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Thriving on the Transition from Clinician to Administrator:
The Experience of "Hardy" Transition-Makers

by

Richard B. Joelson

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

1996

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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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Abstract

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by

Richard B. Joelson

Adviser: Professor Irwin Epstein

Presented in this study are findings from interviews with twenty-seven social workers who made the transition from clinical to administrative practice. The motivations for this significant role change are explored and the ways in which clinical background both helps and hinders the transition experience are identified. The stressors encountered by these clinicians-turned-administrators, the role of mentors, and the ways in which the difficulties experienced were handled are analyzed. The role of gender in understanding transition-related difficulties and their handling are emphasized. The concept of "hardiness" as a personality attribute involved in handling sources of role strain is identified and explored. The findings indicate that most clinicians' transitions into administration are unplanned, motivated by a variety of needs, and considerably more helped

motivated by a variety of needs, and considerably more helped than hindered by their previous training and experience in clinical work. The stressors they experience in the process are related to various factors in the organizational environment, as well as factors related to certain personality attributes or the lack thereof. Women appear to have an appreciably more difficult time throughout the transition experience for reasons identified and analyzed. Administrators employed a range of strategies in their efforts to cope with transition-related stress and these are examined. Recommendations to schools of social work, social agencies, and future transition-makers are presented in light of the findings.

Acknowledgements

It is heartwarming to realize how many people have been crucial to the successful completion of this dissertation. Unlike the academy award recipient, I have the time and the space to thank them all!

The thoughtful and astute insights and observations, the careful and creative guidance, and the enthusiastic support of Irwin Epstein has been personally and professionally invaluable. My love of learning has grown and the quality of my scholarship is richer for having had the good fortune to be taught and advised by this extraordinary man. I will always be grateful for his countless gifts. Gary Rosenberg, the quintessential social work administrator, who himself has contributed to the literature on the topic of this dissertation, has been highly supportive of both my academic and clinical work. Paul Kurzman has been a sturdy and important presence throughout my time in the doctoral program. He has always been encouraging and generous with suggestions and ideas from his unparalleled treasure chest of knowledge and experience. I am also thankful to the other members of the doctoral faculty with whom I studied. In addition to their interest in my work and eagerness to help, together they created a learning environment unlike any I have ever known.

I would like to thank the twenty-seven clinicians-turned-

administrators who participated in this study for sharing their transition stories with me and for their belief in the value and importance of this study.

A special acknowledgement to Luis Alvarez of the Computer Lab, whose ready availability and technical support has something to do with why this project was completed prior to the twenty-first century. George Ziskind switched from his piano keyboard to the computer keyboard in order to transcribe the many hours of taped interviews for this project.

Among the many acquisitions of the doctoral program have been two very important friends. Peggy Morton and Don Cornelius, both currently involved in the writing of their own dissertations, have been invaluable sources of support and encouragement throughout, as I hope I have been for them. I am warmly appreciative to them for their affectionate caring and support.

My family has been extraordinarily encouraging and supportive. My older children, Laine and Matthew, rejoiced with me at every milestone associated with the five years in the doctoral program. Their consistent support for their father's mid-life academic venture has added immeasurably to the quality of the experience and to my life. My six-year old son Andrew has been a particularly important source of support, since he sacrificed a good deal of "daddy time" without complaint. Never one to ask "are we there yet?" from the back of the car on long road trips, he managed not to ask that same question during the writing of this dissertation, as well. He will never know how

much that has meant to me. Most of all, I am grateful to my wife, Rosalind Cohen, whose infinite patience, consistent encouragement, and pride in my achievement enabled me to move ahead without excessive concern for the loss of family time necessitated by the absorbing pursuit of the doctoral degree. Her help and support in behalf of this goal are but the most recent in a long line of loving gifts. My love and gratitude know no bounds.

Table of Contents

Chapter

I.	Introduction	1
II.	Review of the Literature	4
	A Theoretical Framework	7
	Role Theory	8
	The Problem of Authority	14
	Commitment, Control, and Challenge	16
	The "Hardy" Transition-Maker	20
	Gender-Based Differences	23
	Conclusion	26
III.	Methodology	29
	Introduction	29
	A Qualitative Approach	30
	Description and Selection of the Sample	33
	The Interviews	36
	Grounded Theory	39
IV.	The Experience of Change From Worker to Administrator	42
	Introduction	42
	Review of the Literature	42
	Motivations for Change	43
	The Need for Autonomy, Control, and Influence	44

The Need for Status, Advancement, and Money	45
Personal Needs and Personality Factors	49
Pre-Transition Circumstances	50
Personal Circumstances	51
Occupational Circumstances	52
V. The Clinical Background of the New Administrator ...	57
Introduction	57
Review of the Literature	58
The Value of a Clinical Background	60
VI. Sources of Transition Difficulty	66
Introduction	66
Review of the Literature	67
Difficulties with Agency Politics and Organizational Dynamics	70
Difficulties with One's Self	78
VII. The Experiences of Women Transition-Makers	83
Introduction	83
Review of the Literature	83
The Special Stresses and Problems of Women Managers	87
Stereotypes and Role Traps	87
Power Issues	90
Sexual Harassment.....	91
The "Old Boys" Network	93
Experiences in the Organizational Environment	94

	The Issue of Appearance	97
	The Advantages of Women Transition-Makers	98
	The Disadvantages of Women Transition-Makers	100
VIII.	The Role of Mentors	105
	Introduction	105
	Review of the Literature	106
	Experiences with Mentors and Role Models	109
	Cross-Gender Mentoring	111
	Fathers as Mentors and Role Models	112
IX.	Coping with Transition-Related Stress and Strain..	115
	Introduction	115
	Review of the Literature	117
	Coping	118
	Social Support	121
	Personality as a Stress Moderator	123
	Coping Strategies	125
	Educational Activities	127
	Sources of Support	130
	Personality Factors	132
X.	Conclusions	136
	Areas for Further Study	145
	Recommendations	147

Appendix

A. Letter to Prospective Subjects Requesting Their Participation in the Interview	154
B. Statement to Interview Subjects at the Time of the Interview	155
C. Interview Guide	156
Bibliography	158

Chapter I

Introduction

In 1972, I made a transition from clinical to administrative work by leaving my job as a psychiatric social worker in a child and family guidance center to become the Director of Social Work at an outpatient psychotherapy clinic in New York City. The move was unplanned, sudden, and one for which I was completely unprepared. Like many of the social workers interviewed in this study, I recall feeling destabilized by the change in roles and isolated from my clinical colleagues. The identity confusion was captured, metaphorically, by my feeling uncomfortable to use the therapists' lounge and by not feeling welcomed to use it by the clinical staff. However, while confusing and difficult, the new demands and expectations were also stimulating and challenging. While a time of doubt and uncertainty, it was also a time of personal growth and self-discovery. I also learned that "flying by the seat of my pants," while stressful at times, was an experience filled with opportunities to test my aptitude for managerial work and to discover what strengths and skills I had and which ones I needed to acquire in order to become successful. Twelve years later, I made a "reverse" transition from administrative to clinical work, leaving a position as Director of Admissions and Student Affairs at a school of social work to become a full-time clinical social worker in private practice. The recent contemplation of a move to social work administration

once again, was instrumental in the selection of this dissertation topic.

The issue of transition from direct practice to administrative practice is a significant one for social workers since most social service administrators have been (and will, most likely, continue to be) drawn from the ranks of direct service providers (Holloway, 1980). Estimates in the literature run to over 50% of human service professionals performing predominantly administrative roles at some point in their careers (Neugeboren, 1986; Patti & Austin, 1977; Schwartz, 1990). Yet, most of the formal training of these individuals has focussed exclusively on clinical treatment and direct practice contacts with clients. Few social workers making the transition have received formal training in administrative and management issues.

A general assumption found in the literature on role transitions in social work, as well as in other professions, is that the process is inherently stressful (Elbow, 1975; Feldman, 1980; Holloway, 1980; Kugel & Riggs, 1981; Levinson & Klerman, 1967, 1972; Patti & Austin, 1977; Patti et.al, 1979; Prochaska, 1987; Reid, 1977; Scurfield, 1980a, 1980b, 1981). Among the reasons offered are the frequent lack of formal preparation for the role change (Kugel & Riggs, 1981), the internal stresses related to the demands of role change that are not anticipated and, therefore, present serious problems of adaptation (Elbow,

1975), inadequate motivation for administrative role functioning (Scurfield, 1980a) and an inability to master various management roles and responsibilities (Prochaska, 1987). Accordingly, Patti, et.al (1979) assumed that social workers trained and experienced primarily in direct services would experience role discontinuity and identity confusion to such an extent that the transition from direct practice to administration was akin to a professional crisis, the resolution of which would have ramifications for the worker's later functioning as an administrator.

Chapter II

Review of the Literature

Patti and Austin (1977) identified some of the "social-psychological discontinuities" that characterize the transition from direct service to supervisory management, in such areas as decision-making, exercise of authority, and relationships with staff. Hinkle and Burns (1978), Holloway (1980), and Walsh (1990) have addressed issues of temperament and socialization, as well as exploring some of the skill-based and emotionally-laden issues that are activated by movement from a clinical to a managerial perspective.

The proposition that the transition from clinical to administrative practice, by its very nature, must be a stressful experience had been investigated by a number of researchers, most notably Patti et.al (1978) and Scurfield (1980, 1981). Patti and his fellow investigators found, however, that the role discontinuity and identity problems encountered by their respondents, though apparent, were much less intense than they had assumed. Scurfield, to his surprise, found that former clinicians generally minimized differences between clinical and administrative practice, suggesting that little difficulty may have been experienced during the transition period. In view of previous reports of substantial difficulty experienced by clinicians-turned-administrators (Levinson & Klerman, 1967, 1972; Elbow, 1975; Patti & Austin, 1977; Reid, 1977) Scurfield

questioned whether difficulties were simply being denied by his respondents - to themselves and to the researcher - or whether the study instrument employed, a lengthy self-administered questionnaire, was somehow inadequate to the task. More importantly, their findings raise questions about the validity of the proposition and the conditions under which it is true or not.

A possible explanation for the unanticipated findings raised by Scurfield, and one that deserves further exploration, is that social workers are particularly well-equipped by their training to function in administrative roles. Others argue against this notion, believing instead that administering should be left to the administrators; that persons trained and experienced in methods of direct service are often ill-prepared for management responsibility because the cognitive and attitudinal orientations involved in preparing for these different roles are difficult to reconcile. One author went so far as to suggest that the knowledge and skill in clinical practice may be antithetical to, and/or dysfunctional for, sound administration and policy development. In her view, clinicians had a "trained incapacity" for administration (Sarri, 1973 cited in Patti & Austin, 1977) by virtue of their training and background.

The literature is replete with interesting and thoughtful debate about whether the assets of the clinician-turned-administrator outweigh the liabilities. Some worry that the clinician-turned-administrator may be so professionally oriented

toward individual pathology that s/he may lose sight of broad organizational problems; that the clinician-administrator may be prone to over-interpretation of administrative conflict in terms of intrapersonal problems. The counter argument; namely, that the therapist-administrator's clinical sensitivity can be valuable in resolving personal problems of staff that interfere with organizational well-being illustrates the potential for debate about the pros and cons of the "clinician-executive" (Levinson & Klerman, 1967). Some authors, like Levinson and Klerman (1967, 1972) writing about the psychiatrist in clinical and administrative situations, have opted for a synthesis of the two roles in the belief that the best administrator is one who is knowledgeable and skillful in both capacities: "his clinical abilities to listen will stand him in good stead in his efforts to increase communication and to negotiate disagreements. In these and other ways, the executive can make use of skills, values and character traits that were previously associated with, and shaped by, the clinical role (p.63). These authors, in "revisiting" their earlier work five years hence (1972) appeared to have shifted away from the clinician-executive model toward that of a "mental health administrator" who finds it necessary to relinquish considerable aspects of his clinical role and identity than had been imagined in the earlier conceptualization. One of the major reasons for this apparent shift concerns their views of the clinician's struggle with the issue of authority; a most important area that would benefit from further exploration.

A Theoretical Framework

An understanding of role theory and related concepts provides a useful way to explore the reported contradictions and research findings concerning the existence and extent of stress associated with professional role transition. In social work, there are reports of people experiencing tremendous stress because of such phenomena as ambiguity, confusion, and conflict concerning their new positions when they move "up the hierarchy" (Holloway, 1980) or "change hats" (Perlmutter, 1990). On the other hand, several reports, as well as a number of studies referred to earlier that assumed the transition process to be inherently stressful, found clinicians describing relatively smooth or conflict-free experiences for a variety of reasons that had not been anticipated.

In addition to fully exploring the transition process itself, it may be equally important to examine the personal and professional qualities of the social workers who are undergoing role transitions in order to learn (1) why some administrators report role strain and conflict, while others do not; (2) why some administrators who do experience role strain and conflict find these to be stimulating and challenging, while others report these to be only draining and unproductive, or worse, debilitating; (3) what are some of the determinants of stress resistance that might explain reported differences in reactions to the transition experience.

Role Theory

One of the basic assumptions of *role theory* is that the behavior of individuals in social or work situations can largely be understood in terms of society's expectations concerning what is appropriate behavior for specific position holders in specific situations; in other words, the emphasis is on knowing an individual's place in the social structure in order to understand that person's behavior (Feld & Radin, 1982). Individuals in a society (or work setting, which is our frame of reference) occupy certain positions, (e.g. worker, supervisor, client), that carry with them certain expectations about how a person occupying that position should behave, think, and feel, which are known as *role demands*. In addition, each person has a personal set of expectations about how someone in that position should behave, think, and feel, which are called *role conceptions*. These also influence the behavior of a person in a given position. Role demands and role conceptions have to be differentiated from *role performance*, which is the behavior of someone occupying a particular position. Role theory attempts to explain how ideas that are part of the work culture, for example, get "inside" the individual, i.e. how external role demands become internalized as role conceptions and how behavior, or role performance, is influenced by these internal and external factors.

Role performance, or the way in which a person does his job, is the joint result of role demands and the person's own ideas

about the way the job should be handled, which includes that person's skills and personality.

Confusion over role performance and definition can lead to *role ambiguity*, which can be particularly disabling within the work setting. When this reaches a sufficient magnitude, it can lead to stress occurring between roles, resulting in role conflict within the organization. Behavioral research has shown that individuals confronted with *role conflict* will often act with indecision, emotional strain, dissatisfaction, and other indications of psychological stress. Role conflict has been known to occur frequently and across a wide range of occupations.

It is probably useful to distinguish what may be described as *internal role conflicts* from those that are *external*, a distinction referred to by one author (Elbow, 1975) whose personal account of her role change experience identified a number of role-related issues and problems. An example of an internal role conflict occurs when a worker holds mutually incompatible ideas about how his job should be done, or when that worker's ideas about how he should behave in two or more roles he occupies are in conflict. An example of the latter condition might be the clinician-turned-administrator who may continue to function in both capacities and is forced to make administrative decisions that clash with his ideas about what is best for the clients in the agency or for the needs of the staff. Or, where a person's ideas about how to do his job may not mesh with personal attributes; something that has been called a lack of *person-*

role fit (French, 1973) or *self-role congruence* (Feld & Radin, 1982).

External role conflicts or role set conflicts are those in which problems may stem from a worker's being confronted with incompatible expectations or demands from two or more sources. An example might be the clinician-turned-administrator or supervisor who may feel pressure from his or her superiors to act in a more authoritative way, while his or her subordinates or supervisees (formerly peers, perhaps) desire or expect a more egalitarian atmosphere or treatment.

Role problems may also stem from deficiencies, such as in a person's knowledge or ability. *Role deficiencies* refer to the absence of personal or organizational resources or attributes that are necessary for adequate role performance or position attainment. Role conflicts or role deficiencies can both lead to *role strain*, which refers to felt or experienced discomfort in filling a role.

In the literature on role deficiencies, most extensively explored by Feld and Radin (1982), several types of identified role deficiency may help in an effort to understand some of the *role struggles* and sources of stress clinicians face as they make the transition from clinical to administrative positions. *Loss of role* can cause difficulty for the new administrator who may experience self-doubts about his adequacy, as a result of having given up what had been a reliable source of self-esteem supplies - clinical work - for a new position that may cause an opposite

experience.

Another deficiency is lack of knowledge about role demands which can often be a result of dissimilarity between the role demands for consecutive positions a person holds; a condition that has been labeled *role discontinuity* and is generally due to a lack of adequate socialization to a role. Patti and Austin (1977) describe the effects of clinicians' "lack, inadequacy, or distortion of role information about managerial functions" (p.273) and how this impedes successful role transition. Lack of knowledge may also result from the commonly held belief in social work that becoming an administrator is simply a matter of superimposing a layer of management knowledge and skill on an intact foundation of clinical competence. These authors view the absence of *anticipatory socialization* (Merton, 1957) as a major obstacle to successful role transitions for clinicians and wonder why, since the vast majority of social work administrators have traditionally been drawn from the ranks of direct service practitioners, more has not been done within the profession to attend to this important need. "Anticipatory socialization" refers to "the acquisition of behaviors, ideas, and feelings appropriate to positions in which persons are not currently occupants but to which they aspire or are about to move" (Merton, 1966 in Feld & Radin, 1982), or "the process of preparing for future potential roles" (Patti and Austin, 1977, p. 274). Holloway (1980) believes that "to the degree that neophytes anticipate their reactions to the change and hold empirically

grounded expectations, the transition to administrator is likely to be eased and the competence of their practice enhanced" (p.2).

Role ambiguity is identified as another major source of role strain and may represent a significant area of role deficiency, as Feld and Radin (1982) point out. Ambiguity has been extensively studied and has been linked to both physical and mental symptoms and disorders like depression, lowered self-esteem, elevated blood pressure, decreased job and life satisfaction, and others (Matteson & Ivancevich, 1988). Ambiguity is viewed as a factor in organizational life that elicits a stress response that can be negative and maladaptive in nature; maladaptive since none of the outcomes indicated above reduces the ambiguity experienced. While considered a major stressor, there is also some evidence (Feld & Radin, 1982) suggesting that role ambiguity does not always cause problems; that some workers use it to their advantage by adapting their jobs to their own role conceptions and personal attributes, thereby making the job more of what they want it to be. These may be the transition-makers who score high on "tolerance for ambiguity" scales and who are the successful "stress resistors" referred to earlier; those for whom the transition may be relatively conflict and stress free.

The issue of lack of skills for adequate role performance may stem from a variety of role transition problems, one of them being the lack of anticipatory socialization (or any socialization) to the new job described above. Lack of skills is

a primary argument of the group who believe that clinicians are inadequate to the task(s) of human service management. When the lack of skills can be traced to a clinician-manager's deficiency of administrative knowledge or the demands of the new role, then the necessary intervention may involve training or socialization. When, on the other hand, the identification of a deficiency or lack of skills concerns a more stable aspect of human functioning, such as personality, character structure, or aptitude, modification of role demands or a position change may be more appropriate. There are undoubtedly many clinicians who should not become administrators, but may not discover this for themselves until their lack of "self-role congruence" (Sarbin & Allen, 1968) becomes apparent to them.

Self-role congruence (and its opposite condition, i.e. *incongruence*) are terms used to describe the degree of overlap or fittingness that exists between requirements of the role and qualities of the self and how these affect one's role performance. It has been asserted (Sarbin & Allen, 1968) that when self characteristics are congruent with role requirements, role performance is more effective, proper, and appropriate than when role and self are incongruent. Self-role congruence is usually reflected in observations that the person appears to be happy at work, seems to "fit" the job, and appears to be fully committed to it.

The Problem of Authority

An area of self-role incongruence that has been identified in the literature on professional role transition in general, and in social work in particular, has to do with the use of authority. Scurfield (1980b) found that lack of clarity about the authority held by the administrator was a factor significantly associated with moderate levels of role strain and conflict in his study. Similarly, Patti and his colleagues (1979) found that clinicians who became managers had problems in accepting and exercising the authority that was intrinsic to their new role, especially as it involved directing, supervising, and changing subordinates.

Levinson and Klerman (1967) consider the problem of authority to be a major *role task* that must be dealt with by the clinician struggling with new administrative demands. They recognize the personal dilemma of the transition-maker, especially if a clinically-rooted permissive and antiauthoritarian orientation is at odds with the need to utilize the new means of control at his disposal, like sanctions, coercion, and organizational power.

A related source of role strain, or at least role dissatisfaction, for the clinician attempting to acquire what Scurfield (1980b) calls an "authority-posture" is the oft-reported difficulty with "politics" in the agency setting. While viewed as basic to optimal administrative role performance, many

new administrators report a lack of comfort, ability, and/or predilection to engage in "political behavior" in their organizations. This additional or related example of self-role incongruence may be a good example of how one's personality may become a source of role conflict; a condition in which a person may have difficulty or be unable to fulfill the requirements of a role because the demands are incompatible with personal needs or abilities. A submissive or self-effacing person, for example, may find it very difficult to assume the role of an authority figure. The consequences of such a mismatch between personality predisposition and role demands are a major source of role conflict and role strain.

Some authors have identified a particular area of self-role incongruence that may be unique to social work and whose importance to the issue of the transition from clinician to administrator seems evident. Mandell (1973) identified the dysfunctional aspects of traditional supervision as it has been practiced in most agencies. She claims that the enforcement of prolonged individual supervision of workers, while perhaps achieving uniformity of practice, has done so at the expense of creativity and innovation. Giving supervisors practically complete control over the career development of their supervisees has led to supervisee preoccupation with how to please their boss rather than how to best develop themselves. This leads to dependence and/or insecurity, neither of which stimulates personal or professional growth and which has implications for

subsequent administrative role performance. Weissman (1982) agrees, adding that the power dynamics of traditional supervision often leads supervisees to not be assertive, decisive, and appropriately directive lest they risk displeasing or antagonizing the supervisor who might interpret these attitudes and behaviors as problematic. Holloway (1980) distinguishes the clinicians' socialization to a "reactive" position in relation to clients from the "proactive" posture which is a central element in administrative practice.

The role conflict and strain inherent in this depiction of the social worker's evolution from clinician to administrator may explain some of the stresses and general difficulties reported by many who have made the transition. It also underscores the description of the role change from clinician to administrator as "a matter of becoming rather than being; that it is developed rather than conferred; that the source of stress in adaptation is internal rather than imposed from external sources; and that the struggle with role change is a matter of self-concept rather than others' perceptions" (Elbow, 1975, p.530).

Commitment, Control, and Challenge

The issue of one's commitment to the administrative role is important in understanding the professional transition from clinician to administrator and to an understanding of role-related difficulties some workers experience like role conflict

and strain. Commitment to the role of administrator by a clinician in transition is likely a function of many factors. Elbow (1975) initially believed (and therefore acted as though) management and counseling were separate if not antithetical fields, resulting in a resistance to the new role requirements that created considerable strain. Epstein, et.al (1982) refer to the low regard clinical social work students have for the administrative aspects of their work and the association many make between administration and the negative qualities of "bureaucracy." Scurfield (1981) found that a substantial number of current administrators in his survey would have chosen to remain clinicians if promotional and financial opportunities in clinical practice were equivalent to those in administration. Levinson and Klerman (1967) capture a prevailing attitude on the part of many clinicians; an attitude that may not be relinquished simply because the clinician has made a transition to administrative practice: "administrative work is usually regarded as categorically different from 'real professional work,' ... typically associated with such terms as 'paperpushing,' 'mere detail,' and 'red tape' and is regarded as relatively mechanical and uncreative ... the existence of vivid negative images of the executive and the administrator ... reflects the widespread tendency in the professions to conceive of 'managerial' and 'truly professional' work as antithetical and to devalue the former" (p.54).

Another issue related to administrative role commitment is whether or not the transition to administration was part of a long range professional career plan or whether role occupancy came about as a result of chance, luck, or timing, for example, "being in the right place at the right time." Many in the profession have long decried the lack of an appropriate career ladder in social work, claiming that in order to advance, one has to change jobs, essentially, by becoming a supervisor or administrator. The "senior clinician" remedy suggested by Scurfield (1981) may do for some, but many will not be able to spend their entire professional lives in that position.

Many clinicians become administrators because of a need for higher income, disenchantment with clinical functioning, generalized professional boredom, a need for greater autonomy, or other reasons not directly related to a genuine desire to serve in an administrative capacity. Lack of commitment to the administrative role may represent both a cause and an effect of why so many clinicians who become administrators cling to their clinical role, spending considerable time functioning as direct service practitioners, while there is much to justify their spending precious work time performing administrative tasks and improving their performance in that role.

The issue of *commitment* to the role as a factor in understanding transition and transition-related phenomena may ultimately be less important than the issue of commitment to the self, which refers to one's "ability to believe in the truth, im-

portance, and interest value of who one is and what one is doing and thereby the tendency to involve oneself fully in the many situations of life, including work, family, interpersonal relationships, and social institutions" (Kobasa, 1982, p.6).

Kobasa's work on the "hardy personality" is of immeasurable potential in the investigation of the sociological and psychological aspects of professional role transition. Kobasa has developed a social psychology of stress and health and in doing so has emphasized the frequently ignored recognition that "persons create as well as react to the stressful life events...[and processes]...in their lives and thrive on as well as tolerate stressful situations" (p.3). Some people, when faced with what might be stressful experiences, as role transition has been described, become psychologically and/or physiologically symptomatic, developing problems that may impair their functioning on, as well as off, the job. Others, however, rise to the challenges of their environment and turn stressful life events or experiences, like transition, into opportunities for personal and professional growth and benefit.

The personality style referred to as stress resistant or "hardy" is comprised of three components that might be thought of as personality characteristics: commitment (as discussed above), control, and challenge. *Control* refers to the tendency to believe and act as if one can influence the course of events. It involves the possession of a "coping repertoire" (Kobasa, 1982) that enables such people to act effectively on their own and interpret

and incorporate various life experiences or transform them into something manageable and positive that helps rather than harms them.

