients, lack of office space and lounge facilities for students, and hospital construction. Examples of comments are:

- "The quality of the learning experience in this hospital is directly dependent on the quality of the field instructor's ability and is further colored by the organization within the ward. Unfortunately I do not feel that my instructor is strong as an educator and the ward I work on is very disorganized within the structural hierarchy...."

- "My experience with my supervisor has been excellent, but there were many changes in the social work department in this hospital that greatly affected my placement experience. There was a change in administration which led to a change in focus and goals of the department.... It is now my feeling that the administration in this hospital has little respect for social work interns or the workers that supervise them..."
- "Service I am working with is undergoing a lot of internal tension, which is highly reflective of my dissatisfaction. Learned a lot about agencies (internal) and collaborating with other disciplines that is not written in the literature."
- "Feel as if hospital is a very difficult setting in which to work. ...The politics here is incredible, the construction has caused me to move locations..., change of director, etc."
- "I do not feel that this setting offers a good learning environment for students... The political climate in this hospital and social work department does not encourage participation from full time workers leave alone students. There is pressure to do what needs to be done with little room for creativity.... Students are treated in a childlike manner with little appreciation or acknowledgement of their individuality."
- "The hospital at which I am placed is presently a hotbed of inhouse political turmoil. The social work students are pawns in this political battle and our social work supervisors have tried to protect us from the crossfire, which is to their credit, but the strife definitely colored my experience...."

While such comments are atypical of comments of the vast majority of students, they depict a facet of field experience not covered by study instruments that may have influenced a larger number of students. Given a statement of study need based on radical organizational change, it seems ironic in retrospect that more items related to organizational climate, such as factors mentioned in comments above, were not included on questionnaires.

Small numbers of students commented upon the following items that were not included in the questionnaire: theoretical orientation or lack of theoretical orientation of field instructors, the difficulty of

patient populations dealt with or difficult nature of patient problems presented, outside stresses not related to education, difficulty in balancing demands of school and field, difficulties with school field work departments (as distinct from faculty field liaisons), wide variability in quality of field instructors, and trauma associated with field instructors leaving during placement and students being shifted to uncertain or less satisfactory assignments.

Summary

A total of nine factors were identified through stepwise regression as predictive of one or more student satisfaction dependent variables. Of these, six were comprised of student perceptions about field work and three of differences in student-coordinator perceptions about field work characteristics. The two factors which most frequently were determinant of field work satisfaction were perceptions about learning assignment opportunities and perceptions about supervisory teaching characteristics. Both factors were predictive of three outcome measures and were predictive of satisfaction measures most central to education purpose.

According to the regression models selected, independent variables in this study explained 65% of satisfaction with the field work experience, 64% of satisfaction with field instructors, 56% of satisfaction with the program, 54% of satisfaction with the hospital, and 47% of satisfaction with learning. The program model developed for this study thus seems most explanatory of overall satisfaction and field instructor satisfaction, and least explanatory of learning outcome. Future study, therefore, should include greater numbers of items related to learning satisfaction.

Of the predictive independent variables, the supervisory relationship factor was the most powerful, predicting 56% of field instructor satisfaction. The four other large predictive factors ranged from 40%-45% in explanatory power for specific outcome measures, with differences in perceptions about program organization the second greatest predictor, and factors of stress, perceptions regarding learning opportunities, and supervisory teaching characteristics clustering together. These, then, are the five factors most strongly predictive of student satisfaction in hospital field work programs.

In reviewing comments of respondents, it appeared that the omission of questionnaire items related to organizational turmoil, political climate, and other organization environmental factors slightly may have reduced this study's potential for explaining graduate social work student satisfaction in hospital field work programs. Accordingly, future study of student satisfaction in hospital field work programs should include items related to organizational turmoil as well as increased items related to learning.

CHAPTER EIGHT

SUMMARY AND DISCUSSION OF FINDINGS

This study was conducted during the academic year 1986-1987. It surveyed 27 graduate social work field education programs located in teaching hospitals in New York City. The study was intended to establish an empirical base that could be useful in addressing two problems: 1) the immediate problem of how to assure satisfactory field education to graduate social work students assigned to turbulent health care settings; and 2) the long term problem of how to reshape both classroom and practicum education consistent with the future needs of the radically changing field of hospital social work practice.

In approaching these problems, the study focused primarily upon hospital field work program characteristics and their relationships to student field work satisfaction. The author developed a framework for describing the characteristics of hospital field work programs, gathered descriptive data from graduate social work students and program coordinators according to that framework, and examined relationships between program characteristics and five areas of student satisfaction.

It was reasoned that study findings would be useful both to hospital departments of social work and to social work schools in making decisions about design and utilization of hospital field work programs. Hospital social work departments could use findings to reshape field work programs consistent with desired educational outcomes as well as

with shifting organizational needs. Social work schools could configure relationships with field programs consistent with their organizational needs as well as desired educational outcomes.

This chapter summarizes findings about levels of student satisfaction found in study programs, describes program characteristics associated with student satisfaction, contrasts study findings about correlates of student satisfaction with those of other studies, discusses organizational and educational implications of selected findings about program structural characteristics, and examines implications of study findings in relation to the interface between hospital field work programs and social work schools.

Levels of Student Satisfaction

Overall, this study found unexpectedly high levels of student satisfaction with field work on four of five outcome variables. Rates of student satisfaction with learning, with the overall field work experience, with field instructors, and with the field work program all were higher than those reported elsewhere in the literature. Only the level of student satisfaction with the hospital (56%) was found to be lower than the general satisfaction range of 65-75% previously reported.¹

Study programs thus performed at a superior level on satisfaction measures most central to social work education mission. Accordingly, such programs constitute highly desirable educational partners for schools of social work. A logical next step would be expansion of the kind of research reported here to hospitals differing in significant ways from this study's cohort, since large teaching hospitals such as

those represented in this study constitute only about 10% of hospitals nationwide.² Study of student satisfaction in more typical hospitals could be beneficial in achieving greater specificity as to what sorts of programs in which kinds of hospitals work best to achieve what levels of student satisfaction.

This study found that graduate social work students experienced field work as highly satisfactory despite their placement in hospitals during a year of environmental turbulence for host settings. It appears, therefore, that quality field education can be provided during periods of major system changes in health settings, insofar as quality is measured by student satisfaction levels. This conclusion is important, given the premise that significant change can be expected to continue in health care settings over the remainder of the century.³

Predictors of Satisfaction

The findings reveal the importance of various characteristics in producing high levels of satisfaction. A total of 49 independent variables examined in this study were found to be associated with one or more outcome measures of student satisfaction, at a statistically significant level of less than .05. Table 28 summarizes these variables by outcome measure. Correlation r scores are shown for all variables, together with levels of significance. Variables reported earlier as associated with satisfaction measures according to t -test analysis were dichotomized and subjected to correlation analysis for comparison purposes.

TABLE 28
SUMMARY OF STUDY VARIABLES ASSOCIATED WITH ONE OR MORE
OUTCOME MEASURES OF STUDENT SATISFACTION
CORRELATIONS AND LEVELS OF SIGNIFICANCE

<u>Independent Variable</u>	<u>Student Satisfaction With...</u>				<u>Field Work Exper- ience</u>
	<u>Field Instruc- tors</u>	<u>Learn- ing</u>	<u>Prog- ram</u>	<u>Hosp- ital</u>	
Student Weekly Hours in Outside Employment	. (ns)	(ns)	-.14 (.035)	-.14 (.042)	-.14 (.036)
Student Weekly Hours in Field Work	(ns)	.19 (.004)	(ns)	(ns)	(ns)
Student Did Not Have BSW	(ns)	(ns)	(ns)	(ns)	.16 (.014)
Student Prior Hospital Field Work Experience	.14 (.034)	(ns)	(ns)	(ns)	(ns)
Placement 1st Preference	.17 (.008)	(ns)	.17 (.009)	.16 (.015)	.19 (.004)
Hospital Treatment Either All Psychiatric or Medical	(ns)	(ns)	(ns)	.13 (.042)	(ns)
Hospital Under Voluntary Auspice	(ns)	(ns)	(ns)	.13 (.039)	(ns)
Program Participated in Consortium	(ns)	.17 (.009)	(ns)	.19 (.004)	(ns)
Multiple Methods Used	(ns)	(ns)	.22 (.001)	.13 (.047)	.22 (.001)
Multiple Field Instructors Used	(ns)	(ns)	.14 (.031)	(ns)	(ns)
Student Was In Program Providing Face to Face Contact Prior To Field Work Start	(ns)	-.13 (.047)	-.14 (.037)	-.17 (.009)	(ns)
Field Instructor Seminar Held Weekly or Bi-Weekly	(ns)	.24 (.000)	.14 (.038)	.18 (.006)	.15 (.021)

TABLE 28 (Continued)

Independent Variable	<u>Student Satisfaction With...</u>				Field Work Exper- ience
	Field Instruc- tors	Learn- ing	Prog- ram	Hosp- ital	
Secondary Instructors Not in Field Instructor Seminars	(ns)	(ns)	(ns)	.17 (.025)	(ns)
Program Drop Out Numbers	(ns)	-.14 (.034)	(ns)	-.14 (.034)	-.14 (.030)
Program Student Problem Numbers	(ns)	(ns)	(ns)	(ns)	-.13 (.048)
Program Pct. of Students With Multiple Assignments	(ns)	(ns)	(ns)	.14 (.043)	(ns)
Number of Student Sem- inar Practice Content Areas	(ns)	.16 (.002)	(ns)	.15 (.020)	(ns)
Number of Student Sem- inar Teaching Content Areas	(ns)	.13 (.047)	(ns)	.20 (.002)	(ns)
Total Number of Student Seminar Content Areas	(ns)	.14 (.033)	(ns)	.18 (.006)	(ns)
Pct. Secondary Instructors Who Were Line Workers	(ns)	.20 (.009)	.19 (.014)	.21 (.006)	.16 (.033)
Number of Instructor Semi- nar Administrative Content Areas	(ns)	-.15 (.038)	(ns)	(ns)	(ns)
Coordinator Years of Exper- ience as Field Instructor	(ns)	-.14 (.039)	(ns)	(ns)	-.14 (.034)
Number of Faculty Liaison Visits	(ns)	(ns)	-.15 (.025)	(ns)	(ns)
<u>Factor 1</u>					
<u>Supervisory Relationship</u>					
<u>Characteristics</u>					
Student Perceptions	.67 (.000)	.38 (.000)	.39 (.000)	.25 (.000)	.49 (.000)
Difference in Coordinator and Student Perceptions	-.63 (.000)	-.31 (.000)	-.32 (.000)	-.18 (.011)	-.42 (.000)

TABLE 28 (Continued)

Independent Variable	<u>Student Satisfaction With...</u>				Field Work Exper- ience
	Field Instruc- tors	Learn- ing	Prog- ram	Hosp- ital	
<u>Factor 2</u>					
<u>Learning Assignment Opportunities</u>					
Student Perceptions	.38 (.000)	.43 (.000)	.40 (.000)	.31 (.000)	.52 (.000)
Difference in Coordinator and Student Perceptions	-.32 (.000)	-.33 (.000)	-.37 (.000)	-.26 (.000)	-.47 (.000)
<u>Factor 3</u>					
<u>Supervisory Teaching Characteristics</u>					
Student Perceptions	.64 (.000)	.54 (.000)	.36 (.000)	.31 (.000)	.51 (.000)
Difference in Coordinator and Student Perceptions	-.38 (.000)	-.38 (.000)	-.25 (.000)	-.20 (.000)	-.35 (.000)
<u>Factor 4</u>					
<u>Placement Orientation</u>					
Student Perceptions	.19 (.011)	(ns)	.26 (.000)	.32 (.000)	.28 (.000)
Difference in Coordinator and Student Perceptions	(ns)	(ns)	-.22 (.003)	-.15 (.047)	-.20 (.007)
<u>Factor 5</u>					
<u>Faculty Field Liaison</u>					
Student Perceptions	.17 (.016)	(ns)	.18 (.010)	(ns)	.18 (.013)
<u>Factor 6</u>					
<u>Stress</u>					
Student Perceptions	.30 (.000)	.18 (.000)	.38 (.000)	.49 (.000)	.44 (.000)
Difference in Coordinator and Student Perceptions	-.21 (.003)	-.19 (.007)	-.22 (.002)	-.23 (.001)	-.28 (.000)

TABLE 28 (Continued)

<u>Independent Variable</u>	<u>Student Satisfaction With...</u>				Field Work Exper- ience
	Field Instruc- tors	Learn- ing	Prog- ram	Hosp- ital	
<u>Factor 7</u>					
<u>Supervisory Expectations</u>					
Student Perceptions	.65 (.000)	.37 (.000)	.41 (.000)	.30 (.000)	.44 (.000)
Difference in Coordinator and Student Perceptions	-.59 (.000)	-.33 (.000)	-.30 (.000)	-.19 (.004)	-.39 (.000)
<u>Factor 9</u>					
<u>Program Organization</u>					
Student Perceptions	.18 (.021)	.19 (.020)	.36 (.000)	.42 (.000)	.39 (.000)
Difference in Coordinator and Student Perceptions	(ns)	(ns)	-.38 (.000)	-.40 (.000)	-.44 (.000)
<u>Factor 10</u>					
<u>Student Autonomy</u>					
Student Perceptions	.25 (.000)	.25 (.000)	.33 (.000)	.32 (.000)	.34 (.000)
Difference in Coordinator and Student Perceptions	-.23 (.000)	-.28 (.000)	-.33 (.000)	-.29 (.000)	-.33 (.000)
<u>Factor 11</u>					
<u>Student Contact</u>					
Student Perceptions	(ns)	(ns)	(ns)	(ns)	.14 (.049)
<u>Factor 12</u>					
<u>Number of Field Instructors</u>					
Student Perceptions	.38 (.000)	.15 (.028)	.26 (.000)	.16 (.021)	.29 (.000)
Difference in Coordinator and Student Perceptions	-.32 (.000)	-.14 (.036)	-.23 (.001)	-.13 (.049)	-.28 (.000)

TABLE 28 (Continued)

Independent Variable	<u>Student Satisfaction With...</u>				Field Work Exper- ience
	Field Instruc- tors	Learn- ing	Prog- ram	Hosp- ital	
<u>Factor 14 -</u> <u>Accessibility</u>					
Student Perceptions	.52 (.000)	.30 (.000)	.40 (.000)	.33 (.000)	.48 (.000)
Difference in Coordinator and Student Perceptions	-.43 (.000)	-.27 (.000)	-.28 (.000)	-.18 (.010)	-.36 (.000)
<u>Differences in Satisfaction</u>					
Difference in Coordinator and Student Satisfaction with Field Instructors	-.70 (.000)	-.34 (.000)	-.31 (.000)	-.27 (.000)	
Difference in Coordinator and Student Satisfaction with Learning	-.18 (.000)	-.37 (.000)	(ns)	(ns)	
Difference in Coordinator and Student Satisfaction with Field Work Program	-.35 (.000)	-.41 (.000)	-.74 (.000)	-.48 (.000)	
Difference in Coordinator and Student Satisfaction with Hospital	-.16 (.015)	-.21 (.001)	-.33 (.000)	-.53 (.000)	
r correlation					
(p level of significance)					

The first 23 variables listed in Table 28 consist of student and program demographic characteristics. As can be seen in that table, the maximum strength of association for those variables is .24.