Challenge is based on the belief that change, rather than sameness or predictability is the norm. Whereas the less or not "hardy" clinician making a job transition might become mired in the stressful aspects of the experience and have difficulties of one kind or another, the hardy clinician-turned-administrator may thrive under the circumstance of the new challenges and opportunities brought about by the job change and be someone who will know how to cope with the unavoidable stresses, both organizational and personal, that accompany professional role transitions. Hardiness represents a constellation of separate attributes that plays an important role in moderating the likelihood of stress and minimizing the incidence and severity of dysfunctional outcomes and consequences for those undergoing the transition from clinical to administrative practice. Hardiness is a personality-based orientation and style that needs explication in the social work literature.

The "Hardy" Transition-Maker

Most of the theories concerning role strain and the multiple role requirements which frequently cause it, seem to utilize what Marks (1977) calls the "scarcity" approach to human energy. This view stresses the overdemanding nature of multiple role occupancy

and sees role performance as draining, given the propensity for role conflict and overload when someone does more than one thing. An opposing view, which Marks calls the "energy-expansion theory" holds that certain activities may produce, rather than consume energy; that "some roles may be performed without any net energy loss at all; they may even create energy for use in that role or in other role performances" (Marks,p.926). The determinants of whether or not a worker will experience role overload and strain or whether he will be energized and stimulated instead include commitment, which Marks, like Kobasa (1982) defines as involving a sense of enjoyment of one's work, an appreciation for its value to the self and the larger community, a loyalty to those affected by one's role performance, and a sense of accountability to others and self-esteem value. Collectively, these characteristics serve the cause of successful coping with stress and appear consistent with the expansionist theory of energy and commitment. They further offer a portrayal of a personality type who is likely to function well, if not optimally, under conditions of multiple role commitments and high energy demand.

Scurfield,(1980b) in his survey of nearly 300 social work administrators, found his respondents experiencing a much lower level of role strain than had been expected. Furthermore, "while many administrators reported that their administrative role is characterized by some degree of tension, more administrators reported that the tensions are stimulating rather than draining" (p.54), and acknowledged that this "positive" aspect of tension

was a dynamic not generally covered in the theoretical literature.

The attributes commonly associated with the entrepreneurial character: high need for achievement, moderate risk-taking propensity and tolerance for ambiguity, among others, parallel those qualities attributed to Kobasa's (1979, 1982) conceptualization of the "hardy" personality. Levin and Leginsky (1990) investigated the personal characteristics of 126 independent social work practitioners in Canada to develop a psychological profile of these workers and found them to be very much like the general population of entrepreneurs to which they were compared. Tropman (1989) brought the concept of entrepreneurship into a human service organizational context in an attempt to emphasize its applicability for not-for-profit administration. He introduces the "personality theory of entrepreneurship" which involves a "certain 'personality type' who will be creative and innovative and start new ventures and introduce innovations. This theory locates the genesis of activity in the individual personality" (p.230). Tropman's list of characteristics crucial to the entrepreneurial personality strongly resembles those qualities associated with transition-makers who exhibit a stress-resistant or "hardy" style and manner: "(1) is risk-taking; (2) has internal locus of control; (3) is independent; (4) has a need for excitement; (5) is a self-starting individual; (6) possesses self-confidence; (7) has flexibility; (8) is persistent; (9) tolerates ambiguity;

(10) recognizes patterns; (11) has a low need for support; (12) has the right stuff" (p.231). Tropman's "entrepreneurial quartet" or "four C's theory of entrepreneurship," in which the above characteristics are joined by competencies, conditions, and contexts meshes nicely with Kobasa's three C's: commitment, control, and challenge which together comprise the personality style of stress resistance or hardiness.

Gender-Based Differences

There are several gender-related differences that affect the clinician's move into his or her first managerial position. Zunz (1991) found that despite equal access to education, training, mentors, and promotions from within their organizations, "women were promoted at a significantly slower pace than were the men... [and]...the women felt less confident about a move to management" (p.39).

Odewahn and Ezell (1992) in their 1980 and 1990 studies of attitudes toward women managers in human service agencies found that "a negative bias existed toward women managers, which had a dampening effect on their success" (p.45). In both studies, they found their women respondents agreed, more strongly than the men, that

"men more actively seek training opportunities; women's educational backgrounds put them at a disadvantage in seeking management positions; women fear success in competitive, achievement situations because it may lead to unpopularity and loss of femininity; women do not plan as

actively their career direction; and, women do not aspire readily to managerial positions"(p.50).

Some authors have discussed (Chernesky, 1979; Hanlan, 1977;) or investigated (York, 1987, 1988; Zunz, 1991;) the problem of sexism within the social work profession. There appears to be consensus that the sex-role stereotype about management in the human service professions defines management qualities in terms of masculine traits. Accordingly, success in the managerial role is thought to require such "male" qualities as being logical, aggressive, competitive, analytical, independent, enterprising, self-confident, and adventurous, much like Tropman's entrepreneurial personality characteristics and Kobasa's hardy personality discussed above. "To the extent that females view the good administrator as possessing more "male" traits than "female" traits, a barrier to gender parity can be envisioned because women are not likely to harbor an ambition for advancement if they do not view themselves as possessing traits that are most suitable for the job" (York, 1987, p. 101). Despite the fact that many stereotypes may be more mythical than real, the extent to which women and men embrace them has implications for the ways in which the transition from clinician to manager will be experienced and handled by both groups. York (1988) concludes that women who succeed in management roles do so either because they are the few who seem to have many male characteristics or because they adopt male characteristics in order to survive.

The psychological upbringing and traditional socialization of females seems to impede the optimal acquisition of qualities and characteristics most frequently associated with successful management. Women are discouraged from and, therefore, lack exposure to risk-taking behaviors, they lack opportunity to take leadership roles and learn team play and they tend to believe that success is due to luck, not self-determination (Zunz, 1991, p.41). Men, according to this author, tend to see their successful career development as resulting from their talents, hard work, and planning. Zunz's women respondents expressed more concerns about their moves into management than did the men perhaps, she suggests, because of a greater ability to "perceive and verbalize the stress involved in making a major career transition that can lead to coping strategies to deal with these concerns. [On the negative side, however] the women's concerns were related to feeling underqualified and not smart enough" (p.50) a lack of confidence that would appear to have implications for their transition experience and beyond.

The tolerance for ambiguity exhibited by someone undergoing a professional role change appears to be a key measure for predicting individual differences in reaction to role transitions as well as specifically assessing the stress-resistance of the transition-maker. This variable or dispositional factor moderates stress. Clinicians-turned-administrators with a low tolerance for ambiguity who find themselves in organizational environments

where there is little structure will probably find that stressors are more likely to result in perceived stress and that perceived stress will produce unwanted outcomes and consequences. The hardy clinician-turned-administrator, on the other hand, is likely to exhibit a high tolerance for ambiguity and, perhaps as importantly, turn an unclearly defined job situation to his advantage by restructuring or redefining her/his new position to suit her/his personal and professional requirements. In doing so, s/he will most likely make a valuable contribution to the needs and purposes of the organization in which s/he has assumed her/his new administrative role.

Conclusion

Whether one experiences the changeover from clinician to administrator as a relatively stress and conflict-free transition or as "a situation not unlike the developmental crises of life" (Elbow, 1975, p. 526), it seems useful to conceptualize the process as a "major developmental transition" (Levinson & Klerman, 1967) comparable to adolescence, marriage, or retirement with their inherent role demands and expectations and potential for conflict and strain. An increasingly better understanding of how different personality types with differing experiences, philosophies, role conceptions, and world-views handle the transition experience has the potential to greatly assist both future transition-makers and the organizations in which these changeovers will occur.

The constellation of attributes referred to as "hardiness" represents an ideal that can serve as a reference for those clinicians who contemplate a move up the hierarchy. While so many of these qualities are lodged within the self, it is important to note that many of these are cognitive/affective qualities that, at least to some extent, can be modified. If one views these as intellectual and emotional predispositions that are unalterable, then there is probably little that educational institutions and agencies can do to prepare clinicians for future administrative roles. If, however, these are viewed as able to be changed over time with experience, circumstance, and even training, then it becomes possible to develop ways to help clinicians become ready for administrative practice. Maddi (1987) along with Kobasa, was among the first researchers to appreciate the now-obvious recognition that individual differences in response to stress were important, and that personality was an essential ingredient in this. He developed a hardiness training program with management personnel at Illinois Bell Telephone that emphasized coping with stressful circumstances by transforming them into less stressful forms. His emphasis has been on removing the causes of strain rather than on decreasing strain that has already developed which is the primary aim of conventional stress management approaches. This makes hardiness training more developmental and preventive, rather than remedial and psychotherapeutic.

It may be that the clinician who makes the transition to administrative practice and reports it to be a relatively stress free experience is the practitioner who is "aware of and involved with [her/him]self, believes he can control and transform the events of his experience, and perceive change as an opportunity and challenge rather than a threat" (Matteson and Ivancevich, 1988,p.90). This, too, is the practitioner who demonstrates the necessary skills and resources for dealing with stress and is more likely to be energized and stimulated by stress rather than worried or debilitated. This is the hardy transition-maker for whom the change from clinician to administrator represents an ego achievement; a reflection of his capacity to resolve conflicting demands, to make optimal use of existing opportunities and create new ones, to find some sort of balance between stability and change, conformity and autonomy, the ideal and the feasible in a new working environment.

Chapter III

Methodology

Introduction

The purpose of this dissertation project has been twofold; first, to generate insights and, therefore, extend and deepen our understanding of the process by which social work clinicians become administrators; and, secondly, to examine some of the personal and professional qualities of the social workers who participate in this "pervasive career transition phenomena" (Patti, et al., 1979, p.265). One emphasis has been on trying to discover the underlying reasons that explain different individual reactions to various transition-related phenomena and role requisites as they have already been identified deductively and as they emerged from the data inductively.

In-depth interviews with a sample of clinical social workers who moved into administrative practice were conducted. The instrument employed in this study consisted of an interview guide with 13 open-ended questions and follow-up probes in an attempt to understand (1) why some administrators report role strain and conflict, while others do not; (2) why some administrators who *do* experience role strain and conflict find these to be stimulating and challenging, while others report these to be only draining and unproductive, or worse, debilitating; (3) what are the actual sources of transition stress and to what extent are these personal or situational; (4) what are some of the differences in the ways that male and female administrators experience and

handle the transition; and (5) what are some of the determinants of stress resistance or "hardiness" that might explain reported differences in reaction to the transition experience.

In addition to an increased understanding of transition phenomena and the social work administrators who have made the changeover, it is hoped that analysis of the data will lead to recommendations to both future transition-makers and to the organizations in which they do or will work. From the individual's perspective, additional knowledge about the transition process and the optimal attributes associated with successful transition to administrative practice would allow direct service practitioners to better prepare for later stages in their careers and to select continuing education and other methods of assessing and readying themselves in order to facilitate their own professional development. Social agency officials responsible for staff selection and promotion would likely benefit both from a better understanding of transition-related phenomena as well as knowing how to become more effectively involved in and support the professional role change of the workers whom they oversee.

A Qualitative Approach

The selection of a qualitative methodology for the study of a *process* and the *experience* of those engaged in that process appears self-evident. Qualitative inquiry permits an investigative intimacy with one's research subjects that is

unlikely to be enjoyed through conventional quantitative approaches. "The commitment to get close, to be factual, descriptive, and quotative, constitutes a significant commitment to represent the participants in their own terms...faithfully depict[ing] what goes on in their lives and what life is like for them, in such a way that one's audience is at least partially able to project themselves into the point of view of the people depicted" (Lofland, 1971 cited in Patton, 1990, p. 32). I have been interested in the intricate details of clinical social workers' experience with professional role change and to discover what personal attributes, qualities, and characteristics have bearing on their experiences. It was my belief that the nature of the phenomena under study here would not easily lend itself to quantitative investigation. People do not conceptualize emotions on a hierarchal linear continuum, nor is it likely that one could learn as much by having people rate their feelings, as opposed to sharing them and having them probed in the context of an interview. This may explain, in part, why the quantitative research in this area has not provided much enlightenment on the subject. Previous investigators like Scurfield (1980b, 1981) who have studied transition phenomena using questionnaires have recommended, even urged, that subsequent research utilize in-depth interviewing instead.

An inductive strategy for theory development offers an opportunity to create theory in an area of inquiry that has been minimally investigated despite the fact that it affects so many

social work professionals. By going directly to clinicians who have made the transition from clinical to administrative practice, core themes and characteristics of the transition experience could be identified and then compared to theories derived more deductively from the literature. The development of theory grounded in experience (Glaser & Strauss, 1967) is thus enabled. I have favored these authors' notion of grounded theory being presented as a "running theoretical discussion using conceptual categories and their properties" (p.31), which involves an emphasis on "theory as process...as an ever-developing entity, not as a perfected product" (p.32).

It has been important to be alert to a possible pitfall facing the inductivist or grounded researcher (Rennie, et al., 1988) as a result of having read extensively about this topic prior to engaging in the actual research investigation and analysis. "In terms of practice, grounded researchers generally avoid reading pertinent literature until the investigation is finished and their grounded theories are in place. Once a theory is set, existing theories are evaluated and those that fit the grounded theory are integrated with it so that it may be further enriched and elaborated" (p.141). The avoidance of imposing too many preconceptions leading to reification has been an important consideration in the conduct of the interviews for this study. Nevertheless, no grounded researcher is likely to enter the field with a completely blank slate. "Sensitizing concepts," (Patton, 1990) derived from social science theory, the research

literature, and my own experience as a clinician-turned-administrator has, hopefully, provided a way of focusing, organizing, and orienting myself to what might otherwise have been unmanageable data, while enabling openness to what was being discovered. Also, as Glaser and Strauss (1967, p. 3) point out, "of course, the researcher does not approach reality as a *tabula rasa*. He must have a perspective that will help him see relevant data and abstract significant categories from his scrutiny of the data.

Description and Selection of the Sample

In a pilot study on professional role transition conducted in 1992, eight clinicians-turned-administrators were interviewed concerning their transition experiences. The study helped to formulate my ideas and strengthen my conviction about the potential value and importance of research in this area. It also provided an opportunity to become more conversant with the scope of the topic and to achieve a degree of fluency with the structured interview guide as a tool in conducting qualitative research.

The original plan for this study was to interview a minimum of twenty-four social work clinicians who made the transition to administrative practice. This number of subjects was chosen on the assumption that in-depth interviews with that many clinicians-turned-administrators would provide more than adequate

data for the purposes of this research as outlined above (a compromise between the Scylla of too many subjects and the Charybidis of too few). If emerging information suggested that an increase in sample size would prove valuable, the design built in that necessary flexibility.

The actual number of informants interviewed was twenty-seven managers of social agencies. In accordance with theoretical sampling methodology (see section on Grounded Theory to follow) the three additional interviews were arranged since information was forthcoming that enlarged the existing categories. Interviews were discontinued at the point at which categories appeared saturated and determining and analyzing relationships between categories became the primary focus. All of the administrators in the study were currently employed and functioning in upper-level or senior management positions in public, voluntary, or private social agencies in the New York metropolitan area. There were 16 women and 11 men in the study; all were Caucasian except for three African-American women and one Hispanic man.

The informants ranged in age from 37 to 65 years of age with a mean age of slightly over 47. The average age of men in the sample was 47.5 years, while that of the women was 45.9 years. Nearly 82% of the managers (81.5%) were between the ages of 37 and 51 years of age. Mean years as a social work clinician prior to the transition into administration was 8.4 for women and 6.6 years for men. The average number of years in a social work management position at the time of the interviews was 9.1 for

women and 12.0 for men, with 26 years (a female) the longest administrative tenure and one year (also a female administrator), the shortest.

In addition to interviewing a number of clinicians-turned-administrators already known to me, administrator subjects were asked to recommend other possible participants who appeared to have achieved a level of success in their administrative roles and whom they held in high regard. Additional subjects were located by enlisting the help of social work clinicians and administrators who were well-positioned to help identify suitable candidates. A number of local area administrators listed in the National Network of Social Work Managers were contacted and were selected for participation in the study if they met the above-described criteria. The final sample of 16 women and 11 men was considered more than adequate to elicit the wished-for data on gender differences and gender issues confronting female transition-makers.

While it was understood that these administrators may have had several administrator-to-administrator transitions in their social work careers, either vertically or horizontally (e.g. middle management to upper management or one middle management position to another), they were asked to recall primarily their clinical-to-administrative role change since it was that specific transition that was the locus of interest for this study. Understandably, that involved some respondents describing a hierarchal move from a clinical position to a supervisory or

middle-managerial one, while others provided information concerning a move (or leap) from a clinical position directly to one in upper-management. While there are identifiable differences and unique characteristics related to each of these upward professional moves, it was my belief that the personal and professional demands of either role change, as well as the vicissitudes of the transition process itself, made it unnecessary to distinguish between these two groups for the purpose of this research study. At the same time, I was prepared to (and did) investigate the transitions from middle-management - typically a supervisor - to upper management when such data was presented or elicited in the course of the interviews.

The Interviews

Participants were contacted by telephone to discuss the purpose of the study and to request their participation. Interviewees were asked to make available a minimum of ninety minutes of their time for the purpose of the interview. Where this posed a problem, in view of the interviews taking place during the workday, subjects were given choices about time and location in order to maximize their comfort and the likelihood of their unencumbered participation.

All interviews were tape recorded in order to obtain the verbatim records that only tape recording could guarantee. In seeking each participant's cooperation with this plan, assurances

of confidentiality and anonymity, for both the individuals and the agencies involved, were provided. Anyone who was unwilling to give permission to have his or her interview recorded was not included in the study. Opportunities for "off the record remarks," i.e. information offered with a request that it not be recorded, were also provided.

An interview guide was utilized since it offered the dual advantage of making the interview more systematic and comprehensive by a preliminary identification of the issues to be investigated, yet providing maximum flexibility and leeway so that spontaneous exploring of emerging material was most easily able to take place. "The questionnaire protects the larger structure and objectives of the interview so that the interviewer can attend to immediate tasks at hand ... [and] ...the questionnaire that is used to order data and free the interviewer must not be allowed to destroy the elements of freedom and variability within the interview" (McCracken, 1988, p.25).

The interview guide that was developed contained questions that cast as wide a 'net' as possible in order to both stimulate and facilitate interviewees' expansiveness in thinking and in responding. The use of "probes" (Patton, 1990) or follow-up questions were used to deepen responses and increase richness of responses where necessary. The decision to probe further upon hearing a respondent's remarks appeared to be a matter of "reflection-in-action" (Schon, 1983) enhanced by the practice wisdom brought about by years of clinical interview experience

and the existing familiarity with the literature on relevant topics. The qualitative research interviewer's intuitive ability to know when to probe further and what to probe for is probably analogous to what Scott (1990) meant when she said that "ethnographic understanding is similar to the aspect of social work practice that is concerned with meaning construction. Social workers often think in an interpretive mode, especially when working with individuals and attempting to construct the world as the individuals perceive it (p.566).

Once the recorded interviews were transcribed, they were entered into a computer text analysis package - "Martin" - designed to assist with some of the mechanical aspects of data analysis. "Martin," unlike traditional textual data bases, involves associating and reassociating passages, notes, and commentary from the narrative text, much as was done with actual index cards, scissors, and tape in the pre-computer era, rather than coding key words as the primary means of organizing and analyzing data. One of the advantages of this particular software program is its analytical flexibility, enabling it to be used in numerous and different ways, depending on the style of the researcher and what stage or level the analysis is at when "Martin" is first employed. In this study, the data analysis was well underway when the software was first used. It facilitated and enhanced the ability to organize data, analyze data, and appreciate the extent to which these two processes evolve into a single function for the grounded theorist.

Grounded Theory

The grounded theory method provided a way to understand the transition process from the transition-maker's point of view in a way that was relatively uncontaminated by theory derived from the interviewer's perspective (Rennie, 1988). "The emphasis in the grounded theory approach is on the generation of theory through the inductive examination of information" (p.141). It is a method of inquiry that "can illuminate aspects of human existence" (p.145) that are quite varied and cover a wide range of human experience.

A theoretical sampling method was used in this study. As Glaser and Strauss (1967) explain, "theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges" (p.45).

The utilization of Glaser and Strauss' (1967) "constant comparative method" used jointly with theoretical sampling, was designed to help generate theory that was "integrated, consistent, plausible, close to the data...[and, at the same time]...designed to allow, with discipline, for some of the vagueness and flexibility that aid the creative generation of theory" (p.103). The various components of the constant comparative method, as described by Glaser and Strauss, appeared to be the most efficacious way of bringing out the underlying

uniformities and diversities, similarities and differences, features and patterns in the data that ultimately provide a greater understanding of the transition process and the social workers who went through it.

In his description and critique of grounded theory, Rennie (1988), mentions that grounded researchers may not gain access to internal processes of which participants are unaware and may also be misled by participants who misrepresent processes of which they are aware (p.146). This concern may be offset by the use of the constant comparative method which increased the credibility of individual accounts when subjects were heard to say the same things as their fellow administrators in the study.

In his comparative study of social workers and psychologists making the transition to administration, Schwartz (1990), suggested that a limitation of his study was its complete reliance on recalled data. "In answering specific questions, respondents had to report both recent facts or motivations, as well as being required to remember things from their more remote past. The quality of these responses is variable from subject to subject, influenced by the memory and defense mechanisms in operation individually at the time of the response" (p.84).

In Scurfield's study (1980b) of social work administrators' educational preparation, value orientation, role transition, and satisfaction, he utilized a self-administered questionnaire and suggested that a probing interview may have stimulated greater introspection and candor on the part of his respondents. Indeed,

respondents in this study appeared to be unusually forthcoming and, in fact, seemed to welcome the opportunity for the reflective catharsis that the interview provided.

A possible limitation of this study concerns the reliance on administrators' self-descriptions in determining the quality and nature of their current role occupancy. It would seem important to know whether the experiences in role transition reported by the respondents were associated with good or poor managerial performance. This limitation, however, may have been somewhat offset by the "referral-chain" used in locating respondents for the study. Referrals were almost always accompanied by enthusiastic testimony concerning the superior level of administrative role performance and resulting high regard in which these administrators were held by their peers.

The use of the grounded theory method as a research strategy for this study was consistent with the goal of getting an in-depth understanding of the role change process in question as well as an understanding of the individual clinician-administrators who went through it. The attempt was to create new theory that was tied to the reality of the individuals who participated in the study and to utilize the knowledge gained to advance theoretical understanding and promote the application of all that has been learned.

Chapter IV

The Experience of Change from Worker to Administrator

Introduction

It appears that the vast majority of agency-based social workers in clinical positions never planned to become administrators; in fact, most respondents said that the possibility of becoming an administrator at some point in their careers was never mentioned, either formally or informally, during their graduate education. Those respondents who "readied themselves" for administrative careers in social work from the outset certainly seem to be in the minority.

Understanding how social workers experience and handle the change when they become administrators is much enhanced by knowing what factors served to motivate them to make the move in the first place. It is equally important to consider the pre-transition circumstances in the workers' personal and professional lives that played a part in their change experience.

Review of the Literature

In an extensive survey of social work administrators, Scurfield (1981), found that 61 percent of his respondents might not have entered administration if clinical promotions had been available. In addition, 23 percent of the workers in his study became administrators through a variety of situational

circumstances that did not involve any overt desire or stated interest in administrative work. Those motivated for a move to administration cited the need for a more challenging position and the desire for greater role diversity as the most significant reasons for making the change.

On the other hand, Patti, et al. (1979) found the factors that motivated their respondents to move from clinical to management positions to be quite varied and often unclear. The belief that administrative work might be more professionally satisfying than their current jobs, along with a desire for more power, influence, status, and money, were the most significant determinants for these twenty-nine practitioners. Rosenberg and Clarke (1987) found that their respondents:

sought expanded action options, wanted to stretch their capacities, liked and needed challenges. Some wanted to move ahead, earn more money, gain power, influence and authority, combine concern with individual needs to policy and program development for populations... some liked the variety of combined functions of administration, teaching, and direct service (p.152).

The social workers and psychologists Schwartz (1990) surveyed were motivated by needs for challenge/variety, autonomy/independence, and situational or personal factors in that order of importance.

Motivations for Change

The twenty-seven respondents in this study offered an extensive variety of factors that contributed to their moving

from clinical to management positions. Twenty-one (78%) of them reported that the role change was unplanned, i.e. their move to administration was not part of a long-range career goal or professional design, but rather an interest, need, or desire that developed at some point in their careers as social work clinicians.

The motivating factors presented by the respondents fall into three areas of need: the need for autonomy, control, and influence; the need for status, advancement, and money; and, an assortment of personal needs and personality factors that stimulated an interest in social work administration.

The Need for Autonomy, Control, and Influence

Several of the clinicians-turned-administrators in this study, at some point in their clinical careers, began to feel the need for a greater say in the agency policies and procedures that affected them and the clients they served. They wanted broader and more extensive professional influence and authority than is generally possible working with caseloads of clients in traditional agency settings.

I don't know how conscious it was, but I think that I wanted to be somewhere where I could influence policy. I wasn't sure I wanted to give up the clinical side totally, but I wanted to be somewhere that I would have a chance to say how things were done and how things were decided.

One administrator conceptualized his transition from clinical to administrative work as "a journey from the micro to

the macro," taking satisfaction in the fact that whereas previously he had "only" provided direct services to individuals and families, as an administrator he was now designing programs that would offer services to whole communities of individuals and families. Another administrator, remembering his transition-related needs said:

I felt that taking that sort of higher position would be - it's hard to put into words - like taking a positive step, and a step that would enable me to be more in control, to do something that would help me control my destiny, instead of waiting to be transferred or to be plugged in somewhere in the system. Here was an opportunity. I would use it and I would be the one that's in control rather than the system controlling me.

Another respondent, reflecting on how tired she had become of life as a disgruntled line worker in a hospital-based social work department said:

I thought that I had an aptitude for and was excited by having so much to say of that stuff and being able to really have some impact. I wasn't always mad because of what other people were doing that was wrong. I really had an opportunity to put my money where my mouth was and, you know, do something about it. And I found on some levels that was less stressful than being pissed off all the time about what somebody else was doing.

The Need for Status, Advancement, and Money

There are those who claim that the social work profession lacks ready opportunities for agency or clinic-based social workers to "move up" the proverbial "ladder" in order to improve their professional status and their income. Many social workers,

who would have preferred to continue performing clinical tasks, claim that to advance within their profession, they had to "move out" in order to "move up," i.e. become administrators, rather than remain clinicians for their entire careers, as had been their original plan. This appears to be particularly true among those who view a change from a clinical to an administrative role as a departure from the "profession of social work" to something else that they might refer to as the "profession of administration."

As a result, some respondents in this study spoke of "leaving" social work when they became managers or made other references that revealed a belief that administration was not a social work function as much as it was something outside. This notion was, perhaps, best captured by one transition-maker who said:

at first I was a social worker who did a little administration, then I became an administrator who did a little bit of social work.

According to Rosenberg and Clarke (1987), this sentiment is often reinforced by other social workers who view those who move into management as having given up their identity as social workers.

For some, "having to" become an administrator was a stressful and conflict-ridden enterprise since they were either unprepared, unsuited, or uninterested in the administrative role they sought or accepted in order to rise professionally and economically. For others, accepting an administrative role for the identical

reasons enabled many important new discoveries and developmental experiences:

It was important for me to get sort of symbolic representation of success. I think I now understand that in retrospect. I don't think I understood it at the time I was making these changes. But it was to me that these changes were giving me some jollies at some point, telling me that I was good, and that I was making progress, and that I was sort of moving the ladder, whatever ladder there is in our profession, and that it was important for me to do that, and the validation and good feeling I got from that was probably more important than whether or not I was making some kind of carefully thought out decision to shift from a clinical focus to an administrative focus.

Salary levels for social workers has been a chronic concern since the birth of the profession. Regardless of setting, social workers, including those in private practice, lament their incomes in relation to other human services professionals. Agency-based social workers have long felt underpaid, along with the consequential feelings of undervalued and unappreciated. Social workers in private practice, while generally earning higher incomes than their agency-based colleagues, find themselves at the bottom of insurance and managed care company reimbursement scales.

Several respondents referred to financial concerns as a significant factor in their decision to make the move to management. As one administrator so simply put it:

wanna make more money, you have to go into administration.

Two other administrators add:

of course, there's also the money motivations. It's very hard certainly in agency work, if you need, if

have a family and you need to develop a bigger income. That's really virtually impossible unless you take on another job to make enough money to live on as an agency-based therapist. So [in my agency] we have long-term therapists who either are women who have another source of support, or people with another source of support, but I think a number of people are thrown into administration - at least thinking about administration - for financial reasons...

before I had been accepted in the doctoral program I had applied to, I was offered a promotion at work. And the promotion was to be supervisor on the med-surg service, So I was offered the job, and you know, I have a family, I have a son, and it's the responsible thing for a man to do - you know, you want to get up in the world, so I took the promotion. If I had been accepted in the doctoral program, I wonder if I would have taken the promotion?

Another administrator, discussing her motivations for her recent entry into management said:

I really recognized, at least in social work, that if you remain a clinician, at least working for an agency, you're not going to make any money. And, you can be there for 20 years and you're not going to make any money. And that the only way to get ahead is to be an administrator.

One respondent decided to change from clinical to administrative work as a survival maneuver. This "defensive transition" was based on his belief that he would not survive in the particular health care system that employed him - the State Department of Mental Hygiene - unless he moved up the hierarchy regardless of whether or not he felt motivated for such a significant change. The "system", as he viewed it, would frown upon a senior clinician opting to permanently occupy a clinical role when "moving up" to an administrative position was the institutional norm.

Personal Needs and Personality Factors

Several respondents indicated an awareness of aspects of their personalities, their needs, or related issues that either did or did not auger well for a career as a social work administrator. They appreciated their strengths and their weaknesses and, in doing so, were able to use self-awareness as a guide in personal-professional planning, decision-making, and job selection. One administrator, aware of her strong needs for social contact and for affiliation, shied from an earlier leaning toward full-time private practice and remained an agency-based clinician-administrator:

I found that being a supervisor and an administrator allowed you to have more people contact, more colleague contact, more system contact. I thought that was better for my personality. That I was very gregarious and social and that I thought I would probably be happy. My supervisor really encouraged me to stay with the idea of private practice, but I felt like it wasn't me. That full-time wasn't going to be me. I was going to be too lonely.

Another respondent, aware of her difficulties as a subordinate in her setting added:

for my personality type, I'm much more a doer than a be-er, and I know that to be true, and so to be in a full time position where I have to rely on other people in order for me to feel successful was really not, not very comfortable. And I really like to organize things and to get things done, and to be responsible for things, so I recognized that administration probably was, at least from a personality standpoint, a better career choice.

This same respondent shared an important motivation that impressed as being quite unusual; one, perhaps, not uncommonly felt, but one that more-than-likely is rarely articulated:

I have had - and this is a personal statement - a kind of a chronic disappointment in what I perceive to be my capabilities as a clinician. And, while I have a private practice and I am able to keep my patients, I - don't have, I often don't have a clear sense of what I'm doing with them, or where I need to go with them, and I don't know if this is an issue of education, or supervision, and I ask questions, and I don't get anybody in the field to be able to answer these questions for me. And I, it's very frustrating. So the idea of being in a state of limbo in a career where I wasn't clear about where I came from or where I was going, was more than I could handle, emotionally; and I thought it was irresponsible. You know, I can't continue to work with people who are in serious need of help without knowing what I'm doing...
...I feel much more successful as an administrator.

Another respondent sought an administrative position because he realized that his dissatisfaction with his particular job was affecting his ability to perform his clinical duties:

I really was getting bored with what I was doing, and I realized that I was cheating kids. Kids would come to my office at the inpatient facility and if they didn't want to talk to me, rather than having them sit and deal with silence, I would say "Fine, see you next week." And it really became clear to me that it was not what I wanted to do; that I was not giving clients a shake. An opportunity came up to do administrative work, which seemed much more action-oriented.

Pre-Transition Circumstances

The conditions and circumstances existing prior to the decision to enter administration are as important to understand as the factors that motivate the role change in the first place. As noted earlier, whether or not the transition to administration

was part of a long range professional career plan or whether role occupancy came about as a result of chance, luck, or timing, is certain to have an effect on role entry and on the nature of one's overall experience.

Personal Circumstances

An examination of the personal histories of all twenty-seven respondents in this study revealed many early indicators of a predisposition toward, and/or a characterological suitability for managerial work. There were a variety of early experiences in leadership roles and positions of responsibility or other early-life opportunities to exercise authority and power. Examples included being a fifth grade class president, an elected officer in the college sorority, a senior counselor at camp, and a senior patrol leader in scouting:

I was somebody who was a leader and felt comfortable in positions in clubs I belonged to, and amongst peers, being in a leadership position, so being an administrator was not a big deal or a big leap. It seemed like a natural thing to do.

Several transition-makers presented histories that underscored the influence of early family socialization. One respondent spoke of her evolution as an administrator:

I think that [the family] is the original training ground. And I think also the experience, you know, growing up being, you know, I was the one that was the leader of this group, and, you know, the editor of the yearbook and the president of all this and that... so all of that is preparation. It's a kind of - it's a message you get from adults and from peers, that somehow, you have some credibility. Somehow you have a

right to give your opinion, and to be listened to and I think that makes a big difference.

These stories of these two female respondents highlight the ways in which the family can provide early opportunities to "practice" for later administrative roles:

I am the oldest of eight children, and I think I was always left responsible to manage a group of people; from the time I was maybe about seven or eight, I was responsible. I was depended on to manage a couple of little grocery stores when my parents were not around, and I had to cover - I was about eight or nine years old...it becomes part of your character and it becomes part of your whole system. You know, when I'm not left responsible for something, I kind of feel not necessarily insulted, but not trusted. When you're left in charge, even as a young person, you just kind of feel very comfortable in that role.

My father owned a commercial laundry. And, he bought it when I was eleven. And I worked there, after school, and on weekends and summertimes until I was eighteen. And he paid me a good salary. I was a superb ironer and washer. I was great in the laundry! It was really hot in the summertime, and it was tough work, but it was at a level that I didn't mind. And I was pretty good at it. And he put me in more and more responsible positions. As a kid I ran all the machines, even learned how to fix washing machines... I learned a lot. I learned a lot about business, I learned a lot about having to make decisions, I learned about even being creative, and how to do things so that your customer gets what they need... And I had to give commands. I had to tell the new interns coming in in the summertime, you know, summer help kids, you know, and some of them were people I knew and yet I had to not let them get away with stuff because they were my friends. And sort of be the boss's daughter, you know, at work. So there was a lot, a lot that prepared me. I was very grounded in business, which has helped me tremendously as an administrator...

Occupational Circumstances

Many of the administrators interviewed for this study told similar stories of chance opportunities and other early life

experiences that either tapped an already evident tendency toward "running things" or helped to establish a developmental course that eventually led them to occupational positions involving responsibility and authority.

In some instances, the accounts of job-based experiences and events that these clinicians-turned-administrators revealed in the interviews sounded remarkably like the accounts of their family-based early life experiences. Clinicians often recall, with evident pride, how their interest in social work administration can be traced to their having been a parentified child, a senior sibling, or the one in their adolescent social group to whom others came in times of need. This respondent, like several others in the study, had an analogous experience in his agency prior to becoming an administrator:

I'm also discovering some of my abilities during that time. Actually, I'm an above-average conceptualizer, I'm very good at communicating, I can train things and I would find colleagues coming to me and, you know, not only social work colleagues but psychology colleagues, and people would consult with me on their cases and stuff like that. But I never thought in my mind that I wanted to be a supervisor, because it didn't seem to me that what supervisors had to do was very much fun.

Their recollections frequently involved instances where a latent interest in administrative work was further stimulated by opportunities to test their ability:

and during that year of being a union rep and representing other people in the department, it was clear to me that people saw me in a leadership

position, even if I didn't necessarily want to take on that kind of responsibility, which I didn't. In fact, I was balking and they had to drag me, hand and foot, to take this position. Nobody ever wanted to be the delegate. And in that year I had a lot of experience with working in a more objective manner with representing people and being a leader for them, and gained a lot of confidence and a lot of sense of myself and decided somewhere in that year, that fourth or fifth year, that I would ask for what became a vacant administrative position.

I think I'm also fairly well organized and efficient, not just in my job, but sort of in the way I run my life, and so there things kinda become apparent to people, and you get asked to do things based on the appearance that you are efficient, or that you can get things done more quickly or efficiently than somebody else, or that you seem well organized. Those become the attractive features that call you to somebody's attention and they decide, therefore, that maybe you should be doing some more administrative than clinical stuff.

Generally, these transition-makers were greatly assisted by having their administrative potential recognized by a supervisor or agency executive who might have taken steps to nurture it. The recognition of administrative ability, especially by esteemed and respected senior colleagues, seems likely to stimulate a search for opportunities to further explore administration as a desirable alternative to clinical work. For some, this involved being receptive to administrative assignments as a way to "test the waters" and seeking opportunities for administrative role functioning within their clinical positions.

I had access to administrative work, although I was a direct line worker. So I got to really learn how the administration thought, how policy was made, how decisions got made, as an observer, and not necessarily

a participant in the actual policy making. The perspective was extraordinarily broadening.

I had to supervise two students that year and the Director of Social Work thought I did a very good job with the students and thought I was ready to be moved into one of the new administrative positions that were going to be created as a result of the additional monies...which I helped us get!

A number of respondents either had the belief or knew for sure that their reputations as clinicians in the agency led to their being "tapped" for administrative duties or promotions into managerial positions:

I think I was one of those people who got promoted because they were a good clinician, not because people instantaneously saw my wonderful administrative traits.

Some were astonished at the use of their clinical skills as a basis for believing that they would function well in administrative roles, especially those who saw clinical work and administrative work as not related functions, if not antithetical ones.

One respondent expressed the belief that his selection for an administrative position was the result of many factors, with his clinical ability not necessarily being one of them:

I think it was a combination of the respect from colleagues and administrators, my knowledge of the outside resources and things that impacted on the program, a little bit of luck, a little bit of just maybe having similar personalities and being liked by the senior level administrators in that agency; that's what I think it is. I don't think it was necessarily my clinical skills in doing assessments and in working through difficulties with clients, on that level, that had me earmarked for this.

For others, it made sense that their clinical skills would be a basis for promotion into administration, since performance as a clinician revealed a great deal about them as professionals, thus providing excellent information about their potential as administrators:

They knew I was a good clinician. I knew the agency very well. I knew the inter-governmental dynamics of what was impacting on the agency from the outside, from funding strains, from politicians, from the community, so I had that awareness, as well. I had the respect of my colleagues that were there. I was one of the more senior clinicians there, although not THE senior clinician there. So I had the respect of the people there. In case conferences I was always somebody who was always there to share my own thoughts, my own opinions on cases. I never had a problem being outspoken, saying what I think, what I feel...

Chapter V

The Clinical Background of the New Administrator

Introduction

Whether or not a social work administrator enjoys an advantage or is disadvantaged by virtue of having first been a clinician has been debated in the literature for many years. Not surprisingly, the general assumption seems to be that clinicians will have considerable assets when they assume administrative positions, as well as several disadvantages by virtue of their clinical training and experiences and lack of formal preparation for the new role.

The extent to which a new manager's clinical background will be a help or a hinderance in adapting to the new role is a function of several factors, many of which may depend on how well the individual transition-maker is able to apply clinical expertise in an administrative context. This may, in fact, be the true test of whether one truly undergoes a professionally-based psychosocial *change* when *becoming* an administrator or whether one merely accepts a different job when moving to a managerial level, involving not much more than the "superimposing a layer of management knowledge and skill on an intact foundation of clinical competence (Patti and Austin, 1977, p.269).

Review of the Literature

In a review of the relevant research on the subject of the "clinician-executive," Hinkle and Burns (1978) concluded that overall, the assets of the mental health professional who becomes an administrator appear to outweigh the liabilities. They note the dissenting, minority opinion which holds that the clinician has no business wasting his time and talent doing administrative work and administration should be left to the professional administrator. Penzer (1989) believes that much of what clinicians have acquired in the course of their professional development has direct applicability to being a competent administrator, emphasizing the importance of therapists seeing the analogues between what they have done as clinicians and what they are expected to do as administrators. Kugel and Riggs (1981) see the knowledge of social systems, group process, communications theory and individual personality as tremendous assets in the new administrator's attempt to unravel the complexities of organizational life. Hart (1984) adds that there are distinct advantages to hiring clinical social workers into administrative positions, noting that

intimate familiarity with direct service processes, and the intricacies and problems thereof, is indispensable to the social administrator. Practitioners can be identifiers of consumer needs and facilitators of practice performance, and can thus be very important to program planning. Also, having "been there," the veteran principle, creates legitimization which can enhance the administrator's credibility with staff... (pp. 74-5)

In the study of social workers' transitions from clinical to management roles conducted by Patti, et al. (1979), the respondents perceived their prior clinical education and experience to have helped them through their transition process. Further, while the managers did not feel casework training was sufficient, they did find it a useful and relevant body of knowledge upon which to draw:

Thus, for many, the transition to management involved adapting knowledge and skills previously acquired, rather than a comprehensive and fundamental retraining. (p. 151)

Scurfield (1980b), investigating the role strain and conflict often assumed to be endemic among transition-makers, found the majority of his respondents affirming the value of their clinical background as a solid foundation for aspects of administrative practice. He concluded that "the majority of social workers in administration appear to be professionals who have found a comfortable niche in the organizational setting." (p.54)

In summarizing the characteristics of the ten hospital-based clinicians-turned-executive managers in their exploratory study, Rosenberg and Clarke (1987) observed that:

it appears that many of the skills which make for expert clinicians also contribute to managers' expertise, be they social work or hospital managers. They make for a dynamic way of processing and analyzing human interaction and concrete data for effective problem assessment; for developing plans and strategies; for teasing out options; for resolving conflicts; for managing people and operations; and for evaluating services and fiscal outcomes (p.153).

The Value of a Clinical Background

The administrators in this study, as a group, felt strongly that their clinical backgrounds were of immeasurable value as they moved into their administrative roles. They were also aware of the ways in which their training and experience as clinicians sometimes interfered with adapting to the requirements and expectations associated with the new role.

Not one of the transition-makers could imagine functioning as a social work manager without having first been a seasoned clinician:

I think you need a strong, solid clinical background. I don't think you have the credibility, the real knowledge base to do what you need to do unless you've been there, and have done it, and are comfortable and confident about what you've done. It was especially clear to me because when I moved from working with disabled children to then becoming a supervisor in an institute for disabled children, I was hired on the basis of my knowledge and clinical background, not on experience as a supervisor. In order for me to make decisions about do I think that the intervention a worker was making was helpful to a family, I had to be very secure that I had lots of years of experience helping those families, or working with people in trouble. And I think the workers needed that from me, as well.

I think its not happy news when agencies are run by MBAs and people who have no idea what it's like to knock on the door in a housing project at four o'clock in the afternoon when the crack dealer is outside. I think if you don't know that, somewhere, it's hard to be a good administrator; it's hard to have credibility with the people who are working with you, so I think it's valuable...I'm on the side of it helps to at least have been on the street for awhile.

Several respondents identified their ability to listen, their recognition of the need for process, and their ability to recognize and understand interpersonal dynamics, as the most important ways in which their clinical background and experience helped them as administrators:

I think my clinical skills are most helpful in my ability to help people process their feelings. So that if a staff member is really upset about something that's going on, they can come up and they can talk to me and they can feel heard, and I can discuss with them and help them process what's going on. So they walk out of my office and maybe the problem isn't solved, but they feel better about it. Okay? Because they understand the dynamics of what's going on. I think that my staff learn a lot more about themselves, and about human nature and about organizational this and that after sitting down and having a conversation with me. Okay? That's the clinician in me.

This same administrator added:

As a clinician, I find myself much more open to staff and what they have to say to me. I understand what they say at a deeper level, or attempt to. I don't take everything at face value and when someone's upset, I usually know what it's about, so I'm not as reactive as I might be. I mean, I'm the only clinician to ever have this job. Every other administrator of this program (and I'm the fifth in three years) has been a Master of Public Health or Public Administration.

A different administrator felt that her clinical skills not only helped her with her managerial responsibilities, but also enabled her to survive a rather stormy transition period:

And when I took the course at Hunter and they would talk in terms of you know, you may have to integrate your clinical skills with the administrative skills, I was like, 'Oh, please, no, that's not a good administrator'...but that's helped me a lot, to draw upon those skills. Especially to sit back and listen to people and really observe and assess what was going on. That eventually helped me - pulled me through.

Another respondent expressed the view that a clinician's functioning as an administrator may be more affected by other factors than clinical background:

I think you ought not to be directing clinical services if you haven't got a clue about what happens in clinical work. I do believe that. I would not like to see it run by MBAs. But, I certainly also know very good clinicians who are lousy administrators. And I know very good clinicians who are terrific administrators. I'm not so sure it's about the clinical training. I think it has more to do with the people and I think it has an awful lot to do with the setting that you're in.

While there was general agreement that having first been a clinician was valuable, if not necessary, for successful movement into administrative work, several respondents felt that their clinical background and orientation, while clearly helpful, has been a significant hindrance, as well:

my clinical training has been very helpful. I think that it has allowed me to understand situations in a different kind of way. I think probably where it becomes sort of problematic is that while I think it allows me to understand things, I also have to remind myself that I'm an administrator and not a therapist, and that some of the issues, with certain people that I may have difficulty with, that in the long run while I may understand why they're having difficulty with me, I'm the boss.

Another administrator added:

It was very helpful to me. Before I drew upon my clinical experience I was personalizing everything; I thought that everything was ME. I didn't see anything I was going through as a process. I didn't even see it making a transition. You know, it was just like, I should be able to do this. And I felt very inadequate. But the clinical skills really helped me out a lot. I think the only reason why I'm not totally crazy yet is because I'm holding on to that. You know, and the clinical skills have helped me see things in a larger perspective. But, there were times when it did get in the way, because I did tend to treat. I remember the supervisor and the director saying to me, 'you know, I'm not one of your

clients.' And I wasn't even aware that I was doing that with her!

One administrator, in particular, seemed to capture the common experience of utilizing one's clinical background while struggling with the ways in which it interferes with managerial demands and requirements. She, perhaps more than any other respondent, believed that the "clinical self" often subverted the "managerial self":

I listen to people, they express their concerns to me, I'm empathic and I'm so pissed off at being so empathic! It gets in my way, because I want a certain kind of behavior, you know? There's only so many times you can tell somebody that maybe their behavior wasn't appropriate. I try to encourage them to see that there were other ways to do things. And this is the clinician in me. And I don't know how not to do this, you know? And what I get is a morass of bullshit. Things get so obfuscated and so confusing, because you get so involved in people's thoughts, feelings, and their motivations, and you're empathic with you're employees and you understand what motivates them; you know they mean well, that they believe in these fucked up ways.

There are those, like the following two respondents, who believe that many other social workers do have a very difficult time moving beyond the clinical role:

I think we take this clinician role so seriously that we can't move beyond that. And I think that really is a handicap for a lot of us. I think if we were to begin to think differently sometimes, once we get to the position of administrators, I think we social workers would be much, much further ahead - within institutions, within systems, but we're so quick to walk out of meetings or labeling peoples' pathology, instead of saying, 'well, I have to sharpen my claws like a good businessman does; I have to go after that one because I have to let them understand that I have to increase my budget by another hundred thousand dollars.' And when I see that unfolding, I really become very discouraged about continuing as a social work

administrator, and seeking to go higher as an administrator.

I teach supervision here and when I start the class, I always sort of say to people 'make a list of the best supervisor you ever had and the traits about that person and the WORST supervisor you ever had and three traits about that person.' Then we write them on the board. In the 'worst supervisor I ever had' list, there is always 'my supervisor thought he or she was my therapist.' That's always on the list!

This respondent saw the matter differently:

and so, we began to analyze the medical director's behavior, personality and what would you do if that was a person sitting in your office, a client? If you saw that personality structure, how would you best approach it? And that of course changed the whole thing, because I always find it amazing that social workers will say, 'I'm not supposed to do clinical with people I work with!' and I said, 'why not? That's who you are.'

This former clinician likened her struggles as an administrator to those faced by a parent trying to run a family:

regardless of whether you like it or not, if you're the director, you're the parent and you're perceived as that. And if the parent does not listen, and if the parent does not care, and if the parent is not fair with all the children, you're going to have a lot of trouble. And your employees are going to sabotage and do everything they can to undermine you, if only for the sake of trying to get attention. Now, how do you be a good parent and a good manager at the same time? A good parent unconsciously and a good manager in running your operation? And that's what I struggle with because the clinician in me gets...over processes things.

This respondent used her clinical skills to help her handle her Board of Directors; a job she believed would have otherwise been considerably more difficult:

understanding where they were, developmentally, was fascinating. I don't think people who deal with boards who don't have clinical training would be

able to approach things that way. Understanding very clearly that a person at a certain age is beginning to settle down and is going through the stage of development where they need to integrate all that they've been through, and if they aren't successful in doing that then they don't feel valid as a person. I mean, that was very helpful to me in figuring out why one imbecile was acting the way he was ... It was very, very helpful. And then, for some other board members who are still going through who they are as people, identity issues, kind of late adolescence although they are in their early thirties. And how that manifested in board meetings was very, very helpful.

The following respondent's experience in a seminar for human service managers suggests a possible difference in the way interpersonal conflict is viewed and handled by a clinician-executive compared with non-clinical administrators:

So I spent a week at the Kennedy School of Government in this very intensive seminar program with about 20 other senior managers from agencies around the country. And in one of the seminars we were dealing with the problem of conflict between co-workers, and it was very interesting because I was the only person with a clinical background who was in this group. Most of the people were social workers, but not all, but I was the only one who was, you know, had been a clinician and had practiced as a clinician; the others had all gone directly into administration. I think we were using some sort of a video that showed some conflict exploding, and what was very interesting to me was that everybody else in that group would have stopped the conflict far sooner than I would have stopped it, and cut it off, and made very clear what behavioral expectations were and that people couldn't get mad at each other - that was not possible that that impeded good productive work ...and I said, 'you know, maybe it's my background as a clinician, but unless you can feel comfortable in allowing people to express their anger in some way and get that out on the table and resolve it... I guess I had a much higher degree of comfort with the expression, with the direct expression of conflict, than any of the others did. I don't think that they thought that they were afraid of conflict, and maybe on some level they weren't, but they were clearly focused on business is business and you have to get business done. And there's no place for that kind of conflict being expressed in the work field.

Chapter VI

Sources of Transition Difficulty

Introduction

The cognitive, affective, and behavioral phenomena of social work clinicians who elect to become administrators has been examined by many writers and researchers. The general assumption is that this transition process, like any change, will invariably involve strain of one kind or another, regardless of whether the change is perceived as being a positive or a negative experience. It is hard to imagine the absence of at least some difficulty when a new and unfamiliar professional role supersedes an old familiar one. At the same time, it seems wise to heed Glaser & Strauss's (1971) suggestion not to assume that the role transition process is always fraught with psychic turmoil.

A number of researchers investigating the dynamics of moving from a clinical to a managerial perspective assumed that the process would be inherently stressful and that for a variety of reasons, transition-makers would experience significant difficulties (Patti & Austin, 1977; Patti, et al., 1979; Scurfield, 1980a, 1980b, 1981). While concluding that difficulties were, indeed, experienced by most of their subjects, their findings suggested that the anticipated intensity and extent of transition-related strain was far less than they had assumed. This suggests that while some of the stressors may be universal and inherent in the process, the variability in

perceived difficulty, i.e. role strain, varies with the person undergoing change and the individual and environmental factors brought to bear on the process.

This chapter concerns the sources of difficulty that impact the clinical social worker moving into an administrative position. How these difficulties are handled is the subject of a later chapter.