The remaining 26 variables presented in Table 28 relate to perceptions about program characteristics. Twenty two of these consist of perceptions about factors derived through factor analysis of student

responses to fifty items on the Criticism Scale. As noted previously, perception items were scored on a continuum from least to most positive perceptions. Positive r scores therefore reflect associations between positive perceptions and satisfaction. Significant differences between coordinator and student perceptions on factors, as well as student perceptions, are listed according to factor.

The last 4 variables relate to differences in coordinator and student satisfaction. The two study variables showing highest correlation with student satisfaction appear there. Negative correlations in the high range were found for differences between coordinator and student satisfaction with field instructors and student satisfaction with field instructors, and for differences between coordinator and student satisfaction with field instructors and student satisfaction with the program. No other study correlations were as high.

Outcome scores for perceptions and differences in perceptions show stronger associations with satisfaction than did program characteristics. Whereas all r scores for structural characteristics were weak, 62 of 99 perception scores were in the relatively low range (.25-.50) and 9 showed greater strength (.50-.70). Accordingly, it is concluded that perceptions about field work characteristics are more important to student satisfaction with field work than the structural characteristics themselves.

Contrast of Major Explanatory Findings with Those of Previous Studies

As described in Chapter Two, the present study employed a systematic model for classifying hospital field work program characteris-

tics thought to be conceptually linked. That model includes four categories of variables: 1) program dimensions related to learning assignment opportunities; 2) program dimensions related to teaching structure; 3) program dimensions related to field instructors; and 4) program dimensions related to accountability. Regression analysis showed that measures of accountability were not predictive of student satisfaction.

This section discusses how the remaining three conceptual program categories were associated with specific measures of student satisfaction and compares these findings with those of Raskin⁴ and Fortune et. al.⁵ This section concludes with a brief discussion of findings regarding the relationship between stress and satisfaction. That discussion contrasts study findings with those of Munson, who examined graduate social work student stress in class and field.⁶

Outcome Measures of Satisfaction

The Raskin and the Fortune et. al. studies looked for conceptual factors explaining undergraduate and graduate social work student field work satisfaction, respectively. Those two studies examined different outcome measures of satisfaction, all of which were included in the present study. This use of previous measures allows for some comparison of findings regarding the factors identified as contributing to these outcomes.

The Fortune group used three outcome measures of student satisfaction. These were satisfaction with field instructors, with learning, and with the agency. In the present study, these three measures were repeated, with the agency variable broken into hospital and program

satisfaction categories. Raskin used overall field work satisfaction as the outcome measure, a measure repeated in the study reported here.

Field Instructor Characteristics and Satisfaction Outcome Measures

In the present study, field instructor characteristics produced the strongest correlations of any of the four program model categories. Of ten study correlations in the relatively high range, eight were produced by field instructor sub-scales, indicating the greater significance of field instructor performance in relation to student satisfaction. These associations were maintained for the most part in multiple regression analysis. This study found that field instructor characteristics explained all of the variance in satisfaction with field instructors, as well as much (40%) of the variance in learning satisfaction and 18% of satisfaction with the field work experience.

Fortune et. al. found that supervisory variables comprised the single factor most highly associated with field instructor satisfaction.⁷ The current study produced a similar conclusion. The finding here that supervisory characteristics explained much of learning satisfaction, however, is at odds with the conclusion of the Fortune group, which found relevance of learning to be more highly correlated with learning satisfaction than supervisory variables.⁸ In the current study, supervisory teaching characteristics were found to be the major predictor of learning satisfaction, with the factor incorporating relevant learning items explaining only about 6% of variation in satisfaction.

The difference in findings regarding learning satisfaction probably is attributable to the greater scope of variables included in the present study. The Fortune study included 2 items related to supervision and 3 related to learning opportunities, whereas perception factors here included 20 related to field instructors and 9 related to learning opportunities. The former study did not include the teaching characteristic items forming the predictive factor in the current study. Therefore, it seems probable that when instrumental supervisory characteristics are considered, the supervisory factor has a greater impact upon learning satisfaction than do perceptions about learning opportunities themselves.

Further study of the differential effects of categories of field instructor characteristics upon student satisfaction with field instructors and with learning, and the interactive effects of supervisory qualities with learning opportunities in assignments could be of help in developing greater knowledge about general social work learning and specific curriculum for training field instructors.

Learning Opportunities and Satisfaction Outcome Measures

The Fortune Group concluded that learning opportunity variables are more important to satisfaction with the agency than supervisory variables. The findings of the present study are consistent with this. While supervisory characteristics showed weak to moderate correlations with both program and hospital satisfaction, they were not predictive of either area on multiple regression analysis. However, dimensions related to learning opportunities explained much (45%) of the variance

in student satisfaction with the program and 13% of variance in satisfaction with the hospital. The learning opportunities category thus proved here to be more powerful in prediction of program satisfaction than satisfaction with the hospital. However, the Fortune group did not measure stress, which was found in this study to be a much stronger predictor of hospital satisfaction than learning variables. The findings of this study, therefore, appear to refine the Fortune findings about agency satisfaction by adding a critical dimension and examining its differential effect upon satisfaction. While the learning opportunities factor most affects program satisfaction, stress most affects satisfaction with the hospital.

The Fortune group did not examine overall satisfaction with field work. Raskin, however, found that a factor called New Learning contributed most of the variance in overall satisfaction, explaining a substantially higher proportion of variance than supervisory dimensions.⁹ Her findings differ from those of the present study, however, which found supervisory teaching characteristics to be more powerful in explaining overall satisfaction than learning variables, and teaching structure (program organization) to be more powerful than either.

Structure for Teaching and Satisfaction Outcome Measures

This study found that perception differences about program organization were the most powerful predictors of overall field work satisfaction (40%) and explained 12% of variance in program satisfaction. The difference between this finding and that of Raskin seems attributable primarily to differences in methodology. First, the Raskin

study did not include teaching structure dimensions, which were the greatest predictor here. Second, it did not include supervisory teaching dimensions, which were the second most powerful predictor of satisfaction with the overall experience here. Excluding these two most powerful factors of the present study, this study's measure of learning assignment opportunities, which includes two Raskin items, would account for the greatest variation in overall satisfaction. Thus, questionnaire differences probably explain differences in study findings.

Third, the Raskin study did not measure differences in perception, which is the measure upon which the teaching structure explanation for overall field work experience is based here. Lastly, the conclusions of the Raskin study were based on findings derived through factor analysis rather than regression analysis. Accordingly, while study findings regarding the conceptual basis for explaining overall satisfaction differ, methodological differences preclude assessment as to whether findings conflict or complement each other.

Overall, then, conclusions of this study about programmatic explanations of student satisfaction with field instructors and of satisfaction with agency are similar to those of the Fortune group. Supervisory characteristics predict satisfaction with field instructors, and learning opportunities variables are the greatest predictor of program satisfaction. Study conclusions conflict, however, with those of the Fortune group regarding whether supervisory or learning opportunity factors are more important to student satisfaction with learning, and with Raskin regarding which of the two is more important in explaining overall field work satisfaction. Study conclusions about the

strongest explanations of satisfaction with the hospital and satisfaction with the overall field work experience are based on concepts not examined in previous studies. While those conclusions are different, they do not necessarily conflict.

Stress and Satisfaction Outcome Measures

The levels of field work stress reported by students in this study were substantially higher than those reported in Munson's 1984 study of graduate students from a variety of settings. Whereas 58% of students in the present study reported experiencing too much stress, 58% of students in the Munson study reported experiencing no field work stress at all.¹⁰

These contrasting findings tend to support the hypothesis discussed in Chapter One that hospital field work settings inherently are more stressful than other field work settings.

Munson looked at connections between stress and perceptions about practice performance, agency climate, and supervision. He concluded that supervision is the most important of these three in addressing stress in graduate social work students. The conclusions of the current study are at odds with that view.

As previously noted, in this study stress scores range from most negative to most positive perceptions. The relationship between positive perceptions about stress and all satisfaction measures is direct and positive. Lowest stress-satisfaction correlation strength, however, was found in the areas of satisfaction with learning ($r=.18$) and with field instructors ($r=.30$), indicating that stress least affects

satisfaction with the two outcome measures most central to educational mission. While the correlation strength for perceived stress and satisfaction with field instructors was slightly greater than that reported by Munson ($r=.21$),¹¹ correlations between the stress factor and satisfaction with agency in the present study were much higher (program $r=.38$ and hospital $r=.49$) than those reported for field instructor satisfaction in either study. The correlation for the stress factor and overall field work experience also was much stronger ($r=.44$).

Further, as previously noted, the stress factor was the major predictor of student satisfaction with hospitals, but was not predictive of other satisfaction measures. Thus it would appear from the current study that students experience higher levels of stress as a result of being placed in hospitals, and that the primary effect of that stress is a decrease in satisfaction with hospitals. The relatively low rate of satisfaction with hospitals (56%) thus probably is attributable to stress. However, lower satisfaction with hospitals seems to have had no impact upon other areas of satisfaction, as students reported very high levels of satisfaction with field instructors, learning, program, and the overall field work experience.

The differences between conclusions of the two studies seem largely attributable to differences in populations studied and in methods of analysis. The finding of higher levels of stress in the current study does not necessarily contradict the finding of the Munson study, since that researcher looked at a variety of settings and this study looked at a specific kind of setting. Further, Munson measured only satisfaction with supervisors, whereas this study looked at five satisfaction

measures. Munson's conclusions regarding the relative importance of agency and supervisory factors in relation to stress were based on a count of numbers of significant correlations thought to be related conceptually to agency and supervisor, rather than on multivariate analysis of a number of measures of satisfaction.

The current study suggests that students in hospitals can experience higher levels of satisfaction with field work than students in other field work settings, and simultaneously can experience higher levels of stress. The question remains as to whether and how field work program characteristics serve to mitigate the effects of stress in hospitals. It could be, for instance, that field instructors play a critical role in intervening to help students manage stress. Questions related to interactions between stress and program characteristics might best be addressed through comparative studies of programs found in major teaching hospital centers such as those examined in this study and programs found in other kinds of hospital settings.

Program Structural Characteristics

As noted earlier in this chapter, perceptions and differences in perceptions about program characteristics were found to be more important to student satisfaction than the program characteristics themselves. While less powerful in explaining student satisfaction, however, program structural characteristics are more open to direct manipulation than perceptions about them. Further, findings about structural characteristics have educational and organizational implications for the hospital social work departments and social work schools that will be providing social work education through the prospective

reimbursement era. This section discusses implications of variations in program structural characteristics.

Dimensions Related to Learning Assignment Opportunities

Of the structural dimensions in this category, findings related to assignment location, consortium participation, number of program or service areas to which students were assigned, and number of methods used have greatest implications for future hospital field work design and utilization.

As discussed in Chapter One, the concept of location of health care delivery is central to prospective reimbursement theory. This study examined several program dimensions related to hospital field work location, most of which were not associated with satisfaction. In this context, negative findings are quite important. In relation to location of training, for example, such a "non-finding" indicates that students may be assigned to a wide spectrum of locations without loss of satisfaction with field work. In relation to hospital characteristics, it indicates that social work schools may configure partnerships with different kinds of hospitals flexibly, without risk to key areas of field work satisfaction. This is important, given the generally strong performance across study programs in providing rich and diverse learning opportunities, and the responsibility of schools to provide these kinds of opportunities to students.