Review of the Literature

One of the most commonly referred to problems in the transition literature is the absence of adequate preparation for the new role; an "inadequacy" that seems to implicate and assign equal responsibility to social work training programs, social agencies, their faculties and administrations. The "absence of adequate preparation" may occur in a number of different ways during the change experience. One example is the oft-reported absence of any mention in training programs that most students will one day likely find themselves with an interest in, need for, or invitation into middle or upper management positions. Another example is the lack of socialization into the new role by senior agency staff when one has the good fortune to be promoted within the agency or finds a management position in another setting. The lack of adequate preparation may also be traceable to the newly promoted individual himself who, while enjoying the raise in pay, congratulations, and great expectations, may

minimize the possible consequences of little training and preparation for the new role. Kugel and Riggs (1981) refer to the common denial that the change can be anything but good; that up the ladder may be seen as always better.

Clinicians would likely understand the crisis if a client came to them with a paradoxical unhappiness in the face of such a 'success.' Professional journals seem full of articles on adult development, life tasks, and stages. But, often clinicians do not accord themselves the same understanding (p. 240).

The condition in which the individual and the job do not mesh well, is commonly referred to as the absence of "person-role fit" (French, 1973), or "self-role congruence," (Sarbin & Allen, 1968). Patti and Austin (1977) describe areas of social-psychological discontinuity that might explain some of the difficulties faced by social work transition-makers.

The areas of incongruence or mis-fit identified as likely sources of difficulty for new administrators are in the areas of temperament and socialization, lack of organizational knowledge and ability, difficulties with power and authority, and collegial relationships. The differences in training, socialization, and experience of the clinician and the administrator are viewed as ripe for conflict and significant problems in functioning.

In their study of social workers' transitions from clinical to management roles, Patti and his colleagues (1979) reported issues concerning the exercise of power and authority to be the most difficult area of adjustment when their respondents assumed their first administrative job. This finding is common to other

studies on professional role change both in and out of social work.

Feldman (1980) sees a clash of attitudinal issues between the clinical and administrative roles resulting in conflict for the new administrator:

Mental health is a helping profession in which the values of caring, support, and therapy are dominant. These values are sometimes inconsistent with the exercise of power - the directive and perhaps authoritative stance sometimes necessary in management. As a result, ...managers are not always comfortable with the use of power in organizations (p. 9).

In their seminal paper on the psychiatrist's struggle with administrative role transition, Levinson and Klerman (1967, 1972) offer one possible explanation for the attitudinal conflict concerning power and authority:

often the clinician-turned-executive is hindered in the exercise of authority by his feeling that an interest in power is intrinsically immoral; that it is antithetical to truly noble interests in being a healer or a scientist. Indeed, the predominant view of power in the professions (and especially in the mental health professions) is much like the Victorian view of sex. It is seen as vulgar, as a sign of character defect, as something an upstanding professional would not be interested in or stoop to engage in.

In this study, respondents' reports of difficulties associated with the transition emerged along several categorical dimensions: problems with subordinates, problems with the vicissitudes of organizational life, problems with money, problems related to being a social worker, and problems with issues concerning one's personality and style, with the first and

last of these being the areas of difficulty most often mentioned and the most intensely felt. The data is presented in two clusters that absorb the five above categories: problems with agency politics and organizational dynamics and problems concerning one's self.

Difficulties with Agency Politics and Organizational Dynamics

There are notable differences in the experiences of those clinicians who became administrators within the same agency compared to those who moved up and out to a different setting. One of the most difficult transition situations is the one faced by the clinician who moves into middle management - usually supervisor - in the same agency and begins supervising former colleagues and, most often, friends:

Personally, it was more difficult. There was tension felt by the workers and by me. What is my role now? Can I sit and hang out with people I have been sitting and hanging out with? And that first year was very, very painful because I really felt I couldn't. And they felt uncomfortable because I would notice if I would come into the room, either the topic would change or everybody got so quiet and everybody was feeling somewhat uncomfortable, not quite sure what this change is going to mean, not because they automatically assumed I can't be trusted, but rather, what do we do now with this new situation.

Several respondents described feelings of loneliness and isolation as a result of losing their reference group upon making the job change. The necessary relinquishing of a group of friends and colleagues and the concomitant lack of a replacement group at the time of transition was reportedly stressful for the majority

of the administrators who moved up the hierarchy within the same agency. The identity confusion was captured by one respondent who said, "I didn't know who to go to lunch with." Another added, "the biggest problem was that my friends were now my subordinates. They couldn't stop seeing me as their peer and I couldn't stop seeing me as their peer, either." One interviewee complained that her former peers and friends-now supervisees saw her as being on the "other side." She added:

so when it came time for me to exercise authority get things done, it was kind of hard because people were like, 'oh, you know, she's only kidding around,' or, 'she's not really serious,' and I had to be called on the carpet a couple of times about that from MY supervisor, that, you know, I had to position myself in such a way that the staff responded to me as a supervisor and as the authority figure. And I also found it difficult to reprimand staff, and write people up. I remember the first time I had to fire somebody. You know, I felt like I was the one being fired. So those were very difficult skills for me to develop.

Delegating to others proved to be quite difficult for several respondents. One administrator viewed the need to delegate as a loss of control; something she felt she enjoyed without interference when she was a full-time clinician:

I remember feeling very overwhelmed because I was going from a situation where I depended on myself solely to do the work to now having to depend on six or seven people, and to delegate to those people. The hardest thing that I continue to struggle with is a lot of times I don't feel that the workers are meeting my expectations. I always think in terms of how I would do something and they don't think that way. And that becomes very frustrating to me because I have a tendency to want to DO it...

...I'm used to making my own assessments and doing the work myself and now I have to delegate. And there are other responsibilities I have and I tend

to want to do those things that I know. I know what it's like to interview clients; I know what it is that I want from the client and I know how to go about getting it. So it's hard for me to send a worker out and say, you know, 'get this...' So I think the delegating is really the hardest thing.

In the area of relationships with subordinates, no single administrative function was reported to be as difficult as having to fire an employee. For a group of people struggling with the acquisition and use of power and authority, it is not hard to imagine that firing someone would be a particularly stressful event. This respondent's "worst nightmare" came true:

Well, the first person I ever fired died of a heart attack two weeks later, you know, so I started rough. When I took over this position, one of the concerns that was raised by some people close to me was - could I be mean enough or tough enough to take this job? You know, on a personal level, I've always been someone who wanted people to like me. And about six months ago, one of the people said, 'you know, you can be a real mean son of a bitch,' and I said, 'thank you.' It's kind of relieving to realize that you don't have to be liked by everybody because then you can do things and not be as upset when they get upset.

Most administrators in this study reported ongoing difficulties in the area of exercising authority in their new managerial positions. It was observed that a number of respondents used the terms "authoritative" and "authoritarian" interchangeably in discussing this problem area. This may reflect their own confusion about the authority role or represent attitudes toward authority that might explain some of the difficulties they experience - then and now - in functioning as administrators:

I think being an authority figure is especially difficult in this profession, where, you know, being

authoritarian is not what you're trained to do as a caseworker. You know, the skill that you're looking for in casework is being non-judgmental. What you do as an administrator is being judgmental every minute of the day. And there really is a clash, I think, of what brings people to this field, and then some of what you need to do.

Generally, these clinicians-turned-administrators experience difficulty when they perceive that the exercise of their authority in some way clashes with their clinical orientation or style:

I can't be an authority figure, and I still have difficulty moving into a situation and telling people, 'you have to do this; you have to write this in a certain way,' or 'fill out this form'... My style is more, 'this is what needs to be done. How are we going to best do this?' I've tried the other way; part of my responsibility is reviewing treatment plans in our admissions area, and I've tried the other way - somewhat consciously - to go in and say, 'these aren't written properly,' and 'this is what needs to be done,' and I get a lot of flack, a lot of resistance, and a lot of anger and a lot of hard feelings.

Another administrator believed that her capacity for empathy and understanding, while certainly necessary and valuable in both a clinical and administrative context, sometimes made managerial life more difficult:

My life would be a lot easier as an administrator if I didn't feel everything so much. Feel other peoples' pain, understand their predicaments, always willing to give them a second or third or fourth chance, so it's much harder for me to be really objective. And I really need training in that.

While difficulties with subordinates was reported to be one of the most difficult areas of administrative functioning for these managers, the overall requirement of having to think and

act administratively and to operate in the world of intra- and inter-agency politics appeared to prove equally difficult.

It was hard to learn to play what I guess you call the bureaucratic games as a manager. You know, when you're sitting in the office with a patient and the patient is resistant, you understand that and you can work with it. But when you're sitting across the room from a department head who in a sense, on the organizational chart, is equal to you but chairs a department different from yours...let's say I'm talking to a nursing supervisor, and having to play those bureaucratic games, to really educate them about the role of my workers, come to the defense of my workers, and not act too possessive or too controlling, and try to sort of restrain myself, I find that to sometimes be very difficult.

Several administrators experienced considerable conflict when administrative demands and expectations clashed with their clinically-oriented ways of handling matters, as illustrated by this administrator who was directed by a superior to relinquish his empathic approach in favor of a "no-nonsense" one:

A major problem was--the director of the hospital, my boss, wanted me to be more of an administrator and less of a clinician, in the sense of not being concerned about why people were having difficulty doing certain tasks or performing in a certain way. It was irrelevant as to the 'why' of people's behavior. What WAS important was that the task get done. And that was a major difficulty for me. Up until then, if someone had difficulty they would call me into the office and sit down and talk about it, and very often there was something in their personal life that was interfering with their job. Now, as an administrator, I was being told, 'cut the crap out. You're no longer a social worker, you're an administrator. It doesn't matter why they can't do it. Either they do it or do something about them.' And that was a major change.

Similarly, another administrator felt a clash of values when he had to be 'hard,' rather than his usual 'soft' when attempting to serve the needs of his organization as a new administrator:

you have a certain sort of outlook and value system and that's a value system that is basically, I think, geared toward being helpful and supportive and understanding and sensitive. And at least a traditional understanding of the way the administrator has to operate is contrary to a lot of this. I mean, it is, in fact, you're seen as a wimp or a softie if you're too sensitive and understanding to people in extenuating circumstances when you've got a bottom line that you need to be paying attention to, and you can't be quite as soft about a personnel decision that you might have made in another way, if you were wearing your clinical or your social work hat. But because it's for the survival or the livelihood of the organization, you've got to make hard decisions and that really runs contrary to the kind of values that were important to me that I think led me into the profession in the first place, and that were reinforced by what I learned in school.

Another area of difficulty in administrative functioning mentioned by a number of respondents was the issue of budgeting and general financial management. Agency-based clinicians, as well as those functioning in middle management positions, have little opportunity (and, perhaps, inclination) to participate in the financial life of the organization. Fee collection as a clinical matter may be the only time they address financial issues at all; rarely, if ever, do most clinicians have anything to do with fee setting as a policy matter. This further underscores the widespread lament on the part of transition-makers that there is little or no advance preparation for administrative functioning until they actually occupy a managerial role.

One administrator, now an associate executive director in a major metropolitan hospital, was initially overwhelmed by having to deal with a budget of several million dollars "of other people's money." He remembers feeling a personal responsibility for expenditures and checking and double-checking every penny as though the money was his own.

This next administrator, an outspoken critic of the lack of administrative socialization in his graduate training, decried the inability of social workers to become fiscally minded and view money matters through an administrative lens:

I mean, I've seen social workers and social work agencies who must go up against boards, for example. And I've seen the board really struggle with helping that administrator understand that they have to change their thinking. For example, if it means staff reduction, well, the, all right, come up with some really solid and logical ways instead of sitting there and saying, 'well, we won't be able to meet the needs of all the populations within the community...' and I've seen social work administrators in smaller agencies criticized by board members because they're unable to think in terms of dollars and cents. They mainly focus on the needs of a population; they don't see how the needs can, will, continue to be met even if you lose one body, for instance.

This same administrator put his "money" where he mouth is by doing something about his concerns and complaints, both for himself, those he supervises, and for the hospital that employs him:

One thing that I've learned, which is interesting, is that social workers, generally, when they work in institutions, and social service agencies, as well as hospitals, do not have a tendency to think in terms of dollars and cents. We don't think about money in here. And, to work with students, in terms of writing grants, that's one of the things that I have started doing for a couple of years. I feel like as a social work

administrator one of the things that gives me entree into the sort of 'big boys' network is to bring money into the institution and be recognized as one of the few within the department who is willing to respond to RFPs, to create new programs. So between my previous hospital and here I've brought in, I would say, a total of five million dollars within the last six years.

He goes on:

to be able to fund nursing positions, for example, from a grant I wrote as a social worker, sends a clear message to the administrators that I was, you know able and capable of playing ball, and that I wasn't here to just sit and talk about what the patients' needs were that weren't being met, and how the system was not paying attention to the needs of the patient; but, in essence, to think in terms of money and meeting those needs.

A number of administrators interviewed for this study believed that some of their transition-related difficulties were traceable to issues concerning their chosen profession. This was especially true for those working in hospitals where social workers have often felt treated like the guest who stays too long, takes up too much room, and wasn't even invited in the first place.

One respondent angrily lamented the absence of administrative role models in the social work department at his hospital, claiming that most of the social work administrators he has encountered were not adequate to the task:

sometimes I feel very bad about the fact that I've had to figure so much of this stuff out on my own. Most of my supervisors, by far, who have been social workers themselves, have not been able to sort of equip me with the support and knowledge to really go forth and sort of play this role. And what I have done, basically, is watch physicians and how they get themselves known, established, within the system. And sort of mimic myself from that, and basically have

gone about the business of doing things similarly.

Another administrator described an exchange that he believed captured the way social work was viewed in his setting. He felt he was often in a position of having to defend his profession to others:

from the management side, I would get responses from - and I'm talking senior executive-level people - 'Well, you're only a social worker.' I mean that floored me! You're JUST a social worker! And I said, 'I'm a social worker working in human services.' I would say, 'Well, you're just an attorney. You're just a lawyer working in human services. What makes that any different?' I would say, 'I believe that I'm more qualified than you are.'

Difficulties with One's Self

In addition to identified difficulties concerning the vicissitudes of organizational life, respondents spoke of the problems caused by issues of temperament, personality, style, and other aspects of who they were and how they have functioned in previously held roles. Some of the problems reported appear to illustrate what Sarbin and Allen (1968) refer to as the congruence (or incongruence) between one's self and the demands of the role that one occupies, i.e. the extent to which there is a good fit between role occupant and role. Similarly, Patti and Austin, in their paper (1977) on socializing direct service practitioners into middle management, examined areas of "social-psychological discontinuity" that appear when social workers move from one practice area to another; difficulties that are

exacerbated by the different temperaments and orientations of those who pursue clinical interests and those who seek to become administrators.

This administrator attempted to adapt to her new role by "becoming who I thought I had to be:"

it backfired for me because in my discomfort, in my belief that I had to take on a different role, I became uncomfortable in the new role and uncomfortable with who I was. Both. So I was less spontaneous than I normally am, I was far more rigid than I normally am, because I was trying to think of the right thing all the time. It was very contrived and I kind of pulled from my most regressive traits. I became kind of rigid, intellectualized, because I was always trying to think of what's the right thing to do in this situation. I became compulsive, I got very caught up in the details, the administrative details of the work, because I felt like I needed to learn them, I needed to master them, I needed to get on top of them.

In a similar way, another respondent had trouble with having to act and dress the part when she changed from her clinical job to a managerial position:

I see myself as a corporate misfit, like the title of this little handout a friend gave me. I think it's because I'm very laid back, to a degree and I think my style, because I'm very relaxed in my style, whereas, you know, if you see the other administrators, they'll be walking around in suits, etc. Even the way I dress, it's very low key. I like to wear my sneakers. I just like to be comfortable. Certain things I have to change - like if I go to a meeting, I have to remember to put on some heels and I have to act a certain way that I really wouldn't be used to acting, other than when I got with my clients. You know, because one of the things that surprises people is when I get with clients, I'm a completely different person. People have commented on that.

This next administrator quite clearly believed that "it's the personality issues that are the primary sources of stress."

Asked to explain, she offered the following:

I can spend an entire day and be, in terms of productivity, not be productive at all. Having dealt with this person's feelings and that person's feelings, the politics of my clinic - so at the end of the day, I've done nothing that's administrative, nothing that I could produce and show my boss and say, 'look, this is what I've accomplished in an eight hour day' and be totally exhausted. So I'm really looking forward to hiring an assistant and hibernating in my office, closing the door and maybe, for a time, work on grants, and do the budget, and get some real work done.

The above administrator, like many of her executive level colleagues, found administrative work to be ambiguous and amorphous and, therefore, had difficulty measuring achievements, feeling a sense of accomplishment, and drawing self-esteem value from her new activities in the same way she was able to as a clinician.

A number of respondents reported a tendency to "hang on" to their clinical cases after they became administrators. For some, continuing to see clients after the transition was an attempt to maintain their professional self-esteem; something that was, perhaps, shaken (or even lost) when they departed the familiar and comfortable territory of clinical work for the unfamiliar terrain of administration:

as I felt more comfortable, I think, in my administrative role, I felt that was something I needed to devote more time to and I could get gratification just from doing that. Initially it was very hard for me to give up my clinical role...it was something that I felt more confident about, about which I had a knowledge base and that I could feel that I was able to have more control over, and more experience doing. As I became more experienced as an administrator,

I started to shift over, saying I enjoy doing clinical work, but I don't need to do that; the value that I have to the department is my administrative skill and that's the area that I need to focus on.

This next administrator shared a long-standing personal struggle that characterized his transition experience. His comments reflect similar feelings expressed by many of the administrators interviewed for this study, however no one said it quite as poignantly:

my self-esteem has been a very powerful dynamic in all of this, because I think I came into this with fairly low self-esteem. And I still struggle with those issues. I still struggle with...we just had a board meeting in June and it - my compulsive self - I figure this was my 36th or 37th board meeting, and one would think at that point with that kind of experience that this sort of thing wouldn't bother you anymore. I go through the same grief four times a year, when I confront one of my board meetings. I worry about their evaluation of me, how I'm going to be viewed, whether I'm going to be ready. whether this is going to be the time they're finally going to come down on me...it never happens, but I worry about it. And I suspect I'll continue to worry about it until I retire.

While both men and women transition-makers experienced similar difficulties and struggled with similar issues, the 16 women and 11 men in this study were asked in what ways their gender affected their transition experience. The majority of the male respondents had very little to say; some, in fact, seemed bewildered that the question was even being asked. The majority of the female respondents, on the other hand, reacted strongly to this area of inquiry, making it quite clear that women transition-makers, as a group, have special problems and issues

that are significantly different than those of their male counterparts. The experiences of women making the transition from clinical to administrative work will be the subject of the next chapter.

Chapter VII
The Experiences of Women Transition-Makers
Introduction

Gender inequities in the social work profession and gender related inconsistencies in the career development of social work professionals have been well documented for several decades. In addition to the fact that men continue to hold two thirds of the managerial jobs in a profession that is two thirds women (Zunz, 1991), men have also consistently fared better in comparisons of timing and pace of promotions, salaries, and the ways in which they are responded to by superiors and subordinates within their organizations.

Despite a profession-wide commitment to achieve equity and equality for women, there remains considerable evidence of gender discrimination in social work. It is against this backdrop that the particular barriers women face and the special difficulties they encounter must be understood.

Review of the Literature

Efforts to recruit men into social work, like the NASW initiatives in the 1950s, that attempted "to overcome its female image and to raise the status of the profession" led to an unintended consequence: men advanced upward more often and more frequently than did women (Gibelman and Schervish, 1993, p. 445-

6). The existence of a "glass ceiling" on the basis of gender has been identified and defined by the U. S. Department of Labor as "those artificial barriers based on attitudinal or organizational bias that prevent qualified individuals from advancing upward into management level positions (Gibelman and Schervish, 1993, p.443). These authors conducted a study to determine whether and to what extent there is a glass ceiling in social work. They found that the movement out of direct service and into supervision occurs earlier in the careers of men than of women. This and other findings led them to conclude that there is a glass ceiling in social work and that it is a long way from being shattered, despite extensive and continuing efforts to do so.

In her examination of the literature on women in management, Chernesky (1979) found two prevailing themes throughout the books she reviewed; that the executive world is a man's world (metaphorically expressed as "business is a man's game") and that women can succeed in this world (at this game) if they learn to function within it (how to play it). In order to play the game successfully, women are thought to require such "male" qualities as assertiveness; competitive drive; cooperative (team) spirit; strategic, logical, and analytical skills; and a compulsion to assume leadership and achieve authority and power (Chernesky, 1979, p.92). In other words, "women with ability and ambition can make it...if they first learn the techniques for survival and for turning a male system around to their advantage" (p.92).

The literature also supports the idea that:

women themselves are responsible for their not getting ahead and it is therefore up to them to make the effort if they are to succeed. There is a general consensus that women set their own career traps: while lacking self-confidence, they show self-doubt; they don't take risks; they are more comfortable with failure and are uncomfortable with success--power, visibility, and money; they don't know when and how to move on and up; and they overpersonalize their mistakes and failures (Chernesky, 1979, p.94).

Another gender issue affecting men and women as they undergo professional role transition is how confident they feel about their move into management. In Zunz's study (1991), the 55 respondents (28 men and 27 women) were asked whether or not they saw the move into management as risky and what specific concerns the move generated with the following results:

Seventy-one percent of the men said they did not perceive the move to management as risky, whereas 66 percent of the women said they felt the move to management was risky...the women indicated fears related to their lack of competence and acceptance, as well as feelings that they would miss direct contact with clients (Zunz, 1991, p.48-9).

Zunz suggested that one of the possible explanations for the finding that men expressed greater confidence about their promotions might be that men are reluctant to admit their career concerns, whereas women are more open to expressing their feelings and anxieties. The widespread observation, namely, that women are more emotionally open and expressive than men, appears to be both a boon and a curse for women. On the one hand, the ability to perceive and verbalize one's feelings can be helpful in coping with the stresses involved in changing roles. On the

other hand, the open expression of concerns, worries, and fears about one's self, both personally and professionally, may feed some of the very stereotypes women are struggling to overcome.

Chernesky (1983) examined the leadership styles of men and women, including both their oral and written communication. Her review of studies of male and female communication styles in particular, led her to observe that while women generally communicate more openly than men, are more willing to reveal information about themselves, and exceed men in expressing emotion, they also demonstrate greater hesitancy and tentativeness, and are reluctant to generalize from their experience:

The way women communicate has been explained as a strategic response to powerlessness, to being in an inferior position, or to having outsider status, all of which involve signals of deference, compliance, dependence, and support that may be found in the communication pattern of all persons so situated (Chernesky, 1983, p.140).

Much of the early research on the question of gender differences focused on personality traits and whether or not women possessed those traits considered necessary or desirable for effective management. More recently, studies have focused on the similarities and differences between male and female administrators, often concluding that not only do women function differently than their male counterparts, but that women's ways of managing may, in fact, be more effective. Whereas earlier, many female role stereotypical qualities and behaviors were seen as incongruent with effective administration, it later became

increasingly evident that many of the qualities women bring to their managerial positions were highly desirable. Just as the clinician-turned-administrator, regardless of gender, is viewed as possessing many unique assets that can enhance administrative functioning, so do female clinicians-turned-administrators possess many unique qualifications for administrative role functioning by virtue of their gender.

The experiences of the women transition-makers in this study were explored in order to learn more about the particular issues they had to address, the special stresses they encountered, and what they discovered about the transition from clinician to administrator as it specifically concerned their gender.

The Special Stresses and Problems of Women Managers

Stereotypes and Role Traps

Women who have made the change from a clinical to an administrative role have particular struggles with the issue of authority. Along with the many complex issues involved in clinicians' assuming an authority posture when they move up the ladder, female administrators are additionally concerned with how their exercising authority will coexist with a wish to perceive themselves and be perceived by others positively; a personal requirement that appears equally important to the need to be

perceived and treated as a serious professional administrator:

I don't feel like I'm exercising authority; I feel like I'm being, you know, a nag or some kind of bitch, or just something else. That's a problem because there's a larger picture here and we have goals and objectives. Sometimes those feelings I are validated by workers who make certain comments like, 'Oh, you were in a bad mood the other day,' and I may not have been in a bad mood, I may just have been exercising my authority. And I may say, 'no, not really,' and they say, 'oh, yes you were!' And I don't feel like I should have to explain myself.

This same respondent adds:

Our executive director is a woman and sometimes when I leave a meeting with her, I'll think to myself, 'oh, boy, she's in some kind of mood today...' And, you know, it might really not be that. But even I look at other women administrators like that.

This next respondent expressed her struggle to be both an authority figure and a woman as follows:

It was hard to find a place for myself. Was I going to be considered too strident, too aggressive, where a man holding the position wouldn't be judged that way. On the other hand, if I didn't make some of these decisions and didn't do some of these things, were people going to say, 'oh, you give a woman these jobs--they're all bleeding hearts, they have to feel sorry for everybody, they never make any hard decisions. It was not only imposed from the outside; I think it was partly my own struggle to see where I was going to be at...

...I didn't want to give up some of the things that I thought were, not feminine traits, but were my values. My values are important to me but they were being defined as 'look how soft-hearted she is.' On the other hand, I didn't want to be criticized when I had to make a hard decision about something that no one would criticize a man for deciding.

Stereotypical thinking about women in administration includes the belief that female administrators don't understand business and, therefore, cannot be expected to perform the difficult tasks and make the "tough" decisions that are necessary:

One of the problems was the attitude that we didn't understand business; that women didn't have a mind for numbers and business and hard, cold decisions that had to be made, such as lay-offs. There was a feeling that women would not make these decisions and had to be shown the way. So, if you were told, 'you've got to come up with \$150,000 worth of cuts...' that, one, they [women] wouldn't want to, and two, you'd have to lead them by the hand to figure out how to do it and what would be the best strategy. So there's this bias, I think, built in, about women not wanting to and not having the capacity to make those kinds of decisions.