Only two hospital characteristics, auspice and type of treatment, were associated with any measure of student satisfaction. Both were related to satisfaction with the placement hospital, an outcome presum-

ably of lower priority to schools than other areas of satisfaction. However, if as expected, gaps between voluntary and public sectors rapidly widen under altered reimbursement conditions,¹² it is possible that auspice may affect other areas of student satisfaction over time.

On other variables pertaining to location, student satisfaction in this cohort was not associated with inpatient or outpatient location, with types of program or service areas, with types of care given, or with length or quantity of contact with client systems. These findings indicate that hospital social work departments may structure student placements flexibly in a spectrum of locations within hospital systems, without risk to student satisfaction. Flexibility in program assignment is of importance to hospital social work departments under prospective reimbursement conditions. As discussed in Chapter One, it is expected that social work departments will need to diversify departmental practice while demonstrating effectiveness and efficiency in core aspects. This study found that assignments can be developed consistent with department organizational needs, without cost to educational effectiveness.

Study findings suggest that hospital social work departments can also be flexible in employing single or multiple assignment design without risking lower student satisfaction. Number of assignments was not associated with any measure of satisfaction for individual students. While satisfaction with the program was associated with being in a program offering multiple assignments, the lack of significant correlations between numbers of assignments and satisfaction, and lack of association between program percentage of multiple assignments and all

but one satisfaction measures lead to the conclusion that multiple assignments are less important than other factors.

Study findings indicate that assignment to multiple methods, however, is of some importance to student satisfaction. Assignment to more than one method was found to be positively associated with student satisfaction with the overall field work experience, with the field work program, and with the placement hospital. The areas of satisfaction affected suggest that encouraging provision of field training in multiple methods is in the interest of schools and hospital social work departments alike. Further, the r scores for satisfaction with program and overall field work experience are the second highest among correlations for program structural characteristics, indicating that provision of training in multiple methods may be a relatively strong strategy for enhancing student satisfaction through altering program structure.

Study results in the learning opportunities category also suggest that social work schools might well consider giving priority to hospital field work programs participating in consortia. Program participation in consortia with other programs was associated positively with student satisfaction with learning as well as with the hospital. In an era of constriction in organizational resources for field work, the possibility of using consortia to strengthen learning opportunities by pooling resources holds promise. In this context, further study of how consortia work could be of benefit to hospital social work departments looking to develop alternative means of providing field education, as well as to social work schools seeking to encourage the development of alternative strategies by existing educational partners.

Findings regarding school controlled placement preference suggest that this variable is related to the most important learning opportunities factor identified in this study. Items encompassing student choice of assignment and relevance of learning experiences to student goals comprised 2 of the 7 learning assignment factor items. Placement preference clearly is linked intrinsically to those items, and thus consideration of preference seems warranted in discussion of learning opportunities.

This study found placement preference to be associated positively with student satisfaction with field instructors, program, hospital, and experience. These findings are consistent with those previously reported by Wedel and Press, who found that social work students are more likely to perceive the field work placement as positive if it is their first choice.¹³

The matching of students and programs by student choice seems a straight forward, albeit potentially costly means by which schools could act to enhance field work satisfaction of students. Assignment by preference presumably would entail both economic and political costs for schools. Increased faculty time would have to be allocated to determination of student choices and securing requested placements. Further energies might be diverted to dealing with constriction or dissolution of ties with programs that are unpopular with students. However, paying such costs in planning placement could be effective in diminishing organizational costs accruing from unsatisfactory matches after placement begins.

In this context, comparative study of placement by choice versus usual methods of assignment, with examination of such aspects as satisfaction with school, satisfaction with field, dropout rates, problem student rates, and communication costs could assist schools to make informed decisions about method of student assignment to field agencies. It could also help field work programs to make informed decisions about affiliating with specific schools according to placement policy.

Dimensions Related to Structure for Teaching

Of the findings regarding structural dimensions in this category, those related to pre-placement contact with students, to student orientation, to student seminar content, and to single vs. multiple field instructors appear to have greatest implications for hospital field work program design and utilization.

The issue of pre-placement contact between students and programs is a heated one in the New York area. As a proponent of such contact, the author expected that students who were provided with program exposure prior to start of field work would be more satisfied than students who were not. This was not the case. For individual students, there was no relationship between pre-placement contact and any measure of student satisfaction with field work. Further, participation in programs providing for pre-placement meetings was negatively correlated with student satisfaction with learning, program, and hospital. It is possible that the importance given to this variable by program coordinators in the study region is unwarranted from the standpoint of

educational effectiveness. On the other hand, it also seems possible that pre-placement contact provides educational benefits not measured by this study. Further, it could be that organizational benefits accrue when programs and students have contact before field work begins, and that provision of such contact is warranted on that basis. Further study of the placement process would be necessary in order to evaluate these possibilities.

In a related area, student orientation was less strongly related to satisfaction than expected, based on the emphasis given this aspect in the literature. Student ratings on this factor were not related to learning satisfaction at all, were weakly correlated with satisfaction with field instructors, and showed relatively low correlations with satisfaction with program, hospital, and overall field work experience. Thus, while orientation to setting, program, function, and role apparently contribute to student satisfaction, the relative importance of these items seems less than other variables in learning opportunities and field instructor categories.

More in-depth study of patterns of pre-field work exposure of students to placement and their subsequent orientation, and of the effects of varying patterns upon both students and placement organizations could be beneficial in addressing the question of how students can best be integrated into hospital settings.

In the related area of dimensions associated with student seminars, findings indicate that considerable program effort was expended in formal teaching of students, with all programs providing seminars. The data gathered in this study relative to content were limited.

However, the finding of a consistent pattern of weak correlations between the numbers of content areas covered in student seminars and student satisfaction with learning and with hospital suggests that field curriculum may affect both educational and organizational outcome in crucial ways that the crude measure of counting topics could not detect. Breadth of content may be a key to overcoming transmission lag. It is apparent from the universality of seminars in these programs and from the level of resources allocated that they are perceived by program personnel to be of great importance to hospital field education delivery. Further research regarding the conceptual bases for these seminars, their specific content, and how that content relates to classroom teaching could provide a basis for reformulating pedagogical theory about the relationship of class and field teaching in social work education.

Finally, this study found a higher prevalence of assignment of students to multiple field instructors than is indicated by the field work literature, with 70% of programs offering assignment to more than one instructor, and 58% of students reporting multiple assignment. Further, study results indicate that this characteristic is desirable, because assignment to multiple instructors is associated with higher program satisfaction, because dissatisfied students thought they had too few rather than too many instructors, and because the perception of sufficient numbers worked with was predictive of higher program satisfaction. The implication is of a need for reformulation of educational theory to address this characteristic as a normative rather than an unusual feature of field education in this kind of program.

Program Dimensions Related to Field Instructors

Of study findings related to program structural characteristics, field instructor experience, frequency of field instructor seminars, and departmental status of secondary field instructors have greatest educational and organizational implications for program design and utilization.

This study found that primary field instructor experience was not associated with any measure of student satisfaction. Neither the experience level of individual students' field instructors nor the overall experience levels within programs were significant predictors of satisfaction. These results have implications for both schools of social work and hospital field work programs. For schools of social work, the strong performance of hospital field work programs regardless of field instructor turnover indicates that students may be assigned to relatively inexperienced hospital field instructors and/or inexperienced programs without significant risk to student satisfaction with field work. Further, the 21-27% turnover rate reported in this study seems lower than that for field work agencies as a whole, indicating that schools may assign students to these kinds of programs at a lesser cost for new field instructor training. For hospital social work departments, it would appear that programs can be flexible in selecting program personnel as well as learning sites without undue risk to student satisfaction, further allowing for program design consistent with larger organizational priorities.

This study found that frequency of field instructor seminars was correlated positively with student satisfaction with learning, with the

program, with the hospital, and with the overall field work experience. The r score for satisfaction with learning was the highest correlation for any program characteristic on any measure of satisfaction, indicating that this variable may be among the most important program features. Findings suggest the possibility that agency run field instructor seminars are instrumental in enhancing those field instructor characteristics and/ or other program dimensions associated with greater student satisfaction. This has implications for educational effectiveness. Further research regarding how those seminars are organized and delivered to field instructors, their direct impact upon field instructors, their indirect impact upon students, and other ways in which seminars specifically affect field work delivery, is needed in order to evaluate organizational as well as educational costs and benefits of higher frequency. In the present study, higher frequency (weekly/bi-weekly) was found in about 30% of the programs. For other hospitals, increasing the frequency would require increased allocation of the time of a number of staff to the field work endeavor, at a cost to their carrying out other responsibilities. Greater specificity regarding the value of agency run field instructor seminars would aid in decision making about this kind of resource allocation.

Two findings related to secondary field instructors raise questions as to how diverse experiences impact on students. First, the inclusion of secondary field instructors in hospital field instructor seminars was not positively correlated with any measure of satisfaction and was weakly negatively correlated with hospital satisfaction. These findings suggest that it does not matter whether secondary field instructors are

included in seminars. Second, student satisfaction was positively, albeit weakly associated with program percentage of secondary instructors with line worker status. Positive correlations were found for satisfaction with learning, program, hospital, and experience. These two findings together may imply that a multiple field instructor model in which the secondary instructor acts more as a task supervisor than a second field instructor in some way provides greater satisfaction to students than a model in which the two instructors perform in a similar manner. The basis for this speculation, however, is somewhat tenuous.

Program Dimensions Related to Accountability

No associations were found between structural accountability characteristics and any measure of student satisfaction. However, the pattern of correlations between differences in coordinator and student perceptions about program factors and all measures of student satisfaction indicate that coordinator performance affects student satisfaction in crucial ways.

These findings are important because the field instruction literature scarcely mentions the agency based field work program coordinator. Neither the literature on field work structure nor that on educational theory acknowledges the position as central, or incorporates it into theoretical formulations.

Most coordinators in these study programs, however, carried out a central function. In addition to planning program design and coordinating program activities, they also were active in direct teaching and

supervision of field instructors, teaching of student seminars, and participation on school committees.

While schools of social work provide seminars for new field instructors and are beginning to provide workshops for other field instructors, to the author's knowledge no schools provide educational or technical assistance to field based coordinators in designing and delivering field education programs. In this context, one strong recommendation arising from this study is that social work educators begin developing strategies for strengthening the quality of field work education through enhancement of the performance of coordinators of agency delivered programs. This would require that schools develop greater expertise about how field work programs work as well as mechanisms for disseminating information and assistance to the coordinators who run them. In the long run, however, allocating scarce field education resources to development of people who run the programs may be more cost effective than allocating the same resources to increased levels of direct support for field instructors.

Interface Between School and Field

In applying contingency theory to school-field agency relationships, Frumkin pointed out that under conditions of limited resources, only a finite level of effective interagency contact can be maintained.¹⁴ As noted in Chapter One, social work schools have suffered diminished resources over the past decade, and hospital social work departments face radical change in methods of resource allocation throughout the foreseeable future. In this context, study findings

regarding the quantity and quality of contacts between schools and hospital social work departments have organizational and educational implications for social work training in health care. One major area of interest in examining the quantity of contacts is that of communication costs.

Boundary Spanning from Field to School

This study examined three types of program coordinator contacts with schools of social work. On the average, the programs in this study dealt with 2.6 schools of social work and 3.3 faculty liaisons. Hospital field work coordinators, therefore, generally dealt in program planning stages with boundary spanning school personnel from multiple schools. It is assumed that these personnel represented the school field work department in some capacity. Coordinators then usually dealt with several different faculty field liaisons during the implementation phase. In addition, about half of the coordinators served on school advisory groups. It is unknown to what extent there was overlap among school personnel involved in these different activities. That aspect is relevant to examination of the hospital costs incurred in these separate as well as total coordinator contacts with school personnel.

Field instructors from field work programs also were involved in contact with school personnel. Programs reported a total of 229 primary field instructors, all of whom presumably experienced contact with schools, and 60 of whom were involved in required school seminars for new field instructors.

Thus, from the field work program side, sizeable numbers of coordinators and field instructors spanned the boundary between field and school. It is assumed that for coordinators serving in advisory roles and for new field instructors involved in seminars, contact costs involved travel time as well as direct communication time.

Boundary Spanning from School to Field

From the vantage point of the school, the numbers of school field work department personnel, field instructor seminar teachers, and advisory group faculty spanning the school field boundaries are unknown. The study did measure the perceptions of coordinators as to the quality of school seminars for new field instructors. The level of coordinator satisfaction with school seminars for new field instructor was 63%. This satisfaction rate is lower than rates for every other coordinator satisfaction variable excepting satisfaction with the hospital. This finding suggests that comparative studies of such seminars might well be helpful in uncovering teaching strategies and technologies that maximize seminar effectiveness.

With regard to faculty field liaisons, coordinators reported that the seven schools provided a total of 89 faculty field liaisons. The study found that the frequency of visits to field programs by liaisons universally was less than that recommended in the field work literature. It further found that patterns of faculty visits to hospitals varied according to school. The number of faculty field liaison visits was unrelated to student satisfaction with field instructors, learning, hospital, or overall experience. There was a weak negative correlation,

though, between number of visits and program satisfaction. This probably is because increased visits tend to occur when students are in trouble.

The performance of field liaisons was rated by the students in this study on three items included in the Criticism Scale. Most students thought their liaisons were not helpful enough in integrating class and field learning and that there was too little coordination between the field liaison and field instructors. Almost half thought their field liaisons were not helpful enough to students in dealing with the placement. These findings are consistent with perceptions of graduate social work students studied by Fortune et. al.,¹⁵ suggesting that negative student experiences with faculty field liaisons may be common.

In the present study, these items constituted a factor which was weakly correlated with student satisfaction with field instructors, with the field work program, and with the overall field work experience. There was no relationship to student satisfaction with learning or with the hospital. It appears, therefore, that liaison performance had a negligible effect upon student satisfaction with field work. It would be of interest to determine whether this factor impacted upon satisfaction with the school.

This study's findings regarding satisfaction differ slightly from those of the Fortune group, who found no association between liaison performance and student satisfaction with field instructor, learning, or agency. Their conclusion, like that of the present study, was that the liaison has little bearing upon student satisfaction. Fortune et. al. questioned whether the school-field agency link might in fact be irrel-

evant for students, despite the heavy emphasis given to it in the pedagogical literature. Those authors speculated, however, that the school-agency linkage has importance that transcends concern with student satisfaction. They suggested that it is important to the agency and to integration of class and field learning.¹⁶ Related findings of the current study support the notion of importance for the agency, but do not support its importance for integration of learning from the standpoint of students' perceptions.

Importance of the Liaison to the Field Work Organization

Study findings regarding dropout and problem students, for instance, highlight the importance to hospitals of school responsiveness in the management of difficulties with students. While negative associations were found between both program dropout and problem student numbers and student satisfaction, correlations were weak. However, the organizational implications for the programs can be great.

In the present study, the overall student dropout rate was 12% and the rate of problem students 14%. Dropout rates for individual programs reached as high as 40% and problem student rates as high as 80%. There seems little question that hospital social work departments incur costs in managing these kinds of problems, with costs escalating rapidly in proportion to difficulty rates. Dealing with students in difficulty can result in increased costs for communication with schools, lost investment of field instructor training when field instructors must be dropped, lost time in negotiating and structuring assignments when students are not there to fill them, loss of opportunity for recruitment

of more capable students, redirection of program resources to dealing with premature student termination and attendant program reorganization, and diversion of hospital staff energies from core hospital functions to management of educational problems.

As hospitals progress through the era of prospective reimbursement, their ability to maintain current levels and quality of field education will depend in great part upon the relative costs and benefits of doing business with schools. School responsiveness in problem situations will be crucial to the capacity of hospital social work departments to minimize educational costs. Ideally, boundary spanning personnel from school and hospital will join forces to develop educational assessments and plans in an expeditious manner, to monitor progress closely, to negotiate formal school review systems in a timely manner, and to achieve resolution within a reasonable period of time. This presupposes that school boundary spanning personnel are familiar with the hospital system, with the field work program, and with the characteristics of specific placements, just as it presupposes that hospital personnel are familiar with the school organization.

The impact of varying liaison visiting patterns upon the capacities of field programs to manage educational problems is unknown. Given a finite limit to effectiveness in inter-agency contact, study of varying school practices could be of benefit in identifying cost effective strategies for managing boundary spanning in the direction from school to field.

School responsiveness to field work difficulty also presupposes organizational structures that facilitate effective and efficient

problem solving. According to Frumkin, the compatibility of internal structures of schools and field agencies is critical to such coordination.¹⁷ In this context, study of varying school structures for assuring coordination could be of benefit.¹⁸

This study found that in field programs, accountability for planning and for implementation commonly were centralized in the person of the program coordinator. It might be particularly useful to evaluate how varying internal school structures for carrying out these program phases affect inter-organizational coordination of field work in education for health care. Schools appear to manage these responsibilities in differing ways. For example, one common pattern seems to be division of responsibility for field work planning and for field liaison implementation phases, with accountability residing in autonomous sub-units. The field work director may be responsible for negotiating agency agreements and assigning students, while accountability for liaison functioning lies elsewhere. In such a case, inter-organizational coordination is dependent upon how well leadership of decentralized school sub-units meshes. A parallel pattern is one in which delivery personnel are different for each phase, i.e. field work department personnel coordinate placement planning and student assignments, and other faculty serve as liaisons for specific students. In this case boundary spanning action is sequential rather than integrated, and inter-organizational problem solving rests upon the timing and the strength of transition from planning to implementation phases. Hospital program efficiency and effectiveness in problem solving accordingly is dependent upon school structures for internal coordination. The greater

the incompatibility with hospital program structure, the less desirable affiliation would be.

The finding of wide variation in faculty field liaison visiting patterns among schools suggests that measurable differences in school structures and practices do exist, and that monitoring of these differences may be increasingly important to hospital programs in the years to come. For programs possessing options in affiliating with schools, knowledge about varying school structures for spanning boundaries and how well different schools employ such structures can provide bases for decision making about affiliations. Given the organizational costs involved in dealing with students in difficulty, it may well be that maintenance of long term relationships with programs possessing affiliation options will require schools generally to increase the level of faculty involvement in the field, or to develop effective alternative mechanisms through which attention can be focused upon trouble spots.

Importance of the Liaison for the Integration of Learning

As noted in Chapter One, the most recent CSWE Curriculum Policy statement places strong emphasis on the need to incorporate classroom learning into practice throughout the process of professional social work education.¹⁹ The social work literature consistently identifies the field faculty liaison as the most critical figure for achievement of integration of classroom and field learning. This person is viewed as the one person responsible for seeing that the individual needs of the student are taken into account in field education, and that the particular field instructor provides content that can be articulated with

that presented in the classroom.^{20,21,22} This study, however, found that liaison performance was not connected to student satisfaction with learning. Further, as previously noted, most students thought that field liaisons were insufficiently helpful in the integration role.

Liaison also was not a significant predictor of any satisfaction outcome measure using multiple regression analysis. However, the item of field instructor attention to class/field integration was part of the factor that was most predictive of satisfaction with learning, and that contributed to satisfaction with field instructors and with the overall experience. Perception of integration thus was predictive of student satisfaction in key educational areas of interest; however, students identified field instructors as the more crucial source of integration. This finding is troublesome, given that half of the students thought that there was insufficient attention by field instructors to this aspect.

The negative perception of field instructor performance in attending to learning integration is not surprising. Field instructors are not employees of schools, and accordingly may not be knowledgeable about classroom activity. Further, they are not hired as educators, but as practitioners whose educational activities are peripheral to their core function.

These findings raise question as to how student integration of class and field learning can actually take place. If faculty field liaisons do not serve as integrating agents, and if field instructors cannot serve the integrating function well, it would seem that students must largely integrate learning on their own, or that classroom teaching

provides mechanisms that serve to integrate, or that integration in fact does not take place.

The likelihood of the classroom serving as agent for class/field integration in health care seems dim, given study findings regarding the amount of health care education students received in classrooms and the lack of association between that education and any measure of student satisfaction. While almost 85% of students took at least one graduate health care course prior to or concurrent with field placement, about 43% at the time of the survey had taken two courses or less. Given the spectrum of health care specific knowledge necessary for functioning in hospitals and the amount of classroom preparation provided, it would appear most likely that for most students in health care, class and field learning are not integrated. Determining what the relationship between class and field learning currently is and how it affects educational effectiveness may be critical to preparing students to work competently in health care practice.

Rothman, for instance, posited the following four possible relationships between class and field learning: 1) they may integrate; 2) they may be supplementary; 3) they may be unrelated; or 4) they may conflict. He speculated that most of the time, class and field supplement each other rather than integrating as intended.²³ The findings of this study would tend to support the idea that for students in these teaching centers, the relationship is closer to supplementation than integration. One finding indicative of this is that of weak associations between breadth of content in field student seminars and student satisfaction. It seems likely that these seminars serve to overcome

transmission lag by offering supplementary content. In depth study of such field seminars and how their content compares with classroom content would be of great benefit in examining the question of how the class and field components actually interact for students in health care.

The finding of student preference for multiple methods in placement raises the question as to whether unrelated class and field experiences in some way are of benefit in preparing professional health care practitioners. While most students used multiple methods, a much smaller percentage reported themselves as having dual majors, and it seems unlikely that many had formal classroom training in the methods they were using. One area for future study would be examination of the prevalence and effects of unrelated class/field learning experiences.

It could be that closer study of classroom content and field experiences for a large cohort of graduate students would yield the conclusion that in health care education, the combined efforts of school and field would best be directed toward more consistent provision of supplementary educational experiences while minimizing the unrelated. Given the knowledge explosions occurring in both general and health care social work practice and the radical change facing hospital social work, achieving optimum supplementation would require concerted ongoing efforts by social work health concentrations and hospital departments of social work to fill gaps as they emerge.

Summary Findings

As discussed earlier in this chapter, this study found a number of factors associated with student satisfaction with field work. Many of

these findings have been discussed in the context of their relevance to the long term question of how to reshape classroom and field education consistent with the future needs of the radically changing field of hospital social work practice. In the author's opinion, general findings regarding levels of resource allocation by hospital social work departments, program structural complexity levels, and variability within programs constitute the major contribution of this study toward addressing this problem.

Resource Allocation

Overall, hospital departments of social work in this study allocated considerable resources to the field work endeavor and provided training to large numbers of students. As noted in Chapter Five, large numbers of departmental staff representing all organizational levels were found to be involved in program administration, primary and secondary field instruction, group teaching of students, and field instructor seminars. The total numbers of primary and secondary field instructors alone for the aggregate exceeded the total number of students assigned. Since only 7% of programs received external funding for field work, and only 11% of programs provided workload reductions for field instructors, the preponderance of resources provided were uncompensated.

One major conclusion of this study is that high levels of student satisfaction can be achieved in non-funded programs delivered by practice agencies. This finding is of considerable importance, given the likelihood that the field work component of social work education will continue to be provided predominantly by the practice community,

with no expansion in economic support for field education. As noted previously, a second major study conclusion is that high levels of satisfaction can be achieved in hospitals under conditions of environmental turbulence. It seems likely, however, that achievement of high levels of satisfaction is linked to the high levels of resource allocation.

The critical question is whether hospital departments of social work can and will sustain those levels of resource allocation as the DRG revolution unfolds. This question is of vital concern for social work education in the New York area, given the scope and quality of field education provided by these programs. It is crucial nationwide because of the importance of the health care field of practice within the social work profession.

It seems likely that hospital contributions to the field work endeavor will depend in great part upon administrative perceptions regarding the relative costs and benefits of maintaining varying levels of social work training. There is little empirical data upon which to base decisions. Other studies are needed regarding the impact of student training upon departmental capacity to generate as well as expend a variety of resources.

One limitation of this study is that it did not measure direction of field resource allocation longitudinally. It is not known whether study programs were in the process of expanding, contracting, or maintaining levels of resource allocation. It would be beneficial for this study be repeated in five to ten years in order to answer the following questions: 1) What impact has the DRG system had upon the

levels and kinds of resources contributed for field education by hospital departments of social work; and 2) What impact has the DRG system had upon student satisfaction with field work in these hospitals?

Program Structural Complexity

Overall, study programs were characterized by much higher levels of structural complexity than has been described in the social work literature or considered in social work educational theory. As discussed in Chapter Two, social work educational theory generally focuses upon the triad of faculty field liaison/field instructor/student as the unit for field instruction delivery. This cohort of programs generally showed a more complex administrative hierarchy, with program coordinators, assistant coordinators, and field instruction teams characteristic of many programs, and with many field instructors accountable to educational coordinators rather than to departmental supervisors for performance in the field instructor role.

Most programs also featured learning assignment and teaching structures considerably more complex than the triad unit, with student seminars, multiple field instructors, and multiple structured learning experiences commonplace.

This finding in teaching hospitals raises question as to how closely field work program structures coincide with the triad model across a spectrum of types of field work agencies. Accurate conceptualization of the structural unit for field work delivery is important in social work education, because pedagogical theories hinge upon interaction of class and field learning.

Program Variability

Variability in program characteristics was noted within as well as among programs. For example, not all programs were structured to provide multiple field instructors, and not all students in programs structured to provided multiple field instructors were assigned to them. As discussed in Chapters One and Two, variability among programs is of interest because of the potential for schools of social work to reconfigure inter-organizational relationships based on selection of programs with desired characteristics. Variability within such programs may be a drawback for schools of social work because of potential unpredictability in learning experiences for students. On the other hand, it carries the advantage of potential for individualizing field assignments within those programs providing diverse assignments. As noted in Chapter Two, it is thought that reduction in educational resources is creating the need for shift of responsibility for individualization of social work education to the field.²⁴ Variability within programs would seem to be beneficial for this purpose.

For hospital social work departments, intra-program variability may be increasingly desirable as the prospective reimbursement era unfolds, because of greater potential for design of placements within hospital sub-units consistent with the specific organizational needs of those sub-units. The DRG system is intended to force hospital administrators to examine the relative contributions of every sub-unit to organizational functioning. Flexibility in design within sub-units of field work programs may be crucial to the ability of hospital social work depart-

ments to sustain high levels of field education while adapting to a changing environment.

Recommendations for Future Research

This was an exploratory study that gathered information about a large number of aspects related to field work programs. Recommendations flowing from study findings have been organized more broadly below. These broad categories encompass: recommendations about future research related to social work student satisfaction; recommendations related to hospital field work programs; recommendations related to schools of social work; and recommendations related to general social work education.

Recommendations Related to Satisfaction Research

This study design drew heavily upon the works of Raskin and of Fortune et. al. in researching factors associated with student satisfaction with field work in social work education. Recommendations regarding future satisfaction research are as follows:

1. Continued refinement of satisfaction measurement instruments to achieve higher reliability.
2. Extension of the use of multiple groups of informants in satisfaction studies to include more categories of key informants. This is important for expanding the scope of data about study programs, as well as for examining effects of differences in perceptions of key actors. The inclusion of agency field instructors and key school personnel is suggested.
3. Addition of items related to student satisfaction with the school and to student satisfaction with the overall educational experience, with examination of how these areas of satisfaction interact with specific areas of satisfaction with field work addressed in this study. This might add useful knowledge about how school and field relate for students.