Women in the workplace have long complained about another disturbing condition that they have struggled against; namely, the issue of unequal pay for the same labor. The executive women in this study were no exception, as represented by the following respondent:

I just found that in general, women administrators don't receive the same pay as male administrators and I think this is the observation of a lot of women administrators. Compared to our male counterparts, we might be running the same size agency with the same size staff, the same budget and the same basic responsibility, I would say that a woman administrator gets much less pay. In this position, if I were a man, I would probably be making a lot more.

A common assumption about working women that is believed to explain the above-described bias, was articulated by this same respondent:

I think they somehow feel that because I'm married - especially when you're a married woman, they think, well, your salary is in addition to your husband's, so you're doing all right, so you don't need more. They don't have as much guilt as when they have to deal with a man who is supposed to be the main breadwinner and, therefore, deserves to be paid more. And I think that permeates not just society, but I think western culture.

Another common set of biases that women encounter are the ideas that women are at their best when providing care, that they make excellent assistants and that they perform better when subordinate to someone else, i.e. a man:

I think there's some expectations in our society for how women should conduct themselves; how they should behave. And they're usually somewhere around the area of being nurturing and playing second fiddle to someone else. And I think that we have a hard time with women assuming a sort of managerial role and not always being Ms. Nice Guy.

A female respondent in a different, but similar study, expressed the belief that sex-related problems in her social service agency were the result of men's inexperience with female administrators and that men needed to learn how to relate to a woman professionally rather than as a wife, mother, or daughter (Kravetz and Austin, 1984).

Another problematic area identified by several of the respondents in this study concerned the issue of power in relation to men.

Power Issues

This hospital-based woman executive believed that men saw her as a direct threat as she continued to ascend the corporate healthcare ladder:

The most difficulty I had which was particularly related to gender was when I was the Director of Social Work. I began to take on responsibilities for other departments and moved closer to the administration of the hospital. It was much more the glass ceiling syndrome. You move much more into competition with men or relationships with men in positions of authority and power. Men are much more into power, I think, than women are. And I think that's where some of the real problems come about. That as I expanded roles and got into much closer proximity to men in positions of power, that is where much more of the problem occurred.

This next administrator and her agency had a history of gender-related conflict for years; conflict that subsequently led to her voluntary departure:

Power for women is a big no-no, so I think you have to be comfortable with it. In this agency, women who are powerful are thought of as 'bitchy' and 'not feminine' and 'aggressive' and maybe a dyke; you know, all those lovely little words. But masculine. So I think you need to be all right with all of those kinds of labels...

...I'm a gay woman who has been determined not to pander to the male ego, whatever its sexual preference might be. I've discovered that gay men and straight men, although they hate to admit it, are very similar and have very similar feelings about areas of power and women's roles. So in this agency, as a woman, what's happened to me? I think I was kind of locked in to a no-go track. I wasn't going anywhere. If I had been a little more pandering to the men, I could've become the deputy director.

Sexual Harassment

A number of female administrators in this study reported instances of covert or overt sexual harassment. Whether these experiences took the form of touching, innuendo, or insinuation and whether they were frequent or fleeting, they had tremendous impact on each of the women administrators interviewed:

One incident was very direct...someone put a hand on me. And that was the administrator of the institute, and it was the very first week or two I was there, and after that he never did it again. It was a love-hate for me, I think, because he respected my work, respected who I was, and what I was accomplishing and achieving, which is why he hired me, but always was a little bit angry that I had said in his face, "Get your hand off me and don't ever put it there again." And that was before all of this sexual harassment stuff; you had to land on your feet by yourself, there was no one you could really go to. That was one direct one. He never did do it again. He was absolutely totally respectful, but as I said, other subtle things went on because of that.

This administrator recalled how a number of board members in her agency made sexualized references concerning her executive status:

there were a lot of insinuations that somehow I earned the position in some way other than because of what I had given to the organization. And more on what I had 'given' to someone!

She continues:

One time, before I became the executive director, I was hospitalized with some sort of strange virus after working incredibly long hours on a proposal. I'm all hooked up on tubes and in extreme pain, and very upset because I learned that somebody had botched the proposal by missing a deadline. I remember thinking that I was killing myself for this job. I worked very hard to get to the level I was at, so for anyone to suggest anything else was ludicrous. I mean, just totally ludicrous! I think that people don't make those kinds of suggestions about men. Maybe he was Johnny's son or his grandson and that's why they got the job, but never because he slept his way to the job.

This next administrator encountered sexual harassment when, feeling the need for a mentor upon becoming an administrator, she began to search for one:

there are some people who I could pursue as mentors, but I'm in a tricky position. I'm a female, I belong to a committee of methadone program administrators,

sixty to seventy percent of whom are men; men who are middle aged, men who have been in the field for 20 years, and there are not a lot of women. I am a single woman and I have got to be very careful about calling up and pursuing these middle aged married or unmarried men running programs. And you know, one has offered, like, 'call me any time...you're so beautiful.' He's never been inappropriate with me except it's sorta like he'll throw me a kiss once in a while. I know better than to confront it.

She goes on:

regardless of how helpful this guy wants to be, I know to stay away from him, because otherwise I'll put myself in too many situations where I'll be alone in his office and the man's going to make a move on me. I'm with the good old boys so I sorta got to be like kinda relaxed and cool, but I know who to stay away from.

The Old Boys Network

I remembered something that one of my professors in social work school said and that is, 'if you're a male in social work, the big decision you're going to have to make, probably within the first five years of graduating, is whether or not to go into administration, because that's where people slot males. Because social work is still such a female-dominated profession, and because of sexism in our society, people see men as being the leaders and administrators, and that, therefore, you will be faced with a decision whether or not you want to be an administrator. And it will be foisted on you; it's not necessarily something you will choose.

Although dominated numerically by women, it has long been understood that social work administration is a male-dominated realm. While this dominance appears to be gradually changing, evidence indicates that men continue to occupy the vast majority of executive offices in social service agencies. The traditional enclave of men in social work administration has been widely

referred to as "the old boys network." In a poll of 3,000 women conducted by Roper Starch Worldwide (New York Times, Sept. 12, 1995), the "old boys' network" was cited as one of the factors that interfered with women's advancement and satisfaction in the workplace. Another factor mentioned was the lack of role models (see Chapter VIII).

This administrator envied the way in which her predecessor had been able to develop an informal social network within the hospital system:

he was male and he was part of the old boy network and all the guys on psychiatry saw him as the great pal. He knew about wines, he knew about great food, they could sit down and schmooze about those things. I am a family therapist. Most of the guys downstairs are analysts and family therapy was not something they were interested in, even though my predecessor was a family therapist. But because he could schmooze his way in a different way than I can, I couldn't join the old boys network. It made the transition unbearable at times, because they basically didn't want to know from it! It was a tough gender to follow! I guess I just don't walk around with the right equipment!

This same respondent added:

You know, sexism is institutional! And you have to remove yourself from it a little bit. You have to sort of say, 'OK, I see it, I watch it going around, I hate it...' You sort of have to say, 'OK, that's the old boys network and that's all right - that's their bullshit - I have to work around it.'

Experiences in the Organizational Environment

The female administrators in this study reported numerous experiences that underscored the above-stated claim: "you know, sexism is institutional!" These accounts often ended with the

phrase, "and I don't think that would have happened if I had been a man." This administrator laughed as she recounted an experience that evoked tears at the time of its occurrence:

I'd been doing slide presentations on various aspects of this program at this national scientific meeting. The usual color for slides at our hospital is blue and I chose to use a sort of rose background. When the slides were being shown, the head of anesthesiology said to me, 'this is a slide, not a scarf!' and there was about a five minute discussion about the color of my slides. I guess it was a more feminine color, or something, that bothered him. And I really felt that conversation would not have taken place-in fact, I'm quite certain-if I had been a man.

This next respondent described the general attitude toward women administrators in her agency and recalled a particular board meeting that typified her own experience as a female executive in a primarily male-administered organization:

Although I feel that I have a voice as an administrator, I don't - well - I don't know how - I'm trying to say it in a nice way - not that I don't have any influence, I'm not going to say that, and not that if I say something I don't think they think it's not true, but...again, I think that if I was a male, saying the very same thing, it would come across differently. The men who are directors, when they speak, it's almost like E.F. Hutton has spoken. Whereas, when the women speak, it's sorta like, 'yes, that's nice, that's nice, now let's move along...'

This same administrator expressed the belief that one of the reasons there are now so many female administrators in the field of social work is because women can be easily controlled by male-dominated boards of directors, as well as by male executives in the same agency who are higher up on the organizational chart. This belief seemed to be supported by the differences she observed in the way women administrators operate in and out of

the presence of men:

I've seen women directors operate in some arenas and I say, 'wow, everyone listens to them and they have this and they have that,' you know, and when I go to a meeting I see something completely different. And what I saw was that the men definitely had more to say. And when they talked, everyone was quiet and when some of the women talked, they were asked to make it short. There was a whole different attitude.

A different administrator recalled the difficulties she had terminating the employment of a male subordinate:

the first time I had to fire somebody, and the person I was firing was a man and my boss was a man - I found that particularly difficult and I really wasn't sure how to handle that. The person kept begging me for another chance and I knew I just couldn't do that. I knew he was not good in the job, I documented everything and I felt confident that I had done everything I could do to salvage him and he was not salvageable. He got very angry and started saying not very nice things to me which I'm not sure he would have done if I had been a man in that job.

This next administrator was relatively young when she applied for the executive director's position in her agency. The following report is representative of the kind of seemingly "innocent" discriminatory comments experienced by many of the female respondents in this study; comments that quite likely appear benign to the sender, but malignant to the receiver:

so the interviewer says to me, 'you're a young woman, if you don't get this job, it's OK because, you know, you have a lot of years ahead of you and you can do this at a later point.' It didn't matter that at the point I applied for the job, I was three years older than my predecessor when he got the job.'

This administrator believed that being disallowed from representing her agency was clearly gender-related:

the first couple of times we wrote proposals and we made presentations and we went to different foundations and boards and things like that, they wouldn't let me go by myself; they always sent a male administrator with me. Men got to go by themselves. They also thought it was OK for two men to go by themselves, but they didn't think it was OK for a woman to go by herself or for two women to go by themselves.

The Issue of Appearance

Two of the women administrators in this study; one quite short and one unusually tall, described some of the ways in which their height further complicated the already difficult experience of being women in administration. The short administrator felt that her 4'11" height was a liability and saw herself - and was convinced that others saw her - as handicapped by her small stature. She believed that nice clothing and good grooming could not compensate for the detrimental effects of being "too short":

I believe that certain body types help make someone a better administrator. This could be all in my head, but I think of someone tall and slim, you know - I tend to think that nice looking people do better in administration. Not that I'm not nice looking, but, you know... uhm, if you're attractive it commands a certain response...when you see them looking so nice and so dressed up you think to yourself 'that's a supervisor' or 'that's an administrator.' Maybe it doesn't make them a better administrator, but it certainly helps them get better responses from people.

The tall administrator, who was 5'11", described her height as both an asset and a liability in the following ways:

I'm very tall and in terms of making a presence, whether I'm known or not, it helps. I mean when I walk into a room of people who haven't ever seen me, they go 'oh my gosh, I had no idea you were that tall!' I don't really think of it as a big issue, but it might influence the way others see me as an administrator...

...it works to your disadvantage, too, because one of the first obstacles I encountered as an administrator was when I worked with a man who was so short that he once asked me if I could sit down because I intimidated him! And I did definitely use it to my advantage. But I will say that it works both ways, because short people do sometimes tend to resent me.

The Advantages of Women Transition-Makers

Women transition-makers are understandably gratified when a professional accomplishment can be traced to the fact of their gender; specifically, to the unique set of qualities, values, and perspectives that may positively distinguish women administrators from their male counterparts. As mentioned earlier, there is a growing appreciation for "women's ways" of being effective managers.

The conscious and deliberate use of one's femaleness in the service of professional achievement for one's self or for one's agency, was described by one administrator as "playing the gender card." The women respondents in this study recalled examples of how their being female enhanced or even enabled some of their successes or accomplishments when they became administrators.

These two respondents shared experiences that illustrate the value of the "gender card" as they played it:

Oh, I can be very candid, as only a woman could be candid, when I speak to foundations and I speak to supporters or prospective supporters. A woman feels more free to do a song and dance, with fundraising especially, than a man. We have a foundation run by an elderly man and for about three years in a row, he would call me and say, 'listen, I'm sorry, I don't have any money left for you.' We were expanding our

family day care program at that point, so I said to him, 'oh, that's too bad, because I'm just writing you a letter to tell you that we are graduating eight young mothers from high school and one from college and we're celebrating and we're going to have our party and we were going to invite you because you enabled them to leave their babies with proper care because of the support and here you're telling me that you're gonna... oh, I'm so disappointed...' And after a few minutes he'd say, 'listen, let me see what monies I have left and let me see what I can do.' And I'd follow up with a letter. In a matter of two weeks, I get my \$30,000...

...this is a good example. I'm not saying I'm great, but I think I can say and do certain things that I think a man would hesitate to do.

Similarly, another respondent reports success in handling the male director in her hospital-based social work department:

he's our first male director and it's an all female department. There's sort of a natural kind of little flirtation, both ways; a mutual seductiveness that happens or gets played out. There's a certain playfulness, a gender role-related thing, for instance, I might play the role of, 'oh, please, you know how much this means to me...' where I don't think I would act that out in the same way if it was a woman director.

This next female administrator believed that her gender has helped her to successfully maneuver in the world of male administrators:

now what's interesting about my sex in networking is that all the good old boys love me. I get the little peck on the cheek, they love to have me around, they all want to have dinner with me. So, it works, to attract people. And get information, and the door is open to me. They answer all my calls personally and they call me back directly; I suspect that's a sex-related thing. So that [my gender] piece is working for me. The down side of it is I gotta be very careful about my behavior and not be too familiar with any of these gentlemen. Which, I can be - I can be relaxed and be friendly and then all of a sudden, I'm in trouble. So I have to be very careful about that.

The Disadvantages of Women Transition-Makers

Several of the women respondents in this study expressed their views and feelings about the ways in which they and other female administrators "suffer by virtue of the fact of our gender." It was observed that the references to "suffering" and its variations did not differentiate between external barriers or structural impediments and individual internal barriers. This lack of differentiation may reflect the extent to which many women view these two orientations as identical, rather than separate or as inextricably linked; a confusion that might explain why when some female transition-makers experience difficulty, they tend toward self-blame, rather than directing their attention toward the structural or systemic conditions that need to be changed in order to achieve gender equity.

Respondents who spoke of difficulties as a result of their "ways of being" were primarily focused on issues concerning themselves as women and how they differed from their male counterparts.

This female respondent expressed the view that her new administrative position involved unreasonable expectations on the part of others; expectations that related to her being female, rather than to her being an administrator:

people are much more critical, quickly, of a female administrator for not being everything to all people. You know, whatever you do, it's not right, too friendly, or not friendly, or you're not charming enough, you have to say things, you have to work a lot of charming ways in asking for things in a fashion that people will feel comfortable because otherwise

they'll think you're a bitch - and that's not something that people would say of a guy.

This next administrator believed that her particular family background and her gender were responsible for the difficulties she has had to handle as a social work executive. She implicated "female behavior" as a causal culprit in explaining some of her difficulties making the transition into administration:

I sit in meetings where men are the leaders. Men know how to make incisive decisions...women talk about it ad nauseam. When I have to make a decision, all my feelings go into it; a man doesn't do that as much...I think men and women are trained differently. We're trained to take care of, we're trained in how to get along with people, we're usually worried about the emotional aspects of someone's behavior. I grew up in a family of women-35 cousins with only one boy, so female behavior was very much a part of how I grew up...and I found that to be true of many women that I know who are professional people, but don't make it to the top...

...women are only now beginning to say, 'you know, maybe we need to learn some of this management stuff. We don't do enough research, we're very soft. Our work is soft, our attitude is soft, we don't demand, we negotiate. I could not be a demanding person if I tried.

The following respondent has tried to eliminate the ways in which "the emotional piece" has complicated her functioning as a social work administrator:

in order for me to be successful, I have to take the emotional piece out of this, especially when it comes to making decisions, because my staff has to have respect for me. If I can't be clear and decisive, which is not what women are known to be, it's much harder for me. I tend to equivocate, I want to make you feel better...I have to get that under major control. I can be very decisive, but in an emotional way. I try to be decisive and objective at the same time. I have to be able to say, 'no, no, no, this is what we're going to do,' without it becoming an impassioned statement, like Evita!

She goes on:

the only way you can get people to trust your judgment is if they feel you're making the right decisions for the right reasons. And not based on your feelings. I have to really cultivate that; focus, go after what I want, be persistent, always be polite, be clear, be clear-thinking, be rational, and be non-emotional. Because if they think they've got you by the heart-strings, it's all over. When you see somebody crackup or cry, when you see somebody get upset, they're no longer capable of making objective, rational decisions. The fear is the decisions will be made based only on feelings, and that's a disaster.

This administrator, one of the few male respondents to have a comment on the issue of gender as it has affected his experience, offered the following:

in dealing with my staff on a day to day basis, just being a white man and walking out there, it gives, rightly or wrongfully, a certain air of authenticity in certain situations. And I don't have to say too much. I don't have to be a raving maniac and throw weight around...it just takes care of itself. It really has helped.

In the course of qualitative inquiry, the researcher occasionally happens upon a exceptionally information-rich respondent; one whose observations, insights, and experiences illuminate the subject being investigated and whose unfolding "story" addresses a great many aspects of the research topic.

The following respondent, a self-proclaimed "survivor of the gender wars," eagerly shared her experiences as a female manager in an large agency dominated by male executives. Her comments cover a range of issues and are, therefore, presented in their entirety:

I've always been keenly aware of myself as a woman and the fact that there are certain expectations people have

of me when I walk into a room, because I'm a woman. Then, they get to know me and then they may alter those expectations, or modify them in some way ... I had an extraordinary experience that I think kind of sums it up, certainly as this agency still views women, but I think it's pretty pervasive. I think that this agency is pretty representative. When I moved into this position, I was unpacking on my first day. A man who is the head of one of our departments in the agency, extremely well known nationally, and a man with very impressive credentials, but whom I did not know personally, poked his head in the office, and he said to me, 'hi, I wanted to introduce myself, I'm so-and-so; I was really eager to meet you.' And I said, 'oh, well, I'm delighted to meet you. How come you were eager to meet me?' And he said, 'because I heard that there was a woman coming here who was smart and reasonable - and I wanted to meet you.' I was dumbstruck! The little part of my shaky ego that was scared to death about being an executive was sort of flattered. I thought, 'oh, well, good!' You know, I'm coming in with this kind of set up, you know, people are thinking good things. And then I thought 'screw you! wait a minute! You just insulted all the other women in this agency.'...

...there is something that happens here in this agency and I really do believe it's not unusual, but I don't know that for sure, that sets the women and men in competition with each other. The men are better at it. They've been on teams, batting against each other, striking each other out, all of their lives. They understand that somebody is going to win and somebody is going to lose each day. And that you can come back tomorrow and you can get another at bat, and it can be different, or that you'll always know that somebody is a better hitter than you are - they're used to that. The women aren't used to that. And no one has said to them, 'you don't have to play by those rules. You don't have to play by the boys' rules - you can be here because you've earned it and because you have a right to be and because you're good enough and you're smart enough. You can do it your way, you can do it differently...

...so what happens is that head to head competitions are set up; the women are unprepared, they don't understand that that's what has been set up, feel personally devastated when they 'get it,' when they understand that that's what's been happening. They get overwhelmed and in our culture when girls get overwhelmed, they're allowed to cry - boys aren't but girls are, only if you do it when you're a grown up woman trying to get

credibility, it's not okay. So they get overwhelmed, and they're in the middle of some disagreement with someone head to head, in front of the boss or in some staff meeting - and they cry! And they're immediately dismissed as too emotional or hysterical. They say, 'you know you can't count on her. Look what happens when the chips are down, she runs out of the room crying.' There is a senior executive woman here who never cries, and she doesn't have friends, and she's hated, and she's called the "Ice Queen," so that's what happens if you're a woman who doesn't cry, you know. It's a real dilemma...

I think women are different and I think that they're different for many reasons that I don't understand - but certainly, we're socialized differently, that much I'm very clear about. I think we start at different places and I think that potentially that's the richness of what can happen when men and women think together; it's the richness of what's possible because we do start at different places, because we can maybe help each other see some different things. But I think that too often that doesn't happen...

...I think that when I gave myself permission to be the kind of supervisor that I am, the kind of administrator that I really am, person that I am, clinician that I am, that's when I became effective. When I was trying to do something different, it wasn't working. When I became authentic and when I did what I do, when I was who I am, that's when it worked.

Chapter VIII
The Role of Mentors
Introduction

The men and women in this study frequently mentioned the value of having had someone available to help guide them during their transition from clinician to manager. This person was usually referred to as a "mentor" or "role model."

Mentorship is commonly defined as "a close interpersonal helping relationship between two individuals who are at different stages in their professional development" Most often, this person is a valued senior colleague or other professional who plays an influential role in the "mentee" or protege(e)'s professional development and career advancement "beyond what is required solely on the basis of their formal role relationship" (Collins, 1993, p.123).

A mentor's influence may occur at any number of different points on the transition experience continuum. The relationship may exist only for the duration of the mentored person's need or, like many relationships of significance and value, it may endure. Regardless of whether this superior-subordinate relationship is primarily transitional or whether it evolves into a deep and lasting friendship, it is considered to be of great importance to the social work clinician aspiring to become a manager.

Some clinicians, who had little or no interest in administration, found themselves drawn to it through the

encouragement of a mentor, who may have recognized managerial talent and chosen to nurture it. Others, who have had opportunity to observe administrators in action, may have identified with them and developed an interest in joining their ranks. Regardless of how and when the mentoring relationship occurs, it appears to be a vital career-enhancing association for social work professionals; an association that may be particularly important for those undergoing a complex role change like the one from clinician to administrator.

Review of the Literature

There appears to be little research about mentorship among social workers, even though the subject has been widely researched in other professions. As Collins (1994) points out, "what is known is largely from anecdotal or conceptual accounts and a few empirical investigations. Nonetheless, there has been remarkable consistency across the literature in reporting that mentor relationships are facilitative of - if not essential to - the career development of both men and women" (p.413). Her study on the career outcomes of 430 social workers showed that measurable differences exist in the career success, career satisfaction, and income levels of those who participate in mentorship compared to those who do not; a conclusion that applied to mentors, as well as to their proteges.

Other studies have primarily focused on gender differences

in the mentoring experience; specifically, how gender influences the nature and pattern of mentor relationships and the extent to which these relationships help or hinder women's chances for professional advancement.

A number of authors and researchers (Ezell & Odewahn, 1980; Faver, Fox, & Shannon, 1983; York, Henley, & Gamble, 1985, 1988; and Zunz, 1991) found gender inequities in the levels of informal support women received in their efforts to advance, as well as inequities in women's access to informal levels of communication in their agencies. Both are considered vital to the success of anyone attempting to move up the ladder and in both ways, men are at a clear advantage over women.

One of the most significant results in the Ezell & Odewahn (1980) study of attitudes toward and perceptions of women managers; a study whose findings have spawned or influenced much of the subsequent research on women in social services management, was that women perceived that mentor systems work more effectively for males than for females. The authors also found that mentors for women were especially important since "women are less able than men to promote their careers because they lack schooling in organizational power politics (p.63). The poll reported in the New York Times (September 15, 1995) referred to earlier found women identifying the lack of role models as one of the factors responsible for keeping them back in the workplace.

Faver, et.al (1983) emphasized the importance of role

models, mentors, and support networks for women, noting that "the higher the rank, the fewer the women" (p.80). The absence of same-gender role models at the administrative level is believed to have deprived women social workers with opportunities for identification, thereby affecting their own managerial aspirations.

Among the many findings in Zunz's (1991) study of gender-related issues that affect promotions to first managerial positions was that women moved into management at a slower pace than did their male counterparts and that there was little support across gender lines for social workers to make the transition into management either within their own agencies or within each individual's personal support system.

A study on cross-gender mentorship involving 30 female managers and their 13 male mentors in business settings (Fitt & Newton, 1981) found that while the activities male mentors pursue in behalf of their proteges, regardless of gender, were the same,

at lower levels in organizations women typically need more encouragement than their male counterparts, and at higher levels, mentors of women have to spend more time "selling" their proteges (p.57).

The male mentors in this survey generally believed that early in their managerial careers, their female proteges required help in virtually all areas of organizational life:

at this stage the men spend much time counseling the women about managerial style, organizational culture, and personal style-sometimes even including clothing and conduct. One of the mentors observed, I worked with her to correct her laugh, her clothes, her mannerisms. Women have so few role models. They can't follow their mothers' teachings and they

don't have a Brooks Brothers. They have a lot of catching up to do (p.57).

These authors also note the risks and tensions involved in cross-gender mentor relationships. One risk concerns the possibility of a protegee's performance failure in which case her male mentor's judgment may come into question by superiors. In order to protect themselves, two of the male mentors in the Fitt and Newton study said they maintained higher standards for female protegees, since "whereas a male protege may have the luxury of failing quietly, a woman's mistakes are often broadcast" (p.58). This is a discriminatory condition about which women in management have long complained.

Another risk in cross-gender mentor relationships is the perception that the relationship between a man and woman in the mentoring dyad will develop into a sexual liaison. Some mentors and their protegees believe that sexual tensions and rumors are inevitable, but rarely problematic as long as they remain unfounded. A respondent in this study, quoted earlier, suffered insinuations that she had achieved her executive status by sleeping her way to her job; something that she was sure would never had been suggested, in a sexual or in any other way, about a man.

Experiences with Mentors and Role Models

Several respondents in this study commented on their experiences with mentors or role models. There was general agreement about the importance of mentor relationships,

regardless of whether or not there was actual experience with being mentored. Some appreciated the value of a mentor either because they didn't have one themselves or because they have mentored others and recognized the enormous benefits such a relationship can provide.