4. Continued refinement in description and categorization of field instructor characteristics, how these differentially affect satisfaction with field instructors and with learning, and the interactive effects of supervisory characteristics with learning opportunities in producing satisfaction in areas central to educational mission.

Recommendations Related to Hospital Field Work Research

This study was intended to provide data useful to the future design and utilization of hospital field work programs. Specific recommendations related to hospital programs are as follows:

1. Repetition of this research at a future point in time in order to determine the effects of prospective reimbursement upon levels of social work resource allocation to student training and upon levels of student satisfaction with field work in these hospitals.
2. Extension of this research to hospital programs differing in significant ways from this study's cohort of large urban teaching hospitals, in order to identify what kinds of programs work best in what kinds of hospitals in order to produce what levels of student satisfaction.
3. Research regarding the impact of student training upon capacities of hospital social work departments to generate as well as expend resources. This might involve categorization of various costs and benefits of providing field education, with development of instruments for measuring these.
4. Development of mechanisms for monitoring patterns of school performance in areas impacting upon hospital social work department capacities to respond efficiently and effectively to educational problems. Such information could be gathered from coalitions of hospital programs. The development of methods for analysis of relative performance of schools on an ongoing basis would allow for immediate intervention in problem areas. Such an approach is consistent with concepts central to the prospective payment systems under which hospital social work departments increasingly will be operating, and is likely to become necessary as changes in the health care environment unfold.
5. Study of how varying consortia of hospital field work programs are organized, with a view toward identifying patterns of relationships, and their relative educational and organizational costs and benefits.

6. More in-depth study of intake processes through which graduate social work students are introduced into and oriented to hospitals and hospital field work programs.
7. More in-depth study of student seminars provided in hospital field work programs, with focus upon the functions that such seminars serve. Such study might include organizational rationales for providing seminars, organizing concepts, specific seminar content and processes, and evaluation of how seminar content and processes relate to those of the school classroom.
8. In-depth study of hospital based field instructor seminars, with examination of organizational rationales for providing them, organizing concepts, seminar technologies, seminar content areas, and organizational as well as educational costs and benefits.

General Research Recommendations Related to Schools of Social Work

This study included some examination of how the interface between social work schools and hospital field work programs affects student satisfaction, educational effectiveness, and organizational effectiveness. Recommendations related to schools of social work include the following:

1. Research related to methods of student assignment to specific placement agencies, with priority given to research regarding educational and organizational costs and benefits of placement by student choice.
2. Comparative study of school delivered seminars for new field instructors, with examination of effects of different patterns of organization, varying curricula, teaching technologies, and teaching personnel as they relate to seminar satisfaction of hospital program coordinators and field instructors.
3. Comparative study of internal school structures for the planning and delivery stages of field work, with examination of the compatibility of different types of structures with parallel internal structures of hospital field programs, and evaluation of the relative capacities of varying school structures to provide focused and effective response as educational problems arise in field work settings.

General Recommendations Related to Social Work Education

In addition to the specific areas discussed above, several general recommendations emerged from this study. These recommendations include the following:

1. Research regarding actual relatedness of class and field learning, including study of how students perceive these to be related. Study is needed regarding the prevalence of major patterns of class/field relationship and the impact of these upon educational and organizational effectiveness.
2. Development of expertise regarding agency field work programs. This would include knowledge of various program structures found in agencies and their differential educational and organizational costs and benefits. In addition to continued research regarding field education in health care, studies of agency program structures across fields of practice and within other fields of practice are needed. New typologies for classifying and evaluating field work program structures can be useful in reformulating social work educational theory.
3. Development of cadres of trained agency based field work coordinators. This would involve provision of specialized education to coordinators regarding theory and organization of field work programs, as well as technical assistance in program development and delivery.

CHAPTER EIGHT FOOTNOTES

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APPENDIX I
TABLE 29

STUDY HOSPITALS

<u>HOSPITAL</u>	<u>#BEDS</u>	<u>AUSPICES</u>	<u>TYPE OF TREATMENT</u>	<u>#SCHOOLS 1985-86</u>
1. North Central Bronx Hospital	395	Municipal	Medical and Psychiatric	3
2. Memorial Sloan-Kettering Hospital	565	Voluntary	Medical	4
3. Metropolitan Hospital	597	Municipal	Medical and Psychiatric	2
4. Lenox Hill Hospital	690	Voluntary	Medical	2
5. Queens Hospital Center	705	Municipal	Medical and Psychiatric	4
6. Bronx VA Hospital	715	Federal	Medical and Psychiatric	2
7. City Hospital Center at Elmhurst	736	Municipal	Medical and Psychiatric	1
8. Bronx Psychiatric Center	756	State	Psychiatric	5
9. Harlem Hospital Center	762	Municipal	Medical and Psychiatric	1
10. St. Vincent's Hospital	788	Voluntary	Medical and Psychiatric	1
11. Long Island Jewish Medical Center	790	Voluntary	Medical and Psychiatric	4
12. Bronx Municipal Hospital Center	854	Municipal	Medical and Psychiatric	3
13. Brooklyn VA Hospital	939	Federal	Medical and Psychiatric	3
14. Beth Israel Medical Center	966	Voluntary	Medical and Psychiatric	2
15. New York Hospital	1096	Voluntary	Medical and Psychiatric	4
16. Mount Sinai Hospital	1212	Voluntary	Medical and Psychiatric	2
17. Presbyterian Hospital	1291	Voluntary	Medical and Psychiatric	2
18. Montefiore Medical Center	1294	Voluntary	Medical and Psychiatric	6
19. St. Luke's-Roosevelt Hospital	1315	Voluntary	Medical and Psychiatric	3
20. Creedmoor Psychiatric Center	1452	State	Psychiatric	4

APPENDIX II
QUESTIONNAIRE ITEMS BY CATEGORY

ITEMS RELATED TO STUDENT CHARACTERISTICS

Student Questionnaire

1. (Personal) Sex
2. (Personal) Marital Status
3. (Personal) Age
4. (Personal) Race
5. (Personal) Hours/Week in Outside Employment
6. (Personal) Prior Hospital Employment
7. (Educational) School of Social Work
8. (Educational) Type of Masters Program Enrolled In
9. (Educational) Year of Graduation
10. (Educational) Date Began Placement
11. (Educational) Date Completed Questionnaire
12. (Educational) Hours/Week in Field Work
13. (Educational) Total Number of Courses Enrolled In
14. (Educational) Major Methods of Study
15. (Educational) Prior Hospital Field Work Experience
16. (Educational) Number of Health Care Courses Taken Prior to Placement
17. (Educational) Number of Health Care Courses Taken During Placement
18. (Educational) Remuneration for Field Work
19. (Educational) Number of Visits to Hospital by Faculty Liaison
20. (Educational) Placement Preference
21. (Educational) BSW Degree

Coordinator Questionnaire

1. (Educational) Number of Students with Major Problems in Placement
2. (Educational) Number of Students Who Left Placement This Academic Year
3. (Educational) Total Number of Faculty Liaisons Assigned to Program

Criticism Scale (Both Questionnaires)

1. (Educational) Faculty Field Liaison'(s)' Helpfulness to Students in Integration of Classroom and Field
2. (Educational) Faculty Field Liaison'(s)' Helpfulness to Students with Difficulties in Placement
3. (Educational) Coordination between Faculty Field Liaison(s) and Field Instructors
4. (Educational) Quality of Social Work Students

APPENDIX II (CONTINUED)

ITEMS RELATED TO PROGRAM DIMENSIONS

DIMENSIONS RELATED TO LEARNING ASSIGNMENT OPPORTUNITIES

Student Questionnaire

1. Number of Services or Program Areas Assigned To
2. Methods Used in Placement
3. Type and Location of Services or Areas Assigned To
4. Nature of Contact with Client Systems
5. Duration of Contact with Client Systems

Coordinator Questionnaire

1. Numbers of Students with Single and Multiple Assignments
2. Hospital Auspices
3. Number of Hospital Beds as of 1/87
4. Number of FTE Staff with MSW Degrees as of 1/87
5. Social Work Department Discharge Planning Responsibility
6. Total Number of Social Work Students in Training (All Levels)
7. Total Number of Schools of Social Work with MSW Students in Placement
8. External Funding
9. Participation in Consortium with Other Programs

Criticism Scale (Both Questionnaires)

1. Number of Services Assigned To
2. Number of Methods
3. Variety of Assignments
4. Contact with Other Disciplines
5. Number of Learning Experiences
6. The Opportunity to Learn Social Work Practice and Skills
7. Relevance of Assignments to Student Learning Goals

APPENDIX II (CONTINUED)

ITEMS RELATED TO PROGRAM DIMENSIONS (CONTINUED)

DIMENSIONS RELATED TO STRUCTURE FOR TEACHING

Student Questionnaire

1. Number of Field Instructors Assigned To
2. Contact with Program Personnel Prior to the Start of Field Work

Coordinator Questionnaire

1. Total Number of Field Instructors
2. Number of Masters Students Jointly in Placement
3. Group Teaching
4. Frequency of Student Seminars
5. Content of Student Seminars
6. Leadership of Student Seminars
7. Contact with Program Personnel Prior to the Start of Field Work

Criticism Scale (Both Questionnaires)

1. Number of Field Instructors Assigned To
2. Coordination between Field Instructors
3. Number of Masters Students Jointly in Placement
4. Number of Student Seminars
5. Student Orientation to the Role and Function of Social Workers in this Hospital
6. Student Orientation to this Field Work Program
7. Student Orientation to Hospital Policies and Procedures
8. Contact with Program Personnel Prior to the Start of Field Work
9. Opportunity to Participate in Decisions about Program
10. Willingness of Students in this Program to Help Each Other
11. The Amount of Peer Support Experienced in this Program
12. The Extent to which this Program is Organized

APPENDIX II (CONTINUED)

ITEMS RELATED TO PROGRAM DIMENSIONS (CONTINUED)

DIMENSIONS RELATED TO FIELD INSTRUCTORS

Student Questionnaire

1. Numbers of Years of Experience of Primary Field Instructor as Field Instructor

Coordinator Questionnaire

1. Numbers of Years of Experience of Primary Field Instructors as Field Instructors
2. Numbers of Years of Experience of Secondary Field Instructors as Field Instructors
3. Departmental Status of Primary Field Instructors
4. Departmental Status of Secondary Field Instructors
5. Workload Reduction for Field Instructors
6. Program Seminars for Field Instructors
7. Frequency of Seminars for Field Instructors
8. Participants in Seminars for Field Instructors
9. Separate Seminars for Primary and Secondary Field Instructors
10. Content of Program Seminars for Field Instructors

Criticism Scale (Both Questionnaires)

1. Field Instructors' Attention to Teaching about Community Resources
2. Field Instructors' Attention to Student Understanding about Use of Self
3. Field Instructors' Attention to Integration of Class and Field
4. Field Instructors' Teaching about Social Work Practice
5. Field Instructors' Making Expectations Clear at the Beginning of Placement
6. Field Instructor Organization in Presenting Material
7. Students' Freedom to Disagree with Field Instructors
8. Openness of Field Instructors to Student Opinions
9. Student Security in Offering New Ideas
10. Field Instructor Provision of Constructive Criticism
11. Field Instructor Objectivity in Dealing with Students
12. Field Instructor Fairness in Evaluating Student Performance
13. Degree of Student Involvement in Evaluation of Performance
14. Student Opportunity to Participate in Selection of Learning Experiences
15. Student Opportunity to Make Decisions
16. Student Opportunity to Use Abilities and Skills
17. Field Instructor Sensitivity to Student Learning Needs
18. Field Instructor Helpfulness to Students in Dealing with Other Disciplines
19. Field Instructor Helpfulness When Students Have Difficulty

APPENDIX II (CONTINUED)

ITEMS RELATED TO PROGRAM DIMENSIONS (CONTINUED)

DIMENSIONS RELATED TO FIELD INSTRUCTORS (CONTINUED)

20. Field Instructor Feedback When Student(s) Did a Good Job
21. Support to Students When They Make Mistakes
22. Opportunity to See Field Instructors When Need Arises
23. Opportunity for Students to Watch Field Instructors Work

DIMENSIONS RELATED TO ACCOUNTABILITY

Student Questionnaire

None

Coordinator Questionnaire

1. Coordinator Organizational Status
2. Coordinator Experience as Field Instructor
3. Coordinator Experience as Coordinator
4. Coordinator Time Allocated to Program
5. Assistant Coordinators
6. To Whom Field Instructors Accountable
7. Coordinator Membership on School Committees
8. Written Program Policies and Procedures
9. Written Program Evaluations Administered to Students
10. Written Program Evaluations Administered to Field Instructors

CRITICISM SCALE (BOTH QUESTIONNAIRES)

None

APPENDIX II (CONTINUED)ITEMS RELATED TO STRESSCriticism Scale (Both Questionnaires)

1. Amount of Stress Experienced by Students in Placement
2. Amount of Work Expected of Students
3. The Rules, Administrative Details and Red-tape Involved in this Hospital
4. The Feelings of Accomplishment Students Get From Work

ITEMS RELATED TO SATISFACTIONStudent Questionnaire

1. (Scale) Satisfaction with Field Instructors
2. (Scale) Satisfaction with Learning
3. (Scale) Satisfaction with Field Work Program
4. (Scale) Satisfaction with Hospital
5. (Scale) Satisfaction with Experience
6. Would Accept Job Here if Offered
7. Think Job Would Be Offered to Me
8. Would Recommend Placement to Students

Coordinator Questionnaire

1. (Scale) Satisfaction with Field Instructors
2. (Scale) Satisfaction with Learning
3. (Scale) Satisfaction with Field Work Program
4. (Scale) Satisfaction with Hospital
5. (Scale) Satisfaction with Students
6. (Scale) Satisfaction with Seminars for New Field Instructors Offered by Schools
7. Number of Students Would Recommend for a Job Here

APPENDIX III
STUDY QUESTIONNAIRES

HOSPITAL FIELD WORK COORDINATOR QUESTIONNAIRE

HOSPITAL FIELD WORK COORDINATOR QUESTIONNAIRE

This questionnaire is concerned with characteristics of your hospital field work program and your opinions about them.

The purpose of the study is to examine relationships between hospital field work program characteristics and levels of student satisfaction with field work. A major objective is to identify and describe patterns of hospital field work structure that currently exist in New York area hospitals.

The study involves gathering data from field work coordinators and from masters level students placed in their programs. Because hospital characteristics are important, the particular hospital about which each coordinator is reporting will be known to the researcher. However, data regarding specific hospitals and field work coordinators will be held in the strictest confidence.

Please answer every question to the best of your knowledge. The first part asks for information about your program. The second part asks for your opinions.

Completing this questionnaire should take approximately 20 minutes of your time. Thank you for taking this time and for cooperating in this study.

HOSPITAL FIELD WORK COORDINATOR QUESTIONNAIREPART I

1. Please check the category which best describes the auspices of the hospital setting in which your field work program is located. (Check One)

☐ 1. VOLUNTARY, NONPROFIT
☐ 2. FOR PROFIT
☐ 3. MUNICIPAL
☐ 4. STATE
☐ 5. FEDERAL

2. What is the total number of beds in the hospital setting in which your program is located, as of January 1, 1987?

NUMBER OF BEDS

3. How many full time equivalent MSW credentialed staff are employed in this hospital's department of social work?

NUMBER OF FTE STAFF WITH MASTERS DEGREES IN SOCIAL WORK

4. Does the department of social work in your hospital setting have official designated responsibility for discharge planning? (Check One)

☐ 1. YES
☐ 2. NO

5. Has your field instruction program received any external funding for the period 9/86-6/87? (Check One)

☐ 1. YES
☐ 2. NO

6. Has your field instruction program participated in a consortium arrangement with any other field work programs during the academic year 9/86-6/87? (Check One)

☐ 1. YES
☐ 2. NO

7. For each of the following categories, please indicate the numbers of social work students in placement in your field work program setting during this academic year:

- _____ 1. NUMBER OF BSW STUDENTS
- _____ 2. NUMBER OF MSW STUDENTS IN TRADITIONAL TWO ACADEMIC YEAR PROGRAMS
- _____ NUMBER OF 1st YEAR STUDENTS
- _____ NUMBER OF 2nd YEAR STUDENTS
- _____ 3. NUMBER OF MSW STUDENTS IN ONE YEAR RESIDENCY PROGRAMS
- _____ 4. NUMBER OF MSW STUDENTS FROM OTHER KINDS OF PROGRAMS (PLEASE SPECIFY): _____
- _____ 5. NUMBER OF DSW/PHD STUDENTS

THE FOLLOWING SECTION OF QUESTIONS REFERS ONLY TO THAT PART OF YOUR PROGRAM DEALING WITH MASTERS LEVEL STUDENTS IN FIELD WORK AT YOUR HOSPITAL DURING THE CURRENT ACADEMIC YEAR

8. How many schools of social work have had masters level students placed in your hospital's field work program during the period 9/86-9/87?

_____ NUMBER OF SCHOOLS OF SOCIAL WORK

9. In all, how many different faculty field liaisons (faculty members designated as liaisons between school and field for individual students) have been assigned to students in your program this academic year?

_____ TOTAL NUMBER OF SCHOOL FACULTY LIAISONS

10. During the current academic year, how many masters level students left your program before completing field placement as originally planned? (Please indicate the number of students in each of the following categories)

- _____ 1. NUMBER OF STUDENTS WHO LEFT AT THE REQUEST OF YOUR PROGRAM
- _____ 2. NUMBER OF STUDENTS WITHDRAWN BY THE SCHOOL
- _____ 3. NUMBER OF STUDENTS WHO LEFT YOUR PROGRAM FOR OTHER REASONS

11. How many masters level students do you consider to have demonstrated serious problems in your field placement program during the current academic year?

____ 1. TOTAL NUMBER OF STUDENTS WITH SERIOUS PROBLEMS IN PLACEMENT

12. How many MSW students currently in your program carry the number of placement assignments specified in each of the following categories?

____ 1. NUMBER OF MSW STUDENTS ASSIGNED TO ONE SERVICE OR PROGRAM AREA

____ 2. NUMBER OF MSW STUDENTS ASSIGNED TO TWO SERVICE OR PROGRAM AREAS (PRIMARY PLUS SECONDARY/TASK ASSIGNMENT)

____ 3. NUMBER OF MSW STUDENTS ASSIGNED TO THREE OR MORE SERVICE OR PROGRAM AREAS

13. How many field instructors for MSW social work students currently are in your program?

____ 1. NUMBER SERVING AS PRIMARY FIELD INSTRUCTORS ONLY (CONSIDERED BY SCHOOLS TO BE OFFICIAL FIELD INSTRUCTORS FOR ASSIGNED STUDENTS)

____ 2. NUMBER SERVING AS SECONDARY OR TASK FIELD INSTRUCTORS (SUPPLEMENTAL SUPERVISORS NOT DESIGNATED BY A SCHOOL AS FIELD INSTRUCTOR FOR STUDENTS ASSIGNED TO THEM BY YOUR PROGRAM)

____ 3. NUMBER SERVING IN DUAL ROLES AS SECONDARY OR TASK FIELD INSTRUCTOR AS WELL AS PRIMARY FIELD INSTRUCTOR

14. Which of the following categories best describes the status of the primary field instructors in your program this year? (Please indicate the number in each category)

____ 1. NUMBER OF PRIMARY FIELD INSTRUCTORS WHO ARE LINE SOCIAL WORKERS

____ 2. NUMBER OF PRIMARY FIELD INSTRUCTORS WHO ARE SUPERVISORS

____ 3. NUMBER OF PRIMARY FIELD INSTRUCTORS WHO ARE ADMINISTRATORS.

____ 4. NUMBER OF PRIMARY FIELD INSTRUCTORS EMPLOYED BY A SCHOOL OF SOCIAL WORK

15. Which of the following categories best describes the secondary/task field instructors in your program this year? (Please indicate the number in each category).

- ☐ 1. NUMBER OF SECONDARY/TASK FIELD INSTRUCTORS WHO ARE LINE SOCIAL WORKERS
- ☐ 2. NUMBER OF SECONDARY/TASK FIELD INSTRUCTORS WHO ARE SUPERVISORS
- ☐ 3. NUMBER OF SECONDARY/TASK FIELD INSTRUCTORS WHO ARE ADMINISTRATORS.
- ☐ 4. NOT APPLICABLE

16. How many years of experience did your primary field instructors have as primary field instructors prior to 9/86? (Please indicate the numbers of field instructors in each category).

- ☐ 1. NUMBER WITH NO PRIOR EXPERIENCE
- ☐ 2. NUMBER WITH 1 YEAR OF PRIOR EXPERIENCE
- ☐ 3. NUMBER WITH 2 YEARS OF PRIOR EXPERIENCE
- ☐ 4. NUMBER WITH 3-5 YEARS OF PRIOR EXPERIENCE
- ☐ 5. NUMBER WITH 6-10 YEARS OF PRIOR EXPERIENCE
- ☐ 6. NUMBER WITH MORE THAN 10 YEARS OF PRIOR EXPERIENCE

17. How many years of experience did your secondary/task field instructors have as secondary/task or primary field instructors prior to 9/86? (Please indicate the numbers of field instructors in each category).

- ☐ 1. NUMBER WITH NO PRIOR EXPERIENCE
- ☐ 2. NUMBER WITH 1 YEAR OF PRIOR EXPERIENCE
- ☐ 3. NUMBER WITH 2 YEARS OF PRIOR EXPERIENCE
- ☐ 4. NUMBER WITH 3-5 YEARS OF PRIOR EXPERIENCE
- ☐ 5. NUMBER WITH 6-10 YEARS OF PRIOR EXPERIENCE
- ☐ 6. NUMBER WITH MORE THAN 10 YEARS OF PRIOR EXPERIENCE
- ☐ 7. NOT APPLICABLE

18. Does your department reduce the workload responsibilities of field instructors in order to provide them with time for field instruction activity? (Check One)

- ☐ 1. YES
- ☐ 2. NO

19. What is your organizational title?

20. How many years of experience as a primary field instructor did you have prior to 9/86?

_____ NUMBER OF YEARS AS PRIMARY FIELD INSTRUCTOR

21. How many years of experience as a hospital coordinator of field work did you have prior to 9/86?

_____ NUMBER OF YEARS AS FIELD WORK COORDINATOR

22. On the average, what percentage of your job time do you estimate is spent in activities related to the following responsibility areas? (Total should be 100%):

- _____ 1. * SOCIAL WORK FIELD INSTRUCTION PROGRAM
 _____ 2. * DIRECT SERVICE
 _____ 3. * STAFF SUPERVISION
 _____ 4. * PROGRAM ADMINISTRATION
 _____ 5. * OTHER ADMINISTRATION
 _____ 6. * OTHER (PLEASE SPECIFY): _____

23. Does your program have anyone serving as assistant field work coordinator (i.e., leader of a field instruction team, leader of a student unit, person responsible for some administrative aspects)?

- _____ 1. YES
 _____ 2. NO

24. In your setting, to whom are field instructors viewed as more responsible in carrying out their field instruction roles? (Check One)

- _____ 1. COORDINATOR OF FIELD WORK
 _____ 2. DEPARTMENTAL SUPERVISOR

25. Does your field work program have regularly scheduled meetings or seminars for field instructors? (Check One)

- _____ 1. YES
 _____ 2. NO

(If No, please go to question 30)

26. Please check the category that best describes the frequency of field instructor meetings/seminars held in your program during the period 9/1/86-1/31/87.

- ☐ 1. WEEKLY
- ☐ 2. BI-WEEKLY
- ☐ 3. MONTHLY
- ☐ 4. BI-MONTHLY
- ☐ 5. ONCE/SEMESTER
- ☐ 6. OTHER (PLEASE DESCRIBE): _____

27. Who attended these field instructor meetings? (Check All Applicable)

- ☐ 1. FIELD WORK COORDINATOR
- ☐ 2. PRIMARY FIELD INSTRUCTORS
- ☐ 3. SECONDARY/TASK FIELD INSTRUCTORS
- ☐ 4. OTHER (PLEASE SPECIFY) _____

28. In your program, are separate meetings/seminars held for primary field instructors and for secondary field instructors/task supervisors? (Check One)

- ☐ 1. YES
- ☐ 2. NO
- ☐ 3. NOT APPLICABLE

29. Which of the following activities took place in your field instructor meetings during the period from 9/1/86-1/31/87? (Check All Applicable)

- ☐ 1. ADMINISTRATIVE HOUSEKEEPING ACTIVITIES
- ☐ 2. DEVELOPMENT OF PROGRAM POLICIES AND PROCEDURES
- ☐ 3. FIELD WORK PROGRAM PLANNING
- ☐ 4. DISCUSSION OF STUDENT PROCESS RECORDING, TAPES, AND/OR OTHER STUDENT CASE MATERIAL
- ☐ 5. DEVELOPMENT OF EDUCATIONAL PLANS FOR INDIVIDUAL STUDENTS.
- ☐ 6. DISCUSSION OF ARTICLES/BOOKS ON FIELD INSTRUCTION
- ☐ 7. DISCUSSION OF WRITTEN EVALUATIONS OF STUDENTS
- ☐ 8. DISCUSSION OF PROBLEMS WITH INDIVIDUAL STUDENTS.
- ☐ 9. DISCUSSION OF SCHOOL/FIELD RELATIONSHIPS
- ☐ 10. PLANNING AND/OR COORDINATION OF STUDENT ASSIGNMENTS
- ☐ 11. OTHER (PLEASE SPECIFY) _____

30. Who led meetings/seminars for field instructors in your program during the period 9/1/86-1/31/87? (Please List Organizational Titles of All Leaders)

31. Does your program have regularly scheduled group meetings/seminars for masters students? (Check One)

- ☐ 1. YES
☐ 2. NO

(If No, please go to question 34.)