The mentors in the lives of these clinicians-turned-administrators were usually managers who themselves had first been social work clinicians and, therefore, were able to serve as "tour guides," "coaches," or "cheerleaders" during the transition experiences of their proteges. They were "encouraging," and "supportive," and embodied qualities that are generally associated with administrative and supervisory excellence.

Some respondents believed that they learned a lot about being an administrator by having been exposed to poor role models in their organizations, as well as to good ones. The following administrator offered this advice to future transition-makers:

I would say pick a role model in order to help develop a style that you are comfortable with, like a mentor. Doesn't have to be someone you work with directly, but learn from them by watching them; their particular style, how they go about things. I've had terrible administrator-role models and I learned what *not* to do. You know, you learn from everybody, but particularly somebody who you respect and who you feel in sync with. Learn how they relate to people, especially how they relate to you.

One of the female administrators expressed her views on mentoring and being mentored by women:

the assistant director in our department was passed over for a promotion in favor of a newly hired man who was mentored by the chairman of the department. I want to be the mentor that the assistant director

never had, but I'll tell you, you get a lot of resistance, because women are not comfortable with being mentored as well as being mentors. That relationship is not part of who we are. The women who have succeeded - like the one we have here who is going to Washington - operates like a man. She used a male mentor to get what she wanted; she used what I would identify as more "male" ways of operating when she wanted something...

...so I am now the mentor of a young woman who just became a manager and I've given her articles that I've gotten and we talk about it and I help her as much as I can and we have lunch every Wednesday. She came to me saying, "I don't feel I want to be a direct line worker the rest of my life," so every time she hit a glitch, I would say to her. "you've got to work this out, because you can't be an administrator if you can't do this. You just can't lose your cool and take it personally, and then want to be an administrator and help other people. You can't do it." That was very motivating for her.

Cross-Gender Mentoring

A number of the women administrators decried the lack of adequate same-gender role models and mentors; a condition that has been well documented in the literature. As one respondent said:

we miss mentorship, we don't have it...and if you have a man as your mentor, it's not the same, because they see it differently than you do. Their experience in life is different.

One female administrator decided not to seek a mentor because there were no suitable women and she worried about working with a man. She felt constrained about whether it would be "safe" to confide in a male administrative superior:

one of the problems was that there really weren't females in the hospital that were senior for me to go to; in fact, none of them had as much experience or education as I did. Because of all the sexual stuff, I didn't know whether to or which man to talk to. Who's safe to call? And with what kinds of issues? I still think you need to be careful what you say, because we all work for the same institution. So I talked to my secretary. I mean, she would listen, she understood, knows the people, and I'd say, "look, I just need to talk to you - they're so full of shit I can't stand it, blah, blah, blah..."

One of the male respondents said that because of extensive exposure to females and to female role models, "the female side of myself has taken over." He added:

the male style seems to be more authoritarian; do this, do that, I'm in charge, no process, no feelings, it's a job, it's gotta be done, and you know, very focused, don't ask for directions if you get lost, that kind of thing...female style is let's process, let's talk, and so on... I've evolved into that style. It's more comfortable, it makes sense, and it works in the long run, rather than the short run. The models that I've had, that I've patterned myself after, have been of that type - the females.

Fathers as Mentors and Role Models

Four of the sixteen female administrators identified their relationship with their fathers as having greatly influenced their movement toward careers in administration. As one manager stated, "my father was my first mentor." The following administrator believed that many of the difficulties she experienced during her role transition were unquestionably related to her early family circumstances:

women who succeed have fathers who are very supportive of them in their careers. If you grow up with boys and girls, and the father

takes a special interest in the girl for whatever reason, she will benefit. It's very interesting what happens. Most of the women I know who struggled with becoming managers, did not have fathers [at home]. My father died when I was very young, so I was raised without a father. And my grandfather was a non-entity person, so there was no maleness in the house.

This respondent felt that she benefitted from excellent same-gender and same-ethnicity role models, as well as an identification with a very supportive father:

I was one of two children and as a professional, I identified more with my father who always believed that his girls could do whatever they wanted to do and should be able to do whatever they wanted... my father very much supported anything that looked like spunk, you know, it was something that he really loved and he really, really supported it. And I probably was a little bit spunkier than my sister.

Another respondent credits her relationship with her father with the development of many of the qualities commonly associated with administrative role functioning:

I've always been the diplomat, the negotiator. My father is a minister and I think that has a lot to do with it. I think probably having the role model of a father as a minister who speaks out from the pulpit, taking stances, and so on. He's always taken stances and I think that has something to do with the nature of who I am and my willingness to take those risks.

This next administrator wished for a mentor "like my father;" an administrative "ego ideal" whom she could pattern herself after, as well as call whenever she was in a crisis situation and needed help. In the absence of such a person, she appeared quite satisfied with using her father as a "stand-in:"

Every time I pick up the phone to talk to my

father I get a great education. He responds to me not terribly critically and he tells me what he thinks should happen and I find him very measured and very objective and very fair. For example, I called him on this problem I had. I wanted my staff to make a team decision on this patient, but I don't trust their judgment. "So here I am in a bind, daddy, because I really feel that they need to be a team and they need to be empowered to make these decisions, but I am so frightened that they are going to make the completely wrong decision, which will not be useful to the patient and I am going to have to reverse it and this is going to really demoralize them." And he said to me, "Look, you can't have your cake and eat it, too. And you say you want to do one thing and you do another. If you're going to have a team, you're going to have to let the function. You are going to have to let them do their thing and you're going to have to accept it. You can't tell people they're part of a team and their opinions are important and that they're valued, you know, goody goody horseshit, if you don't believe it." And he laid it out for me very clearly...

...and he said, "Now what you need to do is work on educating your staff toward thinking the way that you think. Not like indoctrinate them, but - this is the mission and this is our technique and this is how we treat patients, and bring them to the point where they understand what you are saying, and begin to think in that fashion. Otherwise, all they're going to do is behind your back tell themselves and each other that you're full of shit - she says one thing and does something else." That was good. I needed to hear that.

Chapter IX

Coping with Transition-Related Stress and Strain

Introduction

There are numerous theories concerning the reasons why some people find certain life events stressful, while others find those very same events not only not stressful, but even positive experiences. As mentioned earlier, a number of researchers, most notably Patti et.al (1978) and Scurfield (1980, 1981) assumed that the transition from clinical to administrative practice, by its very nature, must be a stressful experience. They found, however, that social workers making this role change had a much less difficult time than they had anticipated.

One of the original interests that motivated this study was to understand why some administrators reported role strain and conflict during their transition experience, while others did not and to understand why some administrators who did experience role strain and conflict found these to be stimulating and challenging, while others reported these to be draining or even debilitating.

There is a tendency in the literature to use terms and concepts like "stress," "stressors," "strain," and "distress," interchangeably. Stress, for example, is frequently used to describe both the external conditions or stimuli that affect the individual as well as the individual's responses to the stressful stimuli. In this study, the term "stress" has been used to refer

to those objective conditions or "stressors" that are responsible for producing an impact on the individual (Allen and van de Vliert, 1984). The term "strain" has referred to the subjective counterpart of stress; a state usually experienced by the individual in the form of acute cognitive and affective disturbance, i.e. discomfort, disequilibrium, anxiety, perplexity, and uneasiness - in a word, distress.

This study is also concerned with the ways in which social workers undergoing the role transition from clinician to administrator handle or cope with the various stressors they encounter. As Allen and van de Vliert (1984) point out, the level of intensity of strain produced by role transitions will vary from person to person, depending on the presence or absence of moderating factors. Moderators consist of numerous personality and environmental variables, including attributional style (e.g. locus of control), self-esteem or confidence, and cognitive structure, among others. Factors within the environment that can serve as moderators include structure of the social network, type of social support system, and centrality of the role to the self, among others.

Employing moderator variables will increase precision in predicting individual differences in reaction to role transitions. For instance, a person having internal control, strong self-esteem,...and who has a strong social support system should experience less transition strain than someone with a different profile. In sum, the activation of certain individual and environmental factors will modulate the degree of strain experienced by individuals all of whom undergo the same transition (p. 14).

This section addresses the ways in which these administrators responded to the stresses associated with their role change. It also examines the factors that might explain differences in stress outcomes, i.e. whether or not role strain occurred and, if so why, and if not, why not.

Review of the Literature

One of the fundamental assumptions underlying what Pearlin, et al., (1981) refer to as the "stress process" is that events lead to stress because the organism is intolerant of change:

The natural state of the organism is one of equilibrium between the many inner and outer forces that it hosts. When a change occurs in one part of the organism, it is thought to create a disequilibrium among the other parts. This, in turn, imposes a period of readjustment during which the system struggles to re-establish a homeostasis. The struggle for readjustment can be wearing and exhausting, and under these conditions the organism becomes outstandingly vulnerable to stress and its physical and psychological consequences (p.339).

This assumption implies that change qua change is bad for people and, therefore, likely to have adverse consequences. There is reason to believe, as the respondents in this study will illustrate, that change and the inevitable stresses that may accompany it, are not only not inherently negative or noxious, but may even have beneficial value in a number of ways (Cournoyer, 1988; Keefe, 1988; Wheaton, 1990).

Another assumption in the stress literature that has relevance for this study is that life events, (such as the change

from clinician to administrator), and the role strains they may generate are likely to eventuate in stress when they also result in a diminishment of self. According to Pearlin, et al., (1981), the two dimensions of self-concept that are vulnerable in this context are mastery and self-esteem. The fundamental goals of self-protection and self-enhancement may be unattainable when persistent role strains provide evidence of one's failures - or lack of success - resulting in erosion of a sense of control over what is occurring and a loss of self-esteem.

An appreciation of the fact that different reactions to stress are determined by more than the nature of the stress sources themselves, leads to an exploration of the ways in which people confront stress-provoking conditions; i.e. how they cope.

Coping

"Coping refers to the actions that people take in their own behalf as they attempt to avoid or lessen the impact of life problems" (Pearlin, 1989, p. 250). While the forms of coping might vary from one situation to another and from one individual to another, the functions are essentially the same in all situations:

all coping-regardless of the nature of the stressors-serves either to *change the situation* from which the stressors arise, to *manage the meaning* of the situation in a manner that reduces its threat, or to *keep the symptoms of stress within manageable bounds* (p.250).

Stress-coping skills, according to Keefe (1988), may be thought of as *defensive, maladaptive, or successful*. Defensive coping involves an attempt to diminish the perception of the stressful situation or to delay its impact. Such responses include the use of ego-defense mechanisms like projection and denial. *Defensive* coping may permit the individual to function temporarily until the stress diminishes of its own accord or until it eventually forces other responses. When attempts to cope cause more stress than they relieve, they are said to be *maladaptive*. Drug or alcohol abuse are examples of maladaptive coping since while they may relieve the intensity of a stressful situation or relationship, they are likely to create their own stressful consequences for the substance-abusing individual. Adaptive responses (Donovan, 1987), or *successful coping*, simply, are those behaviors that relieve the stress. These might include either closely monitoring a stressor so as to maximize control over it and neutralize its threat or ignoring it altogether (pp. 478-9).

In her narrative of her experience in becoming the executive director of a social service agency, Elbow (1975) appears to have employed all three types of the above-described coping skills in her efforts to "maintain a sense of balance within and to maintain continuity of self" during her post-promotion state of disrupted equilibrium (p.526). Her initial efforts to preserve previous relationships with staff, her clinging to her previous level of counseling activities, and her continuing to dichotomize

counseling and management, all represented either defensive or maladaptive efforts to cope with the change. Her gradual recognition that her stressors were largely internal, rather than situational or externally imposed, enabled her to resolve the conflicts that were responsible for her transitional difficulties.

In his studies of major life changes and role transitions, including job promotion, Wheaton (1990), challenged the emphasis on treating such changes as stressors that create a generalized demand for adjustment by the individual. He sees the role context in which the transition occurs, specifically, the level of pre-existing chronic stress in the previous role, as playing a basic and substantial part in determining the quality of the individual's role change experience:

This model envisions life transition events as nonproblematic, or even beneficial to mental health, when preceded by chronic role problems -
- a case where more "stress" is actually relief from existing stress (p.209).

Viewing the "stressor" as nonstressful or a positive force aids in the effort to understand different responses to the role transition from clinician to administrator. One of the reasons why some transition-makers enjoyed a "smooth sail" during their role change, rather than the turbulent journey endured by others, may concern the extent to which the new and acute stresses associated with being an administrator were more acceptable, if not challenging than the chronic stresses associated with the prior clinical position.

Social Support

Social support is an important environmental coping resource employed by people to buffer or mediate the effects of stress (Pearlin, et al., 1981; Turner, 1981; Donovan, 1987; Keefe, 1988;). Donovan (1987) defines social support as "the extent to which an individual's basic social needs for affection, esteem, belonging, security, and identity are gratified by interactions with others" (p.263). She identifies two domains of social support - socioemotional and instrumental:

The provision of esteem, affection, sympathy, and understanding is consider socioemotional support, and instrumental support refers to the provision of concrete assistance such as information, financial aid, and help with family or work burdens. Although support may originate from a variety of sources within the individual's network (family, friends, neighbors, co-workers), evidence clearly suggests that work-related stress is most effectively moderated by support from co-workers and supervisors (pp. 263-4).

Keefe (1988) further elaborates the concept as follows:

A supportive network of relationships may alleviate stress in various ways. For example, material resources, guidelines and expectations for normative behavior, advocacy, job referral, the sharing of feelings, critical information, child care, ego support, and coping skills may be provided. Such a supportive network supplements an individual's coping skills. Conversely, forming and maintaining a supportive network may require a degree of coping skills (p.477).

Zunz (1991) reports that women are at a disadvantage in locating and benefitting from support systems at each higher career level, particularly when, as is often the case, they begin their careers later than their male counterparts. Since it is

reported that women need to work their way through more promotional steps to end up at the same hierarchal level as do men, women will need more career moves than will their male colleagues. Because each move requires some support, women have to find a greater number of these supports over the course of their careers (Zunz, p. 41).

Blankman, et al., (1991) describe the experience of social workers promoted to supervisory positions in a large urban teaching hospital and how both formal and informal group supports were utilized to help these middle managers cope with the new role. Aptly titled, "Moving Up without Falling Down," it underscores the value of support in dealing with the day-to-day issues, concerns, and crises confronting the new manager. Although originally designed as a time-limited group experience for new administrators, its value led the participants to continue it as an informal peer support group.

It may be important to recognize, as one author points out, how some aspects of social support, like the care of concerned others thought to be so helpful, might actually hinder the exercise of stress-reducing aspects of the personality (Kobasa, 1982). An example might be when a support group's reassurances and empathy inspires complacency and tolerance of an unacceptable situation, rather than stimulating and encouraging action that leads to change and improvement, or, when the support of a group of women managers provides distraction from a stressful event or heightens a member's tolerance for what ought to be an

unacceptable condition or relationship in the workplace.

Personality as a Stress Moderator

One of the operating assumptions referred to frequently throughout this study is that the family background, personality, temperament, and constitution of the social work clinician who becomes an administrator will greatly influence the nature and quality of his or her transition experience. The issue of self-role congruence, i.e. the "fit" between the individual's particular personality, disposition, and style, and the role which he or she occupies is central to an understanding of not only how stress will be handled, but whether or not stress will be a perceptible factor in one's transition experience.

In the earlier discussion, several authors (Mandell, 1973; Holloway, 1980; Weissman, 1982) expressed concern about the ways in which social workers have been socialized to the profession via supervision as it has been traditionally practiced. They worried that such crucial qualities as assertiveness, decisiveness, creativity and innovative ability might be sacrificed in favor of conformity, dependence, insecurity, and a tendency to be reactive, all of which have implications for how one will likely experience and handle transition-related stress, and, therefore, for subsequent administrative role performance.

Hart (1988) adds that several studies have noted the extent to which assertiveness has not been emphasized in graduate school

education and is not supported in the bureaucratic and sometimes controlling environment in which field training occurs.

"Together, the role model and the message for students is hardly toward risk-taking, assertiveness, innovation, or even social change, the sine qua non of community [as well as administrative] leadership (p.4). Clearly, the interplay between a person's personality predispositions and the particular socialization he undergoes during professional training, will influence the ways in which he enters and situates himself in a new role.

The concept of personality as a moderator of stress returns us to the concept of *hardiness*, first conceptualized by Kobasa (1979, 1982) and Kobasa, et al., (1981, 1982) and believed to be an important explanatory factor in understanding the role transition experiences of the administrators in this study (see Chapter II - "Commitment, Control and Challenge" and "The 'Hardy' Transition-Maker" for a definition and discussion of this concept).

Kobasa, et al., (1982) believe that hardiness may influence the extent and manner in which social supports are utilized in the management of stressful events. They suggest that when confronted with such events, hardy persons are more likely to seek out contact with others and with social institutions that could decrease the stressfulness of the events and to do so in more meaningful ways than persons low in hardiness.

These authors believe that the personality configuration known as hardiness, comprising the qualities of commitment,

control, and challenge, are developed if people have experienced in early life considerable breadth and variety of events; stimulation and support for exercising the cognitive capabilities of symbolization, imagination, and judgment; approval and admiration for doing things themselves; and role models who advocate hardiness and show it in their own functioning (p.176).

Coping Strategies

Respondents reported a great variety of coping devices or strategies to help them through the early phases of their transition. With few exceptions, the strategies reported were, for the most part, successful in accomplishing that for which they were intended: reducing, managing, or eliminating the difficulties or stressors associated with the new role. While there were reported instances or periods of defensive and maladaptive coping (Keefe, 1988), these were unusual and short-lived. One respondent, for example, attempted to trivialize the new administrative position so that it would feel less meaningful and therefore, she hoped, less stressful. Another respondent tried something that might best be described as "defensive overactivity" or a "shotgun" approach to social work administration. This appeared to be an anxiety-based attempt ("I tried to be a good administrator by administering like hell") to have quantity of management somehow take care of whatever quality may have been lacking in the early stages of the

neophyte's administrative role performance. Two other respondents felt that they created new stresses for themselves when they had difficulty because of a fear of revealing their ignorance by asking others for help. One said:

when you get to a certain level, you don't want to reveal that you don't know something too much, because then the whole ego problem gets involved. You don't want to ask too many fundamental questions to reveal that you don't know something that everybody assumes that you should have known before you got this job.

Reliance on Clinical Work

A few of the respondents reported "clinging" to their clinical work in what appeared to be a defensive manner in an attempt to handle transition-related stress. This apparent need for "psychological safety" and reassurance is not uncommon to people temporarily destabilized under circumstances of significant role change. This "holding on" to the clinical role, however, may be an example of an attempt at moderating stress that backfired. A respondent who reported an overreliance on her clinical responsibilities during the transition also realized that this particular attempt at stress resistance created new difficulties for her in that it compromised her ability to learn the new role and resulted in her shortchanging her new administrative responsibilities.

Another respondent behaved similarly, rationalizing her doing so as being "necessary" and in her supervisees' best

interests:

my logical reason for continuing to handle so many cases after becoming a supervisor was that I would always understand my workers' experiences and be able to remain current with what their experience was. And so I could give them supervision that was real and useful. That was the logical reason and I think there was good basis for it, but the other part was that I couldn't bear to give up the hands on. I couldn't bear it. That's where I got a lot of my professional self-esteem. In the first year, when there was so little gratification coming out of the supervision experience, the gratification came out of the experience with the cases. And kind of reassuring myself that I could still do this.

This next administrator, quoted earlier, was able to observe his change from "a social worker [clinician] who did a little administration to an administrator who did a little [clinical] social work:

as I felt more comfortable, I think, in my administrative role, I felt that it was something that I needed to devote more time to and I could get gratification just from doing that. And initially, it was very hard for me to give up my clinical role; something that I felt more confident in, that I had a knowledge base, that I could feel I had more control over, and more experience doing. As I became more experienced as an administrator, I started to shift over, saying I enjoy doing clinical work, but I don't need to do that; the value that I have to the department is my administrative skill and that's the area that I need to focus on.

Educational Activities

Social workers who have made the transition from clinician to administrator often decry the lack of adequate preparation for the new role in the form of educational provisions in their graduate training, as well as in-service training opportunities

in their agencies. Some have even referred to their graduate programs as "inadequate," because they never addressed the fact that most clinicians become involved in administrative work at some point in their careers. Yet, very few social workers who enter management, according to Scurfield (1980a, 1980b, 1981), actively seek formal training to strengthen their abilities as new human service administrators. Instead, he found, when they take courses or workshops at all, they tend to take clinical courses, rather than administrative ones. This also may be another example of the clinging or psychological safety-seeking behavior identified above.

Several of the respondents in this study, experiencing role strain as a result of being overwhelmed by the demands of the new role or, simply being "tired of flying by the seat of my pants," found a variety of formal or informal educational means to acquire what they needed:

I used to walk for exercise and I listened to these tapes; just tapes I got out of the library, you know, "The One Minute Manager," "In Search of Excellence," "How to Conduct Meetings...they were helpful. A lot of them are like the equivalent of pop psychology, but in a lot of them - "The Seven Habits of Highly Successful People,"...there'd be like a kernel or a notion or an idea in some of them, and you could take that one thing and, you know, think about it and try to put it into practice and see where it fits in. It was like putting pieces together, of a foundation; a little from here, a little from there; it was, like, an approach, and a style, and a manner, and a focus, and a goal.

This administrator "tagged along" with senior administrators in his hospital setting to get what he needed when he was a new manager, making it clear that he saw the use of mentors and role

models as important educational tools, as well as a valuable strategy for reducing stress in his new role:

I would tag along with the Director of the Adolescent Health Center when he would negotiate for more space for the unit. Or he would allow me to come with him to the fiscal meetings because he knew I was interested in writing grants and then we'd talk about how much money we needed to support a new program we wanted to create. Whenever there were audits around, I would tag along just so that I could get a sense of what goes on in an audit.

Another respondent contemplated taking a course that would help her address one of her weaknesses as an administrator:

I have trouble keeping myself out of the middle of conflict, not personalizing it, knowing how to compromise, but not giving up what's important, being clear about goals and goal-setting, and tolerating dissension. I'm actually considering going to a three-hour course in conflict resolution and negotiation given by some institute and co-led by an attorney and someone with an education background. I'm interested in it, I need it, and there's a lot of conflict within my department.

This respondent took courses in organizational theory and development when she appreciated that her clinical training and experience were simply not adequate to meet the difficult demands of her new administrative position:

I did a good deal of reading about organizational development and how people function within organizations. That has been very helpful to me; in fact, it has probably been one of the most helpful things I've done in contributing to my success as a manager. I'm continually looking at structure and function and role within the organization at the same time that I look at the people that fill the roles.

One respondent, upon experiencing difficulty as a new administrator, relied on a traditional social work source of help; she sought supervision, much as she had done throughout her

career as a clinician; and, in so doing, seemed to demonstrate some of the attitudes and qualities associated with the "hardy" individual:

I think because I was used to buying supervision as a clinician, it occurred to me to buy supervision as an administrator. Other people who knew that I did this were shocked, although not negatively, like my boss, for example. She has always been grateful that I take care of my business and she doesn't have to worry about my falling apart, because I will do everything that I need to do in order to do the best possible job. And if that means pay for supervision, I'll do it.

Sources of Support

Expectedly, several of the administrators interviewed for this study either developed new support structures or else took advantage of existing supports both in and out of their agency settings when the need arose.

Some transition-makers sought support from within, as well as from without. One respondent described cognitive "tricks" that were helpful to her during times of high stress, describing these as examples of self-support: "I would sit in a meeting and tell myself that I was really okay; that I was sure I didn't look or sound as stupid as I thought; and that other people were probably thinking about themselves and not about me."

The most commonly used source of support was the group:

I've developed a kind of fraternity/sorority of people around the country who I can pick up the phone and call anytime. They were tremendously helpful to me during the year when I was waiting for this job. When I thought what I was going through was bad, like when I was negotiating my salary, they were available to me. They were

people who had no interest in my not doing well. And I have the same feeling about them. A couple of them probably would have won this job, but did not apply for it because it was mine. And you don't fuck your friends.

I found comfort in being with them and being very much the junior colleague. Really acknowledging with them how overwhelming bits and pieces of the experience were for me and how hard I was trying to kind of get myself up to speed. And it wasn't so much that I used them for specific supervision on a particular incident or event that had occurred. It was just the general experience of having them there. I would say, "I don't think I belong here, oh, my God, I'm up to my eyeballs," and having them say to me, "you can do this, this takes time, you'll get it, it'll come together, your instinct is right..."

All of a sudden we got this whole big quality assurance thing, which nobody knew anything about, that is, what they were asking for, what did we have to do to "pass" and all that, and administrators in similar lines in all of the agencies around the city were really having a tough time. I started going to see them, saying, "I feel like I'm not doing so well, what am I going to do?" And they were saying, "you know, I feel like I'm not doing so well, what am I going to do?" We decided we would form this group, and we started meeting once a month and talking about problems involved in administering child welfare programs around the city, initially about this quality assurance business, but later about other things, as well.

This next administrator actually hired her source of support:

My Assistant Executive Director has a degree in public administration and I hired him specifically because I needed somebody on board who was really systems oriented and who would bring together our various programs and develop interfaces between those programs and, therefore, strengthen all of our operations. He has no formal social work training and our approaches to resolving issues are different. Sometimes I think I'm overly sensitive to the interpersonal issues and sometimes I think he is insensitive, totally insensitive to those issues, and so we kind of struggle around that. But I think that it provides a good balance.

Two respondents used psychotherapy to help them handle the stresses they experienced when they first became administrators. One of them sought treatment with the person who was also her supervisor and an administrator she respected..."so we moved from my clinical realm into treatment." The other respondent chose a therapist whom she respected as an accomplished clinician-administrator: "he was wonderful in terms of understanding the clinical and administrative issues because he himself was running a program, as well as being an analyst...and so we were able to share a lot and he was able to help me see the parallels between clinical work and administration."

`Personality Factors

In order to learn about the personal attributes or characteristics that might explain reported differences in the way they handled transition-related stress, respondents were asked the question "what about you helped (or hindered) your handling the difficulties involved in the transition?"