32. How frequently were meetings/seminars held for masters students in your program during the period from 9/22/86-1/31/87? (Please Check One)

- ☐ 1. WEEKLY
☐ 2. BI-WEEKLY
☐ 3. MONTHLY
☐ 4. BI-MONTHLY
☐ 5. ONCE/SEMESTER
☐ 6. OTHER (PLEASE SPECIFY): _____

33. Please indicate below the areas of content that were included in student group meetings/seminars during the period 9/1/86-1/31/87. (Check All Applicable)

- ☐ 1. EXPECTATIONS FOR STUDENT PERFORMANCE
☐ 2. FIELD WORK PROGRAM POLICIES AND PROCEDURES
☐ 3. HOSPITAL POLICIES AND PROCEDURES
☐ 4. SOCIAL WORK ROLE AND FUNCTION IN YOUR HOSPITAL
☐ 5. CASE MATERIAL
☐ 6. PROFESSIONAL WRITING SKILLS (i.e. CHART RECORDING, WRITING PSYCHOSOCIALS, ETC.)
☐ 7. HEALTH CARE FINANCE POLICY AND/OR ORGANIZATION AND DELIVERY OF HEALTH CARE SERVICES
☐ 8. INTERDISCIPLINARY COLLABORATION
☐ 9. SPECIFIC DISEASE ENTITIES, PATIENT POPULATIONS, PATIENT PROBLEMS, ETC.
☐ 10. OTHER (PLEASE SPECIFY): _____

34. Who taught these student seminars? (Check All Applicable)

- ☐ 1. FIELD WORK COORDINATOR
- ☐ 2. SOCIAL WORK ADMINISTRATIVE OR SUPERVISORY STAFF
- ☐ 3. LINE SOCIAL WORKERS
- ☐ 4. PEOPLE FROM OTHER DISCIPLINES
- ☐ 5. OTHER (PLEASE SPECIFY): _____

35. What contact did you and/or your field instructors and/or other program personnel have with individual students prior to their beginning field work this academic year? (Check All Applicable)

- ☐ 1. NONE
- ☐ 2. WRITTEN MATERIAL SENT TO STUDENTS
- ☐ 3. TELEPHONE CONTACT
- ☐ 4. INDIVIDUAL MEETINGS WITH STUDENTS
- ☐ 5. GROUP MEETING(S) WITH STUDENTS
- ☐ 6. OTHER (PLEASE SPECIFY): _____

36. Have you served on any school of social work advisory committees during the current academic year? (Check One)

- ☐ 1. YES
- ☐ 2. NO

37. Does your field work program have written policies and procedures? (Check One)

- ☐ 1. YES
- ☐ 2. NO

38. Does your program administer written program evaluation forms to students at the end of the program year? (Check One)

- ☐ 1. YES
- ☐ 2. NO

39. Does your program administer written program evaluation forms to field instructors at the end of the program year? (Check One)

- ☐ 1. YES
- ☐ 2. NO

HOSPITAL FIELD WORK COORDINATOR QUESTIONNAIRE

PART II.

INSTRUCTIONS:

FOR EACH OF THE FOLLOWING ITEMS, PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR LEVEL OF SATISFACTION.

Satisfaction Scale

1=Very Dissatisfied

2=Dissatisfied

3=Neither Satisfied nor Dissatisfied

4=Satisfied

5=Very Satisfied

In this program, this is how I
rate my level of satisfaction....

	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
40. I would rate my level of satisfaction with <u>field instructors</u> as	1	2	3	4	5
41. I would rate my level of satisfaction with <u>student learning</u> here as....	1	2	3	4	5
42. I would rate my level of satisfaction with this field work <u>program</u> as....	1	2	3	4	5
43. I would rate my level of overall satisfaction with this years' social work <u>students</u> as....	1.	2	3	4	5
44. I would rate my level of satisfaction with this <u>hospital</u> as....	1	2	3	4	5
45. I would rate my level of satisfaction with <u>seminars provided by schools of social work</u> for new field instructors as....	1	2	3	4	5

THE FOLLOWING ITEMS RELATE TO FACTORS THOUGHT TO INFLUENCE SATISFACTION WITH FIELD WORK. OPINIONS ABOUT THE EXTENT TO WHICH EACH FACTOR IS PRESENT IN YOUR FIELD WORK PROGRAM MAY BE IMPORTANT IN EXPLAINING DIFFERENT LEVELS OF SATISFACTION. PLEASE CIRCLE THE NUMBER ON THE SCALE THAT BEST REFLECTS YOUR OPINION ABOUT THE EXTENT TO WHICH THE FACTOR IS PRESENT IN YOUR MASTERS LEVEL HOSPITAL FIELD WORK PROGRAM THIS YEAR.

EXTENT EXPLAINING SATISFACTION

1=Much Too Little
2=Too Little
3=Just Right

4=Too Much
5=Much Too Much

In this program, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
46. Field instructors' attention to teaching students about community resources.	1	2	3	4	5	NA
47. The orientation students received about hospital policies and procedures.	1	2	3	4	5	NA
48. Field instructors' attention to students' understanding of and use of self.	1	2	3	4	5	NA
49. Contact between program and students prior to the first day of field work.	1	2	3	4	5	NA
50. The variety in student assignments.	1	2	3	4	5	NA
51. The freedom of students to disagree with field instructors.	1	2	3	4	5	NA
52. Field instructors' objectivity in dealing with students.	1	2	3	4	5	NA
53. The orientation students received about this field work program.	1	2	3	4	5	NA

In this program, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
54. The number of different practice methods which students have used in field work this year.	1	2	3	4	5	NA
55. The opportunity for students to watch their field instructors work.	1	2	3	4	5	NA
56. Field instructors' provision of constructive criticism to students.	1	2	3	4	5	NA
57. The security students feel in offering new and original ideas.	1	2	3	4	5	NA
58. The relevance of field work assignments to students' learning goals.	1	2	3	4	5	NA
59. Field instructors' sensitivity to students' educational needs.	1	2	3	4	5	NA
60. Field instructors' fairness in evaluation of student performance.	1	2	3	4	5	NA
61. The rules, administrative details and red-tape involved in this hospital.	1	2	3	4	5	NA
62. The amount of stress that students experience in this hospital placement.	1	2	3	4	5	NA
63. The feedback from field instructors when students do a good job.	1	2	3	4	5	NA
64. The amount of support students receive when they make mistakes.	1	2	3	4	5	NA
65. Field instructors' organization in presenting material to students.	1	2	3	4	5	NA

In this program, this is my opinion about the extent of	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
66. Field instructors' attention to students' integration of field and classroom learning.	1	2	3	4	5	NA
67. Field instructors' helpfulness when students have difficulty.	1	2	3	4	5	NA
68. The contact students have had with other health care disciplines.	1	2	3	4	5	NA
69. The orientation that students received about the function and roles of social workers in this hospital.	1	2	3	4	5	NA
70. The number of learning experiences that students have been given here (i.e., number of cases, groups, projects, etc.).	1	2	3	4	5	NA
71. The opportunity for students to make decisions on their own.	1	2	3	4	5	NA
72. Opportunity for students to see field instructors when the need arises rather than having to wait for supervisory conferences.	1	2	3	4	5	NA
73. Field instructors' making expectations clear to students at the beginning of placement.	1	2	3	4	5	NA
74. The degree to which students have been involved in evaluating their own performance.	1	2	3	4	5	NA
75. The number of different services and program areas to which students have been assigned.	1	2	3	4	5	NA

In this program, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
76. Opportunities for students to participate in selection of their learning experiences.	1	2	3	4	5	NA
77. The chance for students to make use of their abilities and skills.	1	2	3	4	5	NA
78. The opportunity for students to participate in decision making regarding policies and procedures relating to students.	1	2	3	4	5	NA
79. The feeling of accomplishment that students get from their work.	1	2	3	4	5	NA
80. The willingness of social work students in this hospital to help each other.	1	2	3	4	5	NA
81. Field instructors' being open to students' opinions.	1	2	3	4	5	NA
82. Field instructors' teaching about social work practice.	1	2	3	4	5	NA
83. The coordination between field instructors and school faculty field liaisons assigned to individual students.	1	2	3	4	5	NA
84. The number of social work student seminars.	1	2	3	4	5	NA
85. The quality of social work students in this hospital.	1	2	3	4	5	NA
86. Opportunities for students to learn about and develop skills in social work practice.	1	2	3	4	5	NA
87. The number of field instructors to which individual students have been assigned.	1	2	3	4	5	NA

In this program, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
88. The overall amount of work expected of students in this hospital placement.	1	2	3	4	5	NA
89. Field instructors' helpfulness to students in their learning to work with other disciplines.	1	2	3	4	5	NA
90. The degree to which the social work student program is organized in this hospital.	1	2	3	4	5	NA
91. The coordination between field instructors working with the same students.	1	2	3	4	5	NA
92. School faculty field liaisons' helpfulness to students' in their integration of class and field learning.	1	2	3	4	5	NA
93. The number of social work students involved in field work at this hospital.	1	2	3	4	5	NA
94. The amount of student peer support that students have experienced in this hospital field work program.	1	2	3	4	5	NA
95. School faculty advisors' helpfulness to students in dealing with this field work placement.	1	2	3	4	5	NA
96. Of the masters level social work students assigned to your program this year, how many would you recommend for employment at your hospital?						

97. Additional comments regarding your field work program.

GRADUATE SOCIAL WORK STUDENT SATISFACTION QUESTIONNAIRE

GRADUATE SOCIAL WORK STUDENT SATISFACTION QUESTIONNAIRE

This questionnaire is concerned with your experience as a graduate social work student in your hospital field work placement this year.

The purpose of the study is to examine relationships between hospital field work program characteristics and levels of student satisfaction with field work.

The study involves gathering data from a large number of students in hospital placements this year. Data about program characteristics of specific hospitals will be gathered from coordinators of the programs.

It is important that you keep the following points in mind when completing this questionnaire:

- A. This questionnaire will in no way identify you or your field instructors.
- B. There are no "right" or "wrong" answers. Your responses will indicate your opinions about an educational experience.
- C. Please answer every question. Please feel free to include additional comments in the space provided at the end of this questionnaire.

The first part of the questionnaire asks for information about you and your placement. The second part asks for your opinions.

Completing the questionnaire should take approximately 20-30 minutes of your time. Thank you for taking this time and for cooperating in this study.

Student Satisfaction QuestionnairePart I.

1. Name of your school (Check One)

- ☐ 1. Adelphi
- ☐ 2. Columbia
- ☐ 3. Fordham
- ☐ 4. Hunter
- ☐ 5. NYU
- ☐ 6. Rutgers
- ☐ 7. SUNY Stony Brook
- ☐ 8. Southern Connecticut
- ☐ 9. Yeshiva (Wurtzweiler)
- ☐ 10. Other (Specify): _____

2. Type of masters program enrolled in (Check One)

- ☐ 1. Two academic year program, with one summer off
- ☐ 2. Continuous four semester program including a summer semester
- ☐ 3. Advanced standing (BSW, admitted directly to second year)
- ☐ 4. One year residency
- ☐ 5. Other (Describe): _____

3. Expected date of graduation

- ☐ 1. Year
- ☐ 2. Month

4. Sex

- ☐ 1. Male
- ☐ 2. Female

5. What is your marital status? (Check One)

- ☐ 1. Single
- ☐ 2. Married
- ☐ 3. Separated
- ☐ 4. Divorced
- ☐ 5. Widowed

6. Age at last birthday

_____ 1. Years of age

7. What is your racial background? (Check One)

_____ 1. White

_____ 2. Black

_____ 3. Hispanic

_____ 4. Asian

_____ 5. Other (Please specify): _____

8. Date began in current hospital field work placement

_____ 1. Year

_____ 2. Month

9. Date completed this questionnaire

_____ 1. Year

_____ 2. Month

10. Current number of hours in field work per week

_____ 1. Hours in field work per week

11. Current number of graduate courses enrolled in

_____ 1. Number of courses

12. Current number of weekly hours in outside employment

_____ 1. Hours employed other than paid field work

13. Major concentration methods (Check All Applicable)

_____ 1. Administration

_____ 2. Community organization

_____ 3. Group work

_____ 4. Case work

_____ 5. Other: (Specify) _____

14. Amount of student field work experience in hospitals prior to starting placement in this hospital.

____ 1. Number of months prior hospital field work experience

15. Amount of paid experience in hospitals prior to beginning the current field work placement (Check One)

____ 1. None
____ 2. Less than one year
____ 3. One to three years
____ 4. More than three Years

16. Number of graduate social work courses with specific health or mental health content that you took before beginning this field work placement (i.e., courses with content in areas such as health care policy and organization, social work practice in health care, impact of illness and treatment, specific disease entities and treatment, etc.)

____ 1. Number of previous courses with health or mental health care content

17. Number of graduate social work courses with specific health or mental health content that you have taken since beginning the current placement

____ 1. Number of courses with health care content since placement began

18. Have you received any of the following specifically for your field work activities? (Check All Applicable)

____ 1. I received a stipend from the hospital where I am in field placement.
____ 2. I received money through a State or Federal grant.
____ 3. I received money available through my own school of social work for field work.
____ 4. I am being paid my salary by an agency while I go to school.
____ 5. I am employed by the hospital in which I have my field placement.
____ 6. I have not received any money for my field work activities.