The "positive" personality factors that were described in response to this question were those generally associated with high achievement, success, and professional advancement. A number of respondents described themselves as having high self-esteem, liking to be challenged, risk-takers, entrepreneurial, as well as motivated and ambitious. In addition, they were "good problem-solvers," "tolerant and accepting" had "systematic ways of doing things," and a "strong sense of responsibility." Furthermore,

several were "not afraid to make mistakes," "related well to people'" and were "not passive."

Those attributes or personality traits that hindered the transition included "a need to be liked," "too self-effacing," and "I sometimes get sick under stress." Several reported being too easygoing, which made the successful adoption of an authority posture extremely difficult and conflict-ridden. A tendency to be disorganized and a "short fuse" were also offered as traits that got in the way.

One respondent, describing her overall handling of the stresses in the new administrative position, offered the following:

I handled the stresses of the transition stressfully! And I was symptomatic, at times, because I'm very hard on myself and I'm very judgmental about what I do. So, as hard as other people think I am on them - and I get very angry with them - I'm probably three times as hard on myself as I am on them, and so, when I make a mistake, even today, I can ruminate about it for four hours before I go to sleep, and won't be able to fall asleep until four in the morning. Because I want so desperately to see that things change and that I accomplish something, make a contribution. I guess there were times when it wasn't so stressful, but not often. The stress was sometimes incapacitating...to look at a blank page and think, "shit, I have to get this in and I can't think of what to write." Like that.

This respondent, gregariousness by nature, recognized the value of this attribute in her administrative activities and enterprises and utilized it well:

I think my being gregarious made a big difference. I always like to meet new people and at -----, one of the things that worked very well for me was that I would always make very close relationships with people in the outside regulatory agencies that

we were working with. So my boss used to say, "we really got this money because they love -----, you know they just love her, they think she will bring something special to the program that others won't." I also have an incredible memory, so I'll remember that Joe Blow's kid was graduating from military school...and that really helps, too!

While most of the respondents evidenced the qualities associated with the hardy personality when asked about their handling of the stresses associated with the transition, a smaller number demonstrated those qualities more dramatically and definitively. Those qualities, as described earlier, are control, commitment, and challenge. Hardy persons are those who tend to turn stressful life events or experiences into opportunities for personal and professional growth:

I think the stress helped me see how strong I was and what talents I had, because the situation at ----- was really terrible, very difficult, but I survived, and I survived successfully. Other people said, "oh, yeah, she does a great job, she's wonderful." That's when I really got my good reputation. I saw how strong I was and that I was smarter than I thought...and I think that part of me wanted to-needed a really stressful situation to be able to see those things in myself.

Hardy individuals seek and value change, rather than find ways to avoid it. They believe that change, rather than sameness or predictability, is the norm:

I need change, I need something new all the time. And administration allows you that-you never know what the next day is going to bring. And since I've been with this organization, I guess I have changed hats innumerable times, even within the same job title. And that, for me, is exciting and challenging.

The hardy person is also characterized by such qualities as resourcefulness, innovativeness, creativity, and, as this next administrator demonstrates, is someone who can emerge victorious under conditions of stress and uncertainty:

I'm pretty strong. You know, I present a pretty strong front. That doesn't mean I'm always feelings necessarily strong, but I know how to present a good picture-image-of strength. Because I think that's very important. Uhm-and it's funny, just reminding me: I remember being in the laundry in those early years and thinking, "I don't know how to do this..but I'll find out, but I don't want my father to know I can't do this, so I'll find a way to find out how to do it before he gets back here." So I'd ask other people, "I forgot, how do you do this?" And learn it! But I'd have a good front. If somebody would ask me if I knew how to do something, I'd say, "no problem. Don't worry about it, I'll take care of it." Then I found out how to do it and I did it. And that became sort of a style. It developed for me an image of someone who was comfortable with challenges, knowing sometimes that I'm not exactly sure how I'm going to pursue this or do it, but I know, having learned over the years, that I will.

Chapter X
Conclusions
Introduction

The purpose of this study was to investigate the experiences of clinical social workers who became administrators in order to identify and examine some of the characteristics of those who have undergone this significant role change. Another purpose was to learn what these clinicians-turned-administrators encountered and how they handled themselves as they negotiated their way through this complex and multidimensional professional change.

The administrators in this study went through the transition process with varying degrees of success and with a range of responses to the difficulties they encountered. While the majority of the participants struggled with a variety of stressors during their role change experience, at the same time they made important discoveries about their strengths, talents, and competencies.

General reactions to the dynamics of the experience, as well as differences in managing transition-related stress appear to be linked to characterological factors as well as to numerous and varied environmental and circumstantial variables. In this final chapter, the findings of this study are summarized, along with their implications and recommendations for future study and research on the topic of professional role transition.

The Experience of Change from Worker to Administrator

Motivations for Change

The clinical social workers in this study entered into administrative positions more often through the "back door" than through the front. In keeping with other research findings in this area, the majority of these respondents had not planned, and, therefore, had not prepared themselves for their middle or upper managerial positions prior to occupying their new professional roles. At some point in their clinical careers, twenty-one of the twenty-seven study participants, nevertheless, either developed an interest or desire to become administrators or were at least willing to enter administration in order to satisfy needs not being met in their clinical roles.

Motivating factors that led to this change included a desire to have more status, authority and influence in their agencies, and a need or wish to make a higher salary than was possible by remaining a clinician exclusively. Several reported a need to find new challenges and stimulation in addition to or instead of their work as agency-based clinicians and chose administration as the way to satisfy this.

Several study participants recognized qualities within themselves that suggested a latent talent or aptitude for administrative work that had heretofore gone unnoticed or, at least, untested. Senior agency officials often encouraged them to cultivate their interest and test their skills, and often served

as mentors or role models, which invariably enhanced their role change experience.

While some differences in the transition experience between those who planned to enter administration and those who did not were noted, there was no evidence that the differences were related to this factor. While a clinician with long-standing administrative aspirations was more likely to have taken relevant coursework prior to his transition, for example, this did not necessarily result in a less difficult transition experience than the social worker who entered administration unexpectedly and, therefore, usually less prepared.

Pre-Transition Circumstances

The pre-transition experiences that have had the greatest influential impact on these administrators appear to be those from the personal past than from the occupational present. Predisposition toward and characterological suitability for administrative work are more telling indicators of how one will undergo the role change than whether or not there was an intention to enter administration from the beginning. Those transition-makers whose background included opportunities to "practice" administration, e.g. camp counselors, first-born children, jobs involving responsibility for others, frequently found the demands of the transition less stressful than those for whom administrative practice was a much more unfamiliar role set.

Thus, the congruence between one's self and one's role (Feld & Radin, 1982) appears to be an important determinant of whether the administrator describes his overall transition as a primarily positive or negative experience.

Clinical Background

Every one of the administrators in this study could not imagine making the transition successfully without first having been an experienced clinician. Despite this, they also appreciated the extent to which their clinical background sometimes created difficulties for them as they attempted to adapt to the demands of a new and very different role. The administrators who were able to analogize clinical and administrative work and were able to practically apply their clinical training and background to administrative requirements felt well equipped to handle the demands of the transition and the new professional role.

A number of administrators recognized the difficulty they had in moving beyond a clinical "mind-set" when this seemed necessary in order to perform effectively as a manager. A few continually struggled to "think macro, not micro" and to understand organizational dynamics in terms other than individual psychopathology. Generally, however, clinical training and skills were viewed as vital to transition survival and long-term administrative success.

Transition Difficulty

The sources of difficulty experienced by the administrators in this study were varied and multifaceted. They were broadly categorized into two distinct causal areas; "difficulties with agency politics and organizational dynamics" and "difficulties with one's self." One of the original interests in undertaking this research was to learn about the actual sources of transition stress and to what extent these were traceable to personal or situational factors. This proved difficult since many of the administrative requirements commonly thought of as stressors for the new manager, e.g. becoming an authority figure or developing and overseeing a budget, were perceived as stressful by some and not by others. This suggested that while some of the stressors might be thought of as universal and inherent in the change process, the variability in *perceived* difficulty, i.e. role strain, varied with the individual transition-maker and were caused by issues of temperament, personality, style, and other aspects of who they were and how they have functioned in previously held roles.

Some of the administrators felt overwhelmed when faced with the demands and expectations associated with their new managerial positions. Others reacted quite differently to these same stimuli, feeling energized and challenged, instead. There is much to be gained by an appreciation of some of the common external sources of stress associated with this professional role change.

Understanding the ways in which different personality types and associated attributes determine what is and is not perceived as stressful, is a more valuable endeavor in better understanding the vicissitudes of the clinician-to-administrator role transition.

The Experience of Women Transition-Makers

The 16 female administrators in this study were unanimous and vehement in their belief that women encounter special stresses and endure greater burdens than do their male counterparts when they elect to make the transition from clinical to administrative work. Their reports included instances of sexual discrimination or harassment; attempts to overcome stereotypical thinking about women in general and, specifically, women in management; and efforts to penetrate the enclave of male administrators in a profession that continues to be viewed as the province of women.

They related numerous experiences in the workplace that were followed by the phrase "...and that would not have happened if I had been a man." They reported difficulties in striking an acceptable balance between the requirements of their roles as administrators and their expectations of themselves in their roles as women, a struggle captured by one respondent who tried to be "a tough and aggressive administrator and an attractive woman to myself and to others."

They tried not to act and react defensively as they attempted to demonstrate their unique administrative skills and talents to an often skeptical audience of male *and female* superiors, peers and subordinates. They worried about how their appearance affected the way they were viewed by others, while recognizing all the reasons why that really ought not to matter in the first place.

Some women "played the gender card," i.e., deliberately used their gender or their "woman's ways" in order to achieve some political objective or better accomplish a difficult administrative task; a strategy with which they were extremely comfortable - even proud. It appeared that the phrase "that would not have happened if I had been a man" referred to above, could be used to describe successes in the workplace as well as to instances of gender-based discrimination.

The Role of Mentors

There was general agreement on the part of the administrators in this study that a mentor relationship was an extremely important and sometimes vital part of the transition experience. This belief prevailed regardless of whether or not the respondent had been mentored before, during, or after the actual change from clinician to administrator. Predictably, and in keeping with the available literature on mentoring, the women making the transition in this study had more difficulty locating

senior colleagues willing to serve as mentors, especially same-gender mentors, since there are fewer women occupying senior administrative positions in agencies than there are men. One of the ways some female respondents satisfied their need for a mentor was to find one outside the workplace. Most often, these mentors or mentor-substitutes were psychotherapists with administrative backgrounds or supervisors called into service in order to provide the type of help and support more commonly associated with role models and mentors.

A number of women transition-makers identified their relationships with their fathers as having greatly influenced their movement toward careers in administration, as well as having helped to cultivate some of the attitudes and qualities commonly associated with successful management and leadership. The absence in early life of a father's supportive interest and involvement, or worse, the absence of a father or father-like male presence in the home altogether, was identified as limiting the predisposition toward managerial aspirations and preparedness.

Coping with Transition-Related Stress and Strain

The ways in which the administrators in this study handled the stresses and attempted to master the demands of the role change revealed a great deal about the resources people bring to bear under stressful conditions and underscored the extent to which personality is an essential ingredient in understanding

individual differences in coping with similar environmental conditions.

The recognition that what is perceived as stressful by one person may not be perceived as stressful by another led to a greater emphasis on understanding individual coping repertoires and how they developed, than on the nature of the stresses with which they must cope. The activation of moderating factors from within (personality) and from without (the environment) greatly influenced the extent to which these administrators experienced role strain during the transition and whether their handling of the strain had positive or negative consequences.

Coping strategies employed by these administrators consisted of both formal and informal educational activities as well as efforts to obtain needed support in order to reduce, manage, or eliminate the stressors associated with the new role.

The majority of the subjects in this study demonstrated many of the qualities associated with the "hardy" or stress resistant personality type. These individuals often tended to see difficult aspects of the transition process as tolerable and manageable, if not challenging and exciting. They felt deeply involved in what they were going through and determined to prevail and succeed. They usually maintained the perspective that while stressful at times, their transition to management was a positive development in their lives (a realization often obscured for those overwhelmed or in turmoil) and one whose difficulties, more than likely, would be short-lived. These managers, most often, did

more than passively acquiesce to the demands of the new role. Instead, they threw themselves into the new role, utilizing their inner (and outer) resources to make the new venture as successful as possible.

Administrators high in "hardiness" demonstrated beliefs and tendencies that provided a buffer against stress. These individuals handled the vicissitudes of the transition experience in ways that enhanced personal growth. Administrators who seemed to possess fewer qualities associated with the "hardy" personality style, had greater difficulty mobilizing themselves and others in their behalf, demonstrated more defensive or maladaptive coping strategies, and evidenced more and longer-term battle scars from the struggles encountered during their transition experience.

Areas for Further Study

A number of areas of interest and ideas for further research "appeared" during the course of this research.

The influence of setting as a factor in the transition experience seemed important as different respondents made clear the extent to which various transition-related phenomena were affected by where they worked. Hospital-based clinicians-turned-administrators, for example, often endure particular stresses and role demands unique to their setting and to being a "guest"

department in a medical host facility. There are identifiable differences when the transition from clinician to administrator occurs in a therapeutic community for substance abusers than when it takes place in a free-standing outpatient psychotherapy clinic. These would seem important to explore as influential variables in understanding social workers' transition experiences.

There are distinctive differences, too, when the clinician becomes an administrator within the same agency than when he or she becomes a manager in an entirely new and, therefore, unfamiliar setting. There are quite distinct advantages and disadvantages to remaining in the same facility with the same personnel as there are to starting anew as a manager with a different staff and organizational chart. Investigating these differences and how they impact on both the transition process and the individual transition-maker would, too, be helpful.

Another area of interest is an outgrowth of one of this study's limitations. While there were several indicators that the respondents in this study were effective managers, the extent to which their transition experiences are associated with good or poor managerial performance remains undetermined. The causal connections between one's overall role change experience and the quality of one's performance as a new administrator remain unexplored. Research in this area would be most useful.

The 'other' transitions that clinicians and administrators make in the course of their social work careers would also be

instructive. The underlying motivations and experiences of administrators making the 'reverse' transition than the one investigated here; namely, administration to clinical work, for example, might tell us a great deal more about the personal and professional qualities associated with successful and unsuccessful role change. Transitions from agency-based clinical practice into private practice and into academic settings would also be of interest.

Finally, it would be valuable to identify and elaborate the criteria for determining what constitutes a successfully completed transition from a clinical to an administrative role. What are the distinguishing criteria, for example, between a fully completed transition between professional roles and a simple acquisition of a different job. A typology of the transition process, including stages or phases and the requisites for each, would be a particular contribution in this area. Abramczyk's (1980) three phases: role identification and beginning transition, divesting and investing, and completing the transition, while representing an attempt at a typology, is limited and untested.

Recommendations

There are many ways that both schools of social work and social agencies can help social work clinicians prepare for the high probability that they will move into administrative roles at

some point in their careers. The administrators in this study did not feel that they were sufficiently helped to anticipate this reality when they were in graduate school, nor did they feel properly prepared for administrative work when they were agency-based clinical social workers on the way up the hierarchy. If this seeming shortsightedness remains endemic in graduate schools that train social workers for direct service and in agencies where these transitions occur, then the recommendations to follow should, hopefully, prove valuable.

Schools of social work would do well to take responsibility for informing and socializing students to the likelihood of their eventually assuming administrative roles in their agencies, either in conjunction with existing clinical responsibilities or as a result of a complete role change. It would be advisable to inform and counsel students about this well-known career pattern when they enter and when they exit their graduate programs. This would also help students help themselves during their training as well as when they begin their agency-based social work careers. Armed with the knowledge of eventual role change, they might be more responsive to, as well as more inclined to arrange opportunities for administrative role functioning in their field placements as well as in their agencies.

Since most graduate programs are committed to training students for careers as agency-based direct service practitioners, there are often few, if any, course offerings in

administration. It appears that even when administrative electives are available, students tend to select clinical courses. Perhaps this is not surprising, since it has been shown that practicing social work administrators tend to select clinically-oriented courses even though they may no longer be functioning as clinicians and continually lament not having taken courses in administration during the opportune period of their graduate training (Scurfield, 1980a). As Rosenberg and Clarke (1987) point out, social work graduate education needs to maintain the curriculum which makes social work education unique, however basic and general management skills useful to all social workers could be taught, which could then be supplemented later on by the individual transition-maker.

Clinical course instructors could contribute to student awareness and socialization to later administrative roles by creatively drawing analogues and parallels between their clinical growing knowledge and administrative work. This integration of clinical and administrative work could help to demystify (and, where necessary, detoxify) administrative science for those whose anti-managerial bias may have already been established. Students helped to appreciate how clinical experience can lead directly to managerial expertise, as did so many of the administrators interviewed for this study, will probably be better inclined to consider administrative work as a positive and fitting career option, rather than one of the only ways to make more money in social work or the only way to move up the ladder regardless of

interest or suitability for management. This might also help to underscore the fact that while clinical and administrative work are different, both are important social work functions and not two completely unrelated, or even antithetical, fields of practice.

In order to become more familiar with managerial work and to test their aptitudes and interest, students need opportunities for involvement in the administrative life of the agency. Many of the administrators interviewed for this study, as well as those administrators in Patti's (1979) and Rosenberg and Clarke's (1987) studies became interested in administration as a possible career option after having had occasion to perform some administrative task while employed as clinicians. Insuring such opportunities, rather than leaving them to chance, and providing them as early as the field placement experience, would greatly serve the career planning needs of new clinicians entering the field, as well as agencies who would benefit by having more broadly informed and socialized employees aware and capable beyond the scope of their clinical-only training.

The majority of the respondents in this study became administrators through a combination of unanticipated events, circumstances involving chance, luck, and timing, contrary to the deliberate and planful preparation that characterized their entry into clinical practice earlier in their careers. One of the main reasons for this largely accidental role entry is the lack of systematic agency-based ways to identify clinicians who

demonstrate potential for administrative and then cultivate those talents to the benefit of worker, agency, and, ultimately, the field of social work.

The available data on mentoring from this study, as well as others cited, has underscored the critical importance of mentoring relationships for social work clinicians, especially female clinicians, who elect to become administrators. Identifying potentially successful managers and assigning them to agency-based executive mentors would enable more clearly defined and deliberate in-service learning opportunities and supports than appear to have previously existed.

Another recommendation to provide assistance for new administrators undergoing role change are transitional support groups (first suggested by Patti, et al, 1979) not unlike the one described by Blankman (1991) and her colleagues. Institutionalizing a support group for clinicians-turned-administrators accomplishes several objectives. In addition to offering direct help and support to those in transition, it underscores the existence of professional role transition as an important phenomenon in agencies and in the profession. This might prove especially valuable to those clinicians who have administrative aspirations, but who have shied away from acting accordingly because of the obstacles they believe stand in the way of successful role change. This may be particularly true of female clinicians who wish to move up the hierarchy, but find the journey too difficult for reasons related to their gender.

The benefits of a quality of personality resiliency referred to as "hardiness" cannot be overemphasized in continuing efforts to understand why some people suffer under stressful conditions, while others not only do not suffer, but may even thrive under the same stressful circumstances. The subject of this research study - the transition from clinician to administrator - has provided a valuable context in which to examine this constellation of personality traits.

Many of the respondents in this study reported varying degrees of role strain during their transition experience. Some had difficulties that could be traced to the absence of "hardy" qualities, leaving them vulnerable to stressors that then impaired their transition experiences and their lives. Several of them sought a number of stress reducing strategies or devices with varying degrees of success. Others just suffered based on the belief that there was little, if anything, they could do to ease their ordeal and, therefore, like the medication-resisting headache sufferer, simply waited for the pain to go away.

Transition-makers might benefit from hardiness training programs like the one described by Maddi (1987). This training emphasizes coping with stressful circumstances by transforming them into less stressful forms. According to Maddi, "hardiness training is a good approach for career development because it can provide a basis for deepened personal understanding and a preventive approach to stress-related disorders" (p.113). This approach encourages self-reflection and helps people to better

appreciate their role in their problems, as well as helps them develop effective strategies for handling them. This approach is consistent with the realization that the quality of one's transition experience is primarily related to matters of the self than to matters of the outside world and that the resulting difficulties have to be treated accordingly. At present, there are no hardiness training programs available in this part of the country; a condition that will hopefully change in the very near future.

There are noteworthy similarities between the preceding recommendations from this study and those that came out of the research study conducted by Patti, et al. over sixteen years ago (1979) and the Rosenberg and Clarke study in 1987. These researchers' comprehensive recommendations were offered to both schools of social work and social agencies, like those from this study. At best, this might be seen as lending credence to the wisdom and value of the recommendations in question. Different researchers with comparable, and, in some cases, identical recommendations are more compelling and, therefore, perhaps more worthy of implementation. At worst, essentially similar recommendations from similar research studies so many years apart might indicate that there has been insufficient effort during these intervening years to improve conditions in an area of professional concern affecting so many social workers.

Appendix A

Letter to Prospective Subjects Requesting
Their Participation in the Study

I obtained your name through the Membership Directory of the National Network of Social Work Managers (or) Your name was suggested to me by _____ .

I have undertaken a research study concerning the transition that many social workers make from clinical to administrative practice. The study is in fulfillment of the requirements for the Doctor of Social Welfare degree at Hunter College School of Social Work.

I am interested in understanding the transition process as well as examining some of the personal and professional qualities of the social workers who make this change. In order to accomplish this, I need to conduct in-depth interviews with several "clinicians-turned-administrators" and would like to know whether you might be interested in participating in my study.

I hope that you will give my request your favorable consideration. All information will be strictly confidential and will be presented anonymously in the dissertation. Administrators interviewed for this study and the agencies they represent will not be identified by name. The in-person interview will require only 60 minutes and will be arranged at a time of your convenience.

When you have decided, I would appreciate your returning the enclosed response form. I will contact you only if you are interested.

Thank you very much for your consideration. I will provide the results of the study to all interested participants.

Very truly yours,

Richard B. Joelson, M.S., C.S.W.

Appendix B

Statement to Interview Subjects at the Time of the Interview

I appreciate your time and your willingness to participate in this study. Before we begin, I thought I would tell you something more about the purpose of the research and answer any questions that you might have.

I am interviewing social workers who have made the transition from direct practice to administrative practice at some point in their professional careers. The purpose is to learn about the ways in which clinicians experience the transition as well as to understand more about some of the personal and professional qualities of these social workers.

There has been very little research on this topic, which I think is surprising in view of the fact that the majority of administrators in our field are drawn from the ranks of direct service practitioners...just like you.

I have a number of questions to ask you that will serve as a guide. However, I am especially interested in seeing where the details of your particular experience might take us. I hope that you will feel free to offer any information about your transition experience that I may not have covered in my questions. If I ask a question that you would prefer not to answer, you are not required to do so.

The information you give me is confidential and will be presented anonymously in the dissertation. Neither the tape nor my interview notes will be shared; administrators interviewed for this study and the agencies they represent will not be identified by name.

Before we begin, do you have any questions?

Appendix C
Interview Guide

(1) What were the circumstances that led to your making a transition from direct practice to administration?

Probes/further inquiry: Was it planned or unplanned? Did you *want* to or did you *need* to? (e.g. desire for more money, autonomy, only way to get promoted, etc.) Why want? Why need? Was it serendipitous? Was there an incident(s) that was influential? How? Was there someone who was influential? If so, who and how?

(2) What were the *feelings* associated with becoming an administrator?

Probes/further inquiry: What do you recall about your emotional experience while making the changeover? Stimulated? Overwhelmed? Excited? Anxious? Other?

(3) What surprised you about the transition experience?

Probes/further inquiry: Were surprises related to little or no orientation to the new job? Were they positive? Negative? Did the reality match your expectations or not? In what ways? Were there unexpected difficulties re: role change?

(4) A general assumption found in the literature is that the transition from clinician to administrator is not always easy. In what ways was this true (and not true) of your experience?

Probes/further inquiry: What were some of the specific difficulties you encountered? Did clinical background help?...hinder?...how?

(5) What was (were) the best and worst thing(s) about making the transition from clinician to administrator?

Probes/further inquiry: What area of administrative functioning was most difficult to master? How did you respond? (Additional probes will depend on specific answers)

(6) If you did find the transition a difficult one, what aspects of the experience were the most troublesome?

(7) What steps did you take to try and mediate or lessen the difficult aspects of the transition experience?

Probes/further inquiry: Coping strategies? How did you handle aspects of the job that were unclear (i.e. role ambiguity)?

(8) Did you find the stressful aspects of your administrative job to be stimulating (challenging) or draining (debilitating) and how?

Probes/further inquiry: Lack of role clarity? Poor person-role fit?

(9) If you found your new administrative job to be relatively stress and conflict free, what would you say were the main reasons for this?

Probes/further inquiry: Role of previous clinical background?

(10) What was it about *you* that helped or hindered the transition process?

Probes/further inquiry: Background experiences? Family influences? Historical information about you that suggested a propensity (or lack) for administrative work (i.e. previous leadership roles, unusual early opportunities for exercising authority, "natural born leader," etc.)? Conscious predispositions and/or resistances (e.g. entrepreneurial nature, disdain for politics, etc.)? Ambitious by nature?

(11) What effect do you feel your gender had on your transition experience?

Probes/further inquiry: Harder or easier and in what ways? Special stresses associated with gender? Role of support network? Organization resistance(s) to role change re: gender.

(12) How could the agency in which the transition took place have been helpful?

(13) When you think of your transition experience, is there one incident or event that stands out in your mind?

Bibliography

- Abramczyk, L.W. (1980). The New M.S.W. Supervisor: Problems of Role Transition. *Social Casework*, 61, 83-89.
- Abramson, J.S. (1991). Orienting Social Work Employees in Interdisciplinary Settings: Shaping Professional and Organizational Perspectives. Manuscript submitted for publication.
- Ackerman, L. (1982). Transition Management: An In-Depth Look at Managing Complex Change. *Organizational Dynamics*, Summer, 46-66.
- Applegate, J.S. (1988). Leadership: A Dimension of Clinical Social Work Practice. *Social Casework*, 69, 640-643.
- Austin, C.D., Kravetz, D., & Pollock, K.L. (1985). Experiences of Women as Social Welfare Administrators. *Social Work*, 30, 173-179.
- Austin, M. J. (1975). Evaluating the Training of Mental Health Administrators. *Administration in Mental Health*, 18, 62-72.
- Austin, M.J. (1989). Executive Entry: Multiple Perspectives on the Process of Muddling Through. *Administration in Social Work*, 13, 55-71.
- Bargal, D. & Schmid, H. (1989). Recent Themes in Theory and Research on Leadership and Their Implications for Management of the Human Services. *Administration in Social Work*, 13, 37-54.
- Bass, B.M. (1985). Leadership: Good, Better, Best. *Organizational Dynamics*, 26-40.
- Becker, H.S. & Strauss, A.L. (1956). Careers, Personality, and Adult Socialization. *The American Journal of Sociology*, LXII, 253-263.
- Berg, W. (1980). Evolution of Leadership Style in Social Agencies: A Theoretical Analysis. *Social Casework*, 61, 22-28.
- Berger, C.S. (1990). Enhancing Social Work Influence in the Hospital: Identifying Sources of Power. *Social Work in Health Care*, 15, 77-93.
- Bernstein, S.R. (1991). Managing Contracted Services in the Nonprofit Agency. Philadelphia: Temple University Press.

- Blankman, J., Dobroff, J. & Wade, K. (1991). Moving Up Without Falling Down: Forming Groups to Aid New Supervisors. Unpublished manuscript.
- Brewin, C. (1980). Work role transitions and stress in managers: Illustrations from the clinic. *Personnel Review*, 9, 27-30.
- Bridges, W. (1986). Managing Organizational Transitions. *Organizational Dynamics*, Summer, 24-33.
- Burr, W.R. (1972). Role Transition: A Reformulation of Theory. *Journal of Marriage and the Family*, 34, 407-416.
- Chernesky, R.H. (1979). A Guide For Women Managers: A Review of the Literature. *Administration in Social Work*, 3, 91-97.
- Chernesky, R.H. (1983). The Sex Dimension of Organizational Processes: Its Impact on Women Managers. *Administration in Social Work*, 7, 133-143.
- Chernesky, R.H. & Bombyk, M.J. (1988). Women's Ways and Effective Management. *Affilia*, 3, 48-61.
- Collins, E.G.C. (1978) Everyone Who Makes It Has a Mentor. *Harvard Business Review*, July-August, 89-101.
- Collins, P.M. (1993). The Interpersonal Vicissitudes of Mentorship: An Exploratory Study of the Field Supervisor-Student Relationship. *The Clinical Supervisor*, 11, 121-135.
- Collins, P.M. (1994). Does Mentorship among Social Workers Make a Difference? An Empirical Investigation of Career Outcomes. *Social Work*, 39, 413-419.
- Cournoyer, B.R. (1988). Personal and Professional Distress among Social Caseworkers. *Social Casework*, 69, 259-264.
- Dane, Elizabeth (1983). Continuing Education in Administration: The Job-Related Principle. *Administration in Social Work*, 7, 79-89.
- Daniels, A.S. & Daniels, R.S. (1989). The psychiatrist as administrator and organizational leader-An application of social psychiatry. *Social Psychiatry and Psychiatric Epidemiology*, 24, 295-300.
- Davis, G. (1985). Retooling: Clinical Social Worker to Occupational Social Worker. *Social Casework*, 66, 498-503.
- Delbecq, A.L. & Mills, P.K. (1985). Managerial Practices That Enhance Innovation. *Organizational Dynamics*, 24-34.

- Deutsch, M. & Krauss, R.M. (1965). Theories in Social Psychology. New York: Basic Books (ch.6-Role Theory)
- Diamond, M.A. & Allcorn, S. (1985). Psychological Dimensions of Role Use in Bureaucratic Organizations. *Organizational Dynamics*, 35-59.
- Diekelman, N., Schuster, R., & Lam, S. (1991) Martin v.2.0 User Manual. Madison, Wisconsin: School of Nursing, University of Wisconsin-Madison
- Dohrenwend, B.P. & Dohrenwend, B.S. (1981). Socioenvironmental Factors, Stress, and Psychopathology. *American Journal of Community Psychology*, 9, 128-159.
- Dolgoft, T. (1975). The Organization, the Administrator and the Mental Health Professional. *Administration in Mental Health*, 18, 47-59.
- Donovan, R. (1987). Stress in the Workplace: A Framework for Research and Practice. *Social Casework*, 68, 259-266.
- Elbow, M. (1975). On becoming an agency executive. *Social Casework*, 56, 525-530.
- Epstein, I. (1970). Professional Role Orientations and Conflict Strategies. *Social Work*, 15, 87-92.
- Epstein, I., Savage-Abramovitz, A., and Weissman, H. (1982). Training 'Clinician-Managers' in Community Mental Health Settings: A Progress Report. *Social Work Education reporter*, 30, 10-15.
- Ezell, H.F. & Odewahn, C.A. (1980). An Empirical Inquiry of Variables Impacting Women in Management in Public Social Service Organizations. *Administration in Social Work*, 4, 53-67.
- Ezell, M., Menefee, D. & Patti, R. (1989). Managerial Leadership and Service Quality: Toward a Model of Social Work Administration. *Administration in Social Work*, 13, 73-98.
- Faver, C.A., Fox, M.F. & Shannon, C. (1983). The Educational Process and Job Equity for the Sexes in Social Work. *Journal of Education for Social Work*, 19, 78-87.
- Feld, S. & Radin, N. (1982). *Social Psychology for Social Work and the Mental Health Professions*. New York: Columbia University Press

- Feldman, S. (1974). Educating the Future Mental Health Executive - A Graduate Curriculum. *Administration in Mental Health*, 74-85.
- Feldman, S. (1980). The Middle Management Muddle. *Administration in Mental Health*, 8, 3-11.
- Feldman, S. & Cahill, P.A. (1975). Educating the Mental Health Administrator: A Report. *Administration in Mental Health*, 3, 86-89.
- Feldman, C.F. (1976). A Contingency Theory of Socialization. *Administrative Science Quarterly*, 21, 433-452.
- Fitt, L.W. & Newton, D.A. (1981). When the mentor is a man and the protegee a woman. *Harvard Business Review*, March-April.
- Fontana, D. (1989). *Managing Stress*. New York:Chapman & Hall, Inc.
- Fortune, A.E. & Hanks, L.L. (1988). Gender Inequities in Early Social Work Careers. *Social Work*, 33, 221-226.
- French, J.R.P. (1973). Person Role Fit. *Occupational Mental Health*, 3, 15-20.
- French, J.R.P. & Caplan, R.D. (1972) Organizational Stress and Individual Strain. In A.J. Morrow (Ed.) *The Failure of Success*. New York: Amacom.
- Gibelman, M. & Schervish, P.H. (1993). The Glass Ceiling in Social Work: Is It Shatterproof? *Affilia*, 8, 442-455.
- Gilgun, J.F. (1992) Hypothesis Generation in Social Work Research. *Journal of Social Service Research*, 15, 113-135.
- Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine de Gruyter.
- Goode, W.J. (1960). A Theory of Role Strain. *American Sociological Review*, 25, 483-496.
- Gummer, B. (1979). All That Stresses Does Not Strain: Job Satisfaction, Morale, and Turnover. *Administration in Social Work*, 3, 489-494.
- Gummer, B. (1987). Are Administrators Social Workers?: The Politics of Intraprofessional Rivalry. *Administration in Social Work*, 11, 19-31.

- Gummer, B. & Edwards, R.L. (1988). The Enfeebled Middle: Emerging Issues in Education for Social Administration. *Administration in Social Work*, 12, 13-23.
- Hairston, C.F. (1980). Educational Preparation and Job Performance: Perceptions of Social Work Administrators. *Administration in Social Work*, 4, 15-28.
- Hall, F.S. (1991). Dysfunctional Managers: The Next Human Resource Challenge. *Organizational Dynamics*, 48-57.
- Hanlan, M.S. (1977). Women in Social Work Administration: Current Role Strains. *Administration in Social Work*, 1, 259-265.
- Hart, A.F. (1988). Training Social Administrators for Leadership in the Coming Decades. *Administration in Social Work*, 12, 1-11.
- Himle, D.P., Jayaratne, S., & Thyness, P.A. (1989). The Buffering Effects of Four Types of Supervisory Support on Work Stress. *Administration in Social Work*, 13, 19-34.
- Hinkle, A. & Burns, M. (1978). The clinical-executive: A Review. *Administration in Mental Health*, 5, 3-21.
- Holloway, S. (1980). Up the hierarchy: From clinician to administrator. *Administration in Social Work*, 4, 4-14.
- House, J.S. (1981). *Work Stress and Social Support*. Reading, Mass: Addison-Wesley Publishing Co.
- Jayaratne, S. & Chess, W. (1983). Job Satisfaction and Turnover among Social Work Administrators: A National Survey. *Administration in Social Work*, 7, 11-22.
- Jones, M. (1993). Role Conflict: Cause of Burnout or Energizer? *Social Work*, 38, 136-141.
- Kahn, R.L., Wolfe, D.M., Quinn, R.P., & Diedrick Snoek, J. (1964). *Organizational Stress: Studies in Role Conflict and Ambiguity*. New York: John Wiley & Sons. (ch.2-A Theory of Role Dynamics)
- Keefe, T. (1988). Stress-Coping Skills: An Ounce of Prevention in Direct Practice. *Social Casework*, 69, 475-482.
- Keenan, A. & McBain, G.D.M. (1979). Effects of Type A behaviour, intolerance of ambiguity, and locus of control on the relationship between role stress and work-related outcomes. *Journal of Occupational Psychology*, 52, 277-285.

- Kerson, T. & Alexander, L. (1979). Strategies for Success: Women in Social Service Administration. *Administration in Social Work* 3, 313-326.
- Kets de Vries, M.F.R. (1989). Leaders Who Self-Destruct: The Causes and Cures. *Organizational Dynamics*, 17, 5-17.
- Klenke-Hamel, K.E. & Mathieu, J.E. (1990). Role Strains, Tension, and Job Satisfaction Influences on Employees' Propensity to Leave: A Multi-Sample Replication and Extension. *Human Relations*, 43, 791-807.
- Kobasa, S.C. (1979). Stressful Life Events, Personality, and Health: An Inquiry Into Hardiness. *Journal of Personality and Social Psychology*, 37, 1-11.
- Kobasa, S.C. (1982). The Hardy Personality: Toward a Social Psychology of Stress and Health. In J. Suls and G. Sanders (Eds.) *Social Psychology of Health and Illness*. Hillsdale, N.J.: Erlbaum.
- Kobasa, S.C., Maddi, S.R., & Courington, S. (1981). Personality and Constitution as Mediators in the Stress-Illness Relationship. *Journal of Health and Social Behavior*, 22, 368-378.
- Kobasa, S.C., Maddi, S.R., & Kahn, S. (1982). Hardiness and Health. *Journal of Personality and Social Psychology*, 42, 168-177.
- Koeske, R.D. & Koeske, G.F. (1989). Working and Non-Working Students: Roles, Support and Well-Being. *Journal of Social Work Education*, 25, 245-256.
- Kohn, M.L. & Schooler, C. (1982). Job Conditions and Personality: A Longitudinal Assessment of Their Reciprocal Effects. *American Journal of Sociology*, 87, 1257-1286.
- Kovach, B. (1986). The Derailment of Fast-Track Managers. *Organizational Dynamics*, Autumn, 41-48.
- Kravetz, D. (1976). Sexism in a Woman's Profession. *Social Work*, 21, 421-426.
- Kravetz, D. & Austin, C.D. (1984). Women's Issues in Social Service Administration: The Views and Experiences of Women Administrators. *Administration in Social Work*, 8, 25-38.
- Kugel, L. & Riggs, R.T. (1981). News and Views: Practitioner to Administrator. *Social Casework*, 62, 240-244.

- Lackie, B. (1983) The Families of Origin of Social Workers. *Clinical Social Work Journal*, 11, 309-322.
- Lackie, B. (1984). Learned Responsibility and Order of Birth: A Study of 1,577 Social Workers. *Smith College Studies in Social Work*, 54, 117-138.
- Levin, R. & Leginsky, P. (1990). The Independent Social Worker as Entrepreneur. *Journal of Independent Social Work*, 5, 89-99.
- Levinson, D. & Klerman, G. (1967). The Clinician-Executive. *Psychiatry*, 30, 3-15.
- Levinson, D. & Klerman, G. (1972). The Clinician-Executive - Revisited. *Administration in Mental Health*, 64-67.
- Levinson, D.J. (1959). Role, Personality, and Social Structure in the Organizational Setting. *The Journal of Abnormal and Social Psychology*, 58, 170-180.
- Lieberman, S. (1956). The Effects of Changes in Roles on the Attitudes of Role Occupants. *Human Relations*, IX, 385-402.
- Loftus, D.P. (1982). Training and Education of Community Mental Health Center Directors: A National Survey. *Administration in Mental Health*, 10, 53-73.
- Louis, M. (1980). Career Transitions: Varieties and Commonalities. *Academy of Management Review*, 5, 329-340.
- Louis, M. (1980). Surprise and Sense Making: What Newcomers Experience in Entering Unfamiliar Organizational Settings. *Administrative Science Quarterly*, 25, 226-251.
- Louis, M. (1982). Managing Career Transitions: A Missing Link in Career Development. *Organizational Dynamics*, 2, 68-77.
- Lyonski, S. & Andrews, J.C. (1990). Effects of Moderating Variables on Product Managers' Behavior. *Psychological Reports*, 66, 295-306.
- Lyonski, S. & Durvasula, S. (1990). Effects of Moderating Variables on Product Managers' Behavior: A Reexamination. *Psychological Reports*, 67, 687-690.
- Macarov, D. (1977). Management in the Social Work Curriculum. *Administration in Social Work*, 1, 135-148.

- Maddi, S.R. (1987). Hardiness training at Illinois Bell Telephone. In J.P. Opatz (Ed.), Health promotion evaluation. Stevens Point, WI: National Wellness Institute.
- Mandell, B. (1973). The "Equality" Revolution and Supervision. *Education for Social Work*, 9, 43-54.
- Marks, S.R. (1977). Multiple Roles and Role Strain: Some Notes on Human Energy, Time and Commitment. *American Sociological Review*, 42, 921-936.
- Mattesan, M.T. & Ivancevich, J.M. (1988). *Controlling Work Stress*. San Francisco: Jossey-Bass Inc.
- McCracken, G. (1988). *The Long Interview*. Newbury Park, Calif.: Sage Publications.
- Merton, R. (1957). *Social Theory & Social Structure* (Rev.ed). New York: The Free Press
- Mordock, J.B. (1990). The New Supervisor: Awareness of Problems Experienced and Some Suggestions for Problem Resolution Through Supervisory Training. *The Clinical Supervisor*, 8, 81-92.
- Morrison, M. (1982). From Service Provider to Administrator. *Journal of Visual Impairment & Blindness*, 76, 357-359.
- Munson, C.E. (1982). Perceptions of Female Social Workers Toward Administrative Positions. *Social Casework*, 63, 54-59.
- Nadler, D. (1982). Managing Transitions to Uncertain Future States. *Organizational Dynamics*, Summer, 37-45.
- Nelipovich, M. & Inkster, D. (1982). When the Practitioner Becomes an Administrator: A Case Study. *Journal of Visual Impairment and Blindness*, November, 360-364.
- Neugeboren, B. (1986). Systemic Barriers to Education in Social Work Administration. *Administration in Social Work*, 10, 1-14.
- Neugeboren, B. (1990). Career Development in Social Work Administration. *Administration in Social Work*, 14, 47-63.
- Nicholson, N. (1984). A Theory of Work Role Transitions. *Administrative Science Quarterly*, 29, 172-191.
- O'Connor, D and Wolfe, D. (1987). On Managing Midlife Transitions in Career and Family. *Human Relations*, 40, 799-816.

- Odewahn, C.A. & Ezell, H.F. (1992). Attitudes Toward Women Managers in Human Service Agencies: Are They Changing? *Administration in Social Work*, 16, 45-55.
- Orpen, C. (1982). Type A Personality as a Moderator of the Effects of Role Conflict, Role Ambiguity and Role Overload on Individual Strain. *Journal of Human Stress*, 8, 8-14.
- Orth, C.D., Wilkinson, H.E., & Benfari, R.C. (1987). The Manager's Role as Coach and Mentor. *Organizational Dynamics*, 15, 66-74.
- Patchner, M. (1983). The Practitioner Becomes a Student: The Stresses of Transition. *Journal of Continuing Social Work Education*, 2, 21-31.
- Patti, R. (1984). Who Leads the Human Services? The Prospects for Social Work Leadership in an Age of Political Conservatism. *Administration in Social Work*, 8, 17-29.
- Patti, R. & Austin, M.J. (1977). Socializing the Direct Service Practitioner In The Ways Of Supervisory Management. *Administration in Social Work*, 1, 267-280.
- Patti, R., Diedreck, E., Olson, D. & Crowell, J. (1979). From Direct Service to Administration: A Study of Social Workers' Transition to Management Roles, Part I: Analysis. *Administration in Social Work*, 3, 131-152.
- Patti, R., Diedrick, E., Olson, D. & Crowell, J. (1979). From Direct Service to Administration: A Study of Social Workers' Transition to Management Roles, PartII: Recommendations. *Administration in Social Work*, 3, 265-276.
- Patton, M.Q. (1990). *Qualitative Evaluation & Research Methods*. Newbury Park, California: Sage Publications.
- Pearlin, L.I., Lieberman, M.A., Menaghan, E.G. & Mullan, J.T. (1981). The Stress Process. *Journal of Health and Social Behavior*, 22, 337-356.
- Pearlin, L. I.(1983). Role Strains and Personal Stress. In H. B. Kaplan (Ed.) *Psychosocial Stress:Trends in Theory and Research*. New York: Academic Press
- Pearlin, L.I. (1989). The Sociological Study of Stress. *Journal of Health and Social Behavior*, 30, 241-256.
- Penzer, W.N. (1989). Clinician Turned Administrator: Drawing Upon Clinical Experience for Managerial Expertise. *Administration and Policy in Mental Health*, 17, 105-109.

- Perlmutter, F.D. (1990). *Changing Hats - From Social Work Practice to Administration*. Silver Spring, MD: NASW Press.
- Prochaska, J.M. (1987). Middle Management in Human Services. *Social Casework*, 68, 567-570.
- Radin, B.A. & Benton, B.B. (1986). The "New" Human Services Manager. *New England Journal of Human Services*, VI, 13-19.
- Ratliff, N. (1988). Stress and Burnout in the Helping Professions. *Social Casework*, 69, 147-154.
- Reid, V. (1977). Worker to Supervisor: The transition isn't easy. *Hospital Supervisor's Bulletin*, 323, 1-4.
- Reisman, B. (1986). Management Theory and Agency Management: A New Compatibility. *Social Casework*, 67, 387-393.
- Rennie, D.L., Phillips, J.R. & Quartaro, G.K. (1988). Grounded Theory: A Promising Approach To Conceptualization in Psychology. *Canadian Psychology*, 29, 139-150.
- Richey, C.A., Gambrill, E.D., & Blythe, B.J. (1988). Mentor Relationships Among Women in Academe. *Affilia*, 3, 34-47.
- Rizzo, J.R., House, R.J., & Lirtzman, S.I. (). Role Conflict and Ambiguity in Complex Organizations. *Administrative Science Quarterly*, , - .
- Robbins, S.P. (1989). Mentorship in Social Work Education: Do Women Lose Out? *Arete*, 14, 1-9.
- Rosenberg, G. & Clarke, S.S. (1987). Social Workers in Health Care Management: The Move to Leadership. (Special issue). *Social Work in Health Care*, 12(3).
- Rubenstein, H. (1981). Women in Organizations: A Review of Research and Some Implications for Teaching Social Work Practice. *Journal of Education for Social Work*, 17, 20-27.
- Ryan R.M. (). Managing Mental Health Professionals: An Alternative Future. 68-73.
- Sarbin, T.R., & Allen, V.L. (1968). Role Theory. In G. Lindzey & Aronson, E. (Eds.) *The Handbook of Social Psychology* (second ed.-Vol.1). Reading, Mass: Addison-Wesley
- Sayles, L.R. (1979). *Leadership-What Effective Managers Really Do...And How They Do It*. New York: McGraw-Hill Book Co.

- Schulberg, H.C. & McClelland, M. (1981). Ethical Dilemmas in Administering Mental Health Services. *Administration in Mental Health*, 9, 20-34.
- Schwartz, H. (1990). Transition to Administration: A Comparative Study of Social Workers and Psychologists. Unpublished doctoral dissertation, The University of Tennessee, Knoxville.
- Scott, D. (1990). Practice Wisdom: The Neglected Source of Practice Research. *Social Work*, 35, 564-568.
- Scurfield, Raymond M. (1980b). Social Work Administrators: Their Educational Preparation, Value Orientation, Role Transition, and Satisfaction. *Administration in Social Work*, 4, 47-59.
- Scurfield, R.M. (1980a). Educational Preparation for Social Work Administrators: A Survey. *Journal of Education for Social Work*, 16, 49-56.
- Scurfield, R.M. (1981). Clinician to Administrator: Difficult Role Transition. *Social Work*, 26, 495-501.
- Seiz, R.C. & Schwab, Jr., A.J. (1992). Entrepreneurial Personality Traits and Clinical Social Work Practitioners. *Families in Society*, 73, 495-502.
- Shapira, M. (1971). Reflections on the preparation of social workers for executive positions. *Journal of Education for Social Work*, 7, 55-68.
- Sieber, S.D. (1974). Toward a Theory of Role Accumulation. *American Sociological Review*, 39, 567-578.
- Skinner, W. & Sasser, W.E. (1977). Managers with impact: versatile and inconsistent. *Harvard Business Review*, Nov-Dec, 140-148.
- Steger, J., Woodhouse, R. & Goocey, R. (1973). The Clinical Manager: Performance and Management Characteristics. *Administration in Mental Health*, 76-81.
- Sutton, J.A. (1982). Sex Discrimination Among Social Workers. *Social Work*, 27, 211-217.
- Sze, W.C. and Ivker, B. (1986). Stress in Social Workers: The Impact of Setting and Role. *Social Casework*, 67, 141-148.
- Talbott, J.A. & Bachrach, L.L. (1985). Administrative Psychiatry: What Sort of Job is This For a Woman? *Administration in Mental Health*, 12, 252-263.

- Tropman, J.E. (1989). Human Service Entrepreneurship: The Four "C" Approach. *Administration in Social Work*, 13, 219-242.
- Turner, R.J. (1981). Social Support as a Contingency in Psychological Well-Being. *Journal of Health and Social Behavior*, 22, 357-367.
- van Dijkhuizen & Reiche, H. (1980). Psychosocial Stress in Industry: a Heartache for Middle Management? *Psychotherapy and Psychosomatics*, 34, 124-134.
- van Maanen, J. (1978). People Processing: Strategies of Organizational Socialization. *Organizational Dynamics*, Summer, 19-36.
- Vash, C. (1980). The burnt-out administrator. New York: Springer
- Walker, B.L. (1993). Computer Analysis of Qualitative Data: A Comparison of Three Packages. *Qualitative Health Research*, 3, 91-111.
- Walsh, J.A. (1990). From Clinician to Supervisor: Essential Ingredients for Training. *Families in Society*, 71, 82-87.
- Wanous, J.P. (1976). Organizational Entry: From Naive Expectations to Realistic Beliefs. *Journal of Applied Psychology*, 61, 22-29.
- Wanous, J.P. (1977). Organizational Entry: Newcomers Moving From Outside to Inside. *Psychological Bulletin*, 84, 601-618.
- Warshaw, L.J. (1979). *Managing Stress*. Reading, Mass: Addison-Wesley Publishing Co.
- Wax, J. (1983). Clinical Contributions to Administrative Practice. *Social Work in Health Care*, 8, 129-139.
- Weissman, H.H. (1982). Can Clinicians Manage Social Agencies? *Social Casework*, 63, 160-167.
- West, M.A., Nicholson, N, & Rees, A. (1987). Transitions into newly created jobs. *Journal of Occupational Psychology*, 60, 97-113.
- Wheaton, B. (1983). Stress, Personal Coping Resources, and Psychiatric Symptoms: An Investigation of Interactive Models. *Journal of Health and Social Behavior*, 24, 208-229.
- Wheaton, B. (1990). Life Transitions, Role Histories, and Mental Health. *American Sociological Review*, 55, 209-223.

- Williams, A.W., Ware, Jr., J.E., & Donald, C.A. (1981). A Model of Mental Health, Life Events, and Social Supports Applicable to General Populations. *Journal of Health and Social Behavior*, 22, 324-336.
- Wright, R., King, S., & Berg, W. (1985). Job Satisfaction in the Workplace: A Study of Black Females in Management Positions. *Journal of Social Service Research*, 8, 65-79.
- Yolles, S.F. (1975). The importance of administration in mental health. *Administration in Mental Health*, 18, 43-50.
- York, R.O. (1987). Sex-Role Stereotypes About Social Work Administration. *Journal of Sociology And Social Welfare*. XIV, 87-104.
- York, R.O. (1988). Sex-Role Stereotypes and the Socialization of Managers. *Administration in Social Work*, 12, 25-40.
- York, R.O., Henley, H.C. & Gamble, D.N. (1985). Barriers to the Advancement of Women in Social Work in Social Work Administration. *Journal of Social Service Research*, 9, 1-15.
- York, R.O., Henley, H.C. & Gamble, D.N. (1988). The Power of Positive Mentors: Variables Associated with Women's Interest in Social Work Administration. *Journal of Social Work Education* 24, 242-250.
- Zunz, S.J. (1991). Gender-Related Issues in the Career Development of Social Work Managers. *Affilia*, 6, 39-52.