19. Do you have a BSW degree?

- ☐ 1. Yes
- ☐ 2. No

20. How many field instructors (including task supervisors/secondary field instructors) have you been assigned to in your hospital field placement? (Check One)

- ☐ 1. One
- ☐ 2. Two
- ☐ 3. Three
- ☐ 4. More than three

21. What is your current primary field instructor's previous experience in supervising students? (Check One)

- ☐ 1. Never supervised students before
- ☐ 2. Supervised students 1-3 years
- ☐ 3. Supervised students more than 3 years
- ☐ 4. Don't know

22. How many different service and/or program areas have you been assigned to in your current hospital field work placement? (Check One)

- ☐ 1. One
- ☐ 2. Two
- ☐ 3. Three
- ☐ 4. More than three
- ☐ 5. Not applicable

23. In my field placement, my work with clients has involved (Check All Applicable)

- ☐ 1. Brief contact (1-4 client contacts)
- ☐ 2. Short term work (5-12 client contacts)
- ☐ 3. Long term on-going work (more than 12 client contacts)
- ☐ 4. Not applicable

24. The longest period of time that I have worked with a client or client system in this field placement has been (Check One)

- ☐ 1. Less than one month
- ☐ 2. One or two months
- ☐ 3. Three or four months
- ☐ 4. Five or six months
- ☐ 5. More than 6 months
- ☐ 6. Not applicable

25. What kinds of service areas have you been assigned to in your current hospital field work placement? (Check All Applicable)

- ☐ 1. Inpatient medical
- ☐ 2. Inpatient psychiatric
- ☐ 3. Inpatient substance abuse
- ☐ 4. Other inpatient (Please specify): _____
- ☐ 5. Outpatient medical
- ☐ 6. Outpatient psychiatric
- ☐ 7. Outpatient substance abuse
- ☐ 8. Other outpatient (Please specify): _____
- ☐ 9. Other program area (please specify): _____
- ☐ 10. Not applicable

26. In this hospital field placement, my work has involved the following methods (Check All Applicable)

- ☐ 1. Case work with individuals
- ☐ 2. Case work with two or more persons (i.e., marital, family work, etc.)
- ☐ 3. Group work
- ☐ 4. Community organization
- ☐ 5. Administration
- ☐ 6. Other: (please specify) _____

27. What contact did you have with staff from your field work placement prior to the day field work began? (Check All Applicable)

- ☐ 1. None
- ☐ 2. I was sent written material
- ☐ 3. Telephone contact
- ☐ 4. Individual meeting or meetings with field work program staff
- ☐ 5. Group meetings with other students and program staff
- ☐ 6. Other: (Please Specify) _____

28. How many times has your faculty advisor or other faculty field liaison visited you and/or your field instructor(s) at your hospital field work placement since you began field work there? (Check One)

- ☐ 1. None
- ☐ 2. Once
- ☐ 3. Twice
- ☐ 4. Three times
- ☐ 5. More than three times

29. This hospital placement was (check one)

- ☐ 1. My first choice (preference)
- ☐ 2. My second choice (preference)
- ☐ 3. My third choice (preference)
- ☐ 4. Not one of my top 3 preferences.

PART II.

INSTRUCTIONS:

FOR EACH OF THE FOLLOWING ITEMS, PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR LEVEL OF SATISFACTION.

SATISFACTION SCALE

1=Very Dissatisfied

2=Dissatisfied

3=Neither Satisfied nor Dissatisfied

4=Satisfied

5=Very Satisfied

In my field placement this is how I rate my level of satisfaction....	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
30. I would rate my level of satisfaction with my <u>field</u> <u>instructor(s)</u> as....	1	2	3	4	5
31. I would rate my level of satisfaction with my <u>learning</u> in this placement as....	1	2	3	4	5
32. I would rate my level of satisfaction with this <u>field</u> <u>work program</u> as....	1	2	3	4	5
33. I would rate my level of satisfaction with this <u>hospital</u> as....	1	2	3	4	5
34. I would rate my level of overall satisfaction with this field work <u>experience</u> as...	1	2	3	4	5

THE FOLLOWING ITEMS INCLUDE FACTORS THOUGHT TO INFLUENCE STUDENT SATISFACTION WITH FIELD WORK. YOUR OPINION ABOUT THE EXTENT TO WHICH EACH FACTOR IS PRESENT IN YOUR FIELD PLACEMENT MAY BE IMPORTANT IN EXPLAINING YOUR LEVELS OF SATISFACTION. PLEASE CIRCLE THE NUMBER ON THE SCALE THAT BEST REFLECTS YOUR OPINION ABOUT THE EXTENT TO WHICH THE FACTOR IS FOUND IN YOUR FIELD PLACEMENT.

EXTENT EXPLAINING SATISFACTION

1=Much Too Little
2=Too Little
3=Just Right

4=Too Much
5=Much Too Much

In my field placement, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
35. My field instructors' attention to teaching me about community resources.	1	2	3	4	5	NA
36. The orientation I received about hospital policies and procedures.	1	2	3	4	5	NA
37. My field instructors' attention to my understanding and use of self.	1	2	3	4	5	NA
38. My contact with people from this hospital field work program prior to the first day of field work.	1	2	3	4	5	NA
39. The variety in my assignments.	1	2	3	4	5	NA
40. The freedom to disagree with my field instructors.	1	2	3	4	5	NA
41. My field instructors' objectivity in dealing with me.	1	2	3	4	5	NA
42. The orientation I received about this field work program.	1	2	3	4	5	NA
43. The number of different practice methods which I have used in field work here.	1	2	3	4	5	NA
44. The opportunity to watch my field instructors work.	1	2	3	4	5	NA

In my field placement, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
45. My field instructors' offering of constructive criticism.	1	2	3	4	5	NA
46. The security that students feel in offering new and original ideas in this field work program.	1	2	3	4	5	NA
47. The relevance of my field work assignments to my own learning goals.	1	2	3	4	5	NA
48. Field instructor sensitivity to my educational needs.	1	2	3	4	5	NA
49. Fairness in evaluation of my performance.	1	2	3	4	5	NA
50. Rules, administrative details and red-tape involved in this hospi- tal.	1	2	3	4	5	NA
51. The amount of stress I have experienced in this hospital placement.	1	2	3	4	5	NA
52. Feedback from my field instructors when I did a good job.	1	2	3	4	5	NA
53. The support students receive when they make mistakes.	1	2	3	4	5	NA
54. My field instructors' organization in presenting material to me.	1	2	3	4	5	NA
55. My field instructors' attention to my integrating field and classroom learning.	1	2	3	4	5	NA
56. My field instructors' helpfulness when I have difficulty.	1	2	3	4	5	NA
57. The contact I have had with other health care disciplines.	1	2	3	4	5	NA

In my field placement, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
58. The orientation I received about the functions and roles of social workers in this hospital.	1	2	3	4	5	NA
59. The number of learning experiences I have been given here (i.e., number of cases, groups, projects, etc.).	1	2	3	4	5	NA
60. The opportunity to make decisions on my own.	1	2	3	4	5	NA
61. The opportunity to see my field instructors when the need arises rather than having to wait for supervisory conferences.	1	2	3	4	5	NA
62. My field instructors' making expectations clear to me at beginning of this placement.	1	2	3	4	5	NA
63. The degree to which I have been involved in evaluation of my performance.	1	2	3	4	5	NA
64. The number of different services and program areas I have been assigned to.	1	2	3	4	5	NA
65. The opportunity to participate in the selection of my learning experiences.	1	2	3	4	5	NA
66. The chance to make use of my abilities and skills.	1	2	3	4	5	NA
67. The opportunity to participate in decision making regarding policies and procedures relating to students.	1	2	3	4	5	NA
68. The feeling of accomplishment I get from my work.	1	2	3	4	5	NA

In my field placement, this is my opinion about the extent of	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
69. Willingness of social work students in this hospital to help each other.	1	2	3	4	5	NA
70. My field instructors' being open to my opinions.	1	2	3	4	5	NA
71. My field instructors' helpfulness to me in my learning about social work practice.	1	2	3	4	5	NA
72. The coordination between my field instructors and my school faculty field liaison.	1	2	3	4	5	NA
73. The number of social work student seminars in this hospital field work program.	1	2	3	4	5	NA
74. The quality of social work students in this hospital.	1	2	3	4	5	NA
75. Opportunities for students to learn about and develop skills in social work practice.	1	2	3	4	5	NA
76. The number of field instructors I have been assigned to in this hospital placement.	1	2	3	4	5	NA
77. The overall amount of work expected of me in this hospital placement.	1	2	3	4	5	NA
78. My field instructors' helpfulness to me in my learning to work with other disciplines.	1	2	3	4	5	NA
79. The degree to which the social work student program is organized in this hospital.	1	2	3	4	5	NA

In my field placement, this is my opinion about the extent of....	MUCH TOO LITTLE	TOO LITTLE	JUST RIGHT	TOO MUCH	MUCH TOO MUCH	NOT APPLICABLE
80. Coordination between my field instructors.	1	2	3	4	5	NA
81. My faculty field liaison's helpfulness in my integration of class and field learning.	1	2	3	4	5	NA
82. The number of other social work students involved in field work at this hospital.	1	2	3	4	5	NA
83. The amount of student peer support I have experienced in this hospital field work placement.	1	2	3	4	5	NA
84. My school faculty field liaison's helpfulness to me in my dealing with this field work placement.	1	2	3	4	5	NA

85. Would you accept a social work job at the hospital in which you are doing your field work if it were offered? (Check One)

- ☐ 1. Yes
☐ 2. No
☐ 3. Don't Know
☐ 4. Only if I were desperate for employment.
☐ 5. Other (Please Specify): _____

86. Do you think the social work department in this hospital would offer you a position as a social worker if you had graduated and wanted a job there? (Check One)

- ☐ 1. Yes
☐ 2. No

87. Would you recommend your hospital as a field placement to other social work students who had similar interests to your own?
(Check One)

- ☐ 1. Yes
- ☐ 2. No
- ☐ 3. Don't Know
- ☐ 4. Other (Please Specify): _____

88. Additional comments regarding your current field work placement.

APPENDIX IV
TABLE 29

STUDENT DEMOGRAPHIC CHARACTERISTICS (PERSONAL)
(N=238)

Characteristic	Number	Percent
<u>Sex</u>		
Female	191	80.3%
Male	46	19.3
No Response	1	.4
<u>Marital Status</u>		
Single	151	63.4%
Married	58	24.4
Divorced	19	8.0
Widowed	5	2.1
Separated	4	1.7
No Response	1	.4
<u>Age</u>		
Age 20-29	119	50.0%
Age 30-39	72	30.3
Age 40-49	38	16.0
Age 50 and Over	8	3.4
No Response	1	.4
<u>Race</u>		
White	201	84.5%
Black	13	5.5
Hispanic	13	5.5
Asian	9	3.8
Middle Eastern	1	.4
No Response	1	.4

APPENDIX IV (CONTINUED)
TABLE 29 (Continued)

Characteristic	Number	Percent
<u>Outside Employment</u>		
Not Employed	167	70.2%
Employed	62	26.0
No Response	9	3.8
<u>Prior Hospital Employment</u>		
None	180	75.6%
Less Than One Year	18	7.6
One to Three Years	20	8.4
More Than Three Years	20	8.4

APPENDIX V
PROGRAM MODEL SUB-SCALES DEVELOPED THROUGH FACTOR ANALYSIS

DIMENSIONS RELATED TO LEARNING OPPORTUNITIES

Learning Assignment Opportunities

1. Variety in Assignments
2. Number of Services Assigned To
3. Number of Methods
4. Number of Learning Experiences
5. Opportunity to Learn Social Work Practice and Skill
6. Opportunity to Choose Learning Experiences
7. Relevance of Assignments to Student's Learning Goals

Autonomy Within the Organization

1. Student Contact with Other Disciplines
2. Student Opportunity to Make Decisions on Own

DIMENSIONS RELATED TO TEACHING STRUCTURE

Orientation Characteristics

1. Student Orientation to Field Work Program
2. Student Orientation to Hospital Policies and Procedures
3. Student Orientation to Role and Function of Social Workers in This Hospital
4. Student Contact with Program Personnel Prior to Start of Field Work

Support from Other Social Work Students

1. Willingness of Students to Help Each Other
2. Amount of Peer Support Experienced in This Program

Program Organization Characteristics

1. Coordinations between Field Instructors
2. The Extent to which this Program is Organized

APPENDIX V (Continued)

DIMENSIONS RELATED TO TEACHING STRUCTURE (Continued)Quantity of Student Contact Characteristics

1. Number of Masters Students Jointly in Placement
2. Number of Student Seminars

Number of Field Instructors Assigned ToDIMENSIONS RELATED TO FIELD INSTRUCTORSField Instructor Relationship Characteristics

1. Fairness in Evaluating Student Performance
2. Openness to Student Opinions
3. Objectivity in Dealing with Students
4. Students' Freedom to Disagree with Field Instructors
5. Student Involvement in Evaluation of Own Performance
6. Field Instructor Helpfulness When Students Have Difficulty
7. Field Instructor Feedback When Student(s) Do a Good Job
8. Field Instructor Making Expectations Clear at Placement Start
9. Support Students Get When They Make Mistakes
10. Helpfulness to Student in Learning about Social Work Practice
11. Opportunity for Student to Use Abilities and Skills

Field Instructor Teaching Characteristics

1. Opportunity to Watch Field Instructors Work
2. Field Instructor Attention to Integration of Class and Field
3. Field Instructor Helpfulness to Students in Dealing with Other Disciplines
4. Field Instructor Attention to Teaching about Community Resources
5. Field Instructor Organization in Presenting Material
6. Security of Students in Offering New and Original Ideas

Expectation Characteristics

1. Field Instructor Offering of Criticism
2. Overall Amount of Work Expected
3. Field Instructor Sensitivity to Student Educational Needs

APPENDIX V (Continued)

DIMENSIONS RELATED TO FIELD INSTRUCTORS (Continued)Accessibility Characteristics

1. Opportunity to Participate in Decisions about Program Policies and Procedures
2. Field Instructor Attention to Student Understanding and Use of Self
3. Student Opportunity to See Field Instructor When Need Arises

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