

Training Needs of Social Workers in Texas Nursing Homes

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ABSTRACT

What is the level of professional training and experience of staff presently in social work positions in Texas nursing facilities? Is there a need for continuing education in gerontology for nursing home social workers? These questions were the focus of a statewide survey of 1,137 nursing homes. Forty-three percent of these facilities responded to a mail questionnaire. Results of the data analysis revealed that the median for employment in the nursing home was 1.5 years, with over half of the respondents lacking any additional work experience in aging. Over one-third of the respondents did not have a social work degree, and 60% had not taken a course in gerontology. In addition, 80% of the graduate and undergraduate social workers had not completed an internship in aging. Only 3% of the social workers were licensed as Advanced Clinical Practitioners. The majority of the respondents, 90%, stated their intention to continue practicing in long term care. The top three needs identified in continuing education were developing psychosocial assessments, dealing with dementia, and treating depression. The research findings have generated questions involving the regulation of social work practice in Texas nursing homes, as well as issues concerning social work education in gerontology. Furthermore, the research results have demonstrated the need for continuing education for social workers currently practicing in long term care facilities.

TRAINING NEEDS OF SOCIAL WORKERS IN TEXAS NURSING HOMES

In the United States today, over 31 million people are over 65 years old. With aging of the post World War II baby boomers, advances in medicine, and increasing longevity, this trend is likely to continue well into the twenty-first century (Hooyman and Kiyak, 1996). Concomitantly, with the expansion of the elderly population, the demand for social services will also increase, creating the possibility of a shortage of social workers with training in gerontology. Since the passage of the Omnibus Budget Reconciliation Act of 1990, nursing homes with 120 beds which receive federal monies have been required to employ full-time social workers. In Texas, finding social workers to fill these positions with expertise in gerontology has been difficult. In a statewide survey of social work programs, Murray (1996) found that less than half of the baccalaureate programs offered social work courses in aging, and only one graduate program has a specialization in gerontology.

With over eleven hundred nursing homes in Texas and limited social work education available in gerontology, providing training to social workers currently employed in nursing facilities becomes an issue of considerable significance. Consequently, this research study targeted two areas of investigation: (1) what is the level of professional training and experience of individuals presently in social work positions in nursing homes, and (2) what are the continuing education needs of this population?

Methods of Data Collection:

The means for collecting data in this research project was a survey instrument which queried the respondents' work and educational experience in aging, their

interest in continuing to practice in long term care (LTC), and their needs in continuing education (see Appendix A). The first three questions on the survey instrument focused on employment in the aging field. Data from these questions would be useful in developing a profile of the work experience in gerontology of individuals staffing social work positions in Texas nursing homes. Question one asked about the length of employment in the social workers' current positions, and question two sought data concerning any additional work experience in the aging field. The third question addressed how the social workers were presently employed - as a full time or part time employee, or as a consultant.

On the survey instrument, questions four through seven targeted professional training and credentials. In the social work profession, there are three recognized levels of academic achievement: the Bachelor's in Social Work (BSW), the Master of Social Work (MSW) or Master of Science in Social Work (MSSW), and the Doctor of Philosophy (PhD) or Doctorate in Social Work (DSW). Other types of educational degrees were also included as choices on the questionnaire since individuals who hold Social Work Associate (SWA) credentials in Texas do not have degrees from accredited schools of social work.

In addition to SWAs, three other levels of clinical credentials are available in Texas for social work practice: Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), and Licensed Master Social Worker - Advanced Clinical Practitioner (LMSW-ACP). The educational requirement for LSWs is a BSW, while LMSWs and LMSW-ACPs must have an MSW degree. As part of their degree

requirements, all social workers are required to complete supervised field internships which consist of a minimum of 400 hours for BSWs and 900 hours for MSWs (Handbook on Accreditation Standards and Procedures, 4th edition). Since the clinical internship plays a significant role in the professional training of social workers, question six was included in the survey instrument to determine if respondents had completed internships in gerontology.

A key area of investigation in the study involves education in gerontology; consequently, question seven surveyed completion of both social work and nonsocial work courses in aging. In BSW programs, courses in aging are not required. In MSW programs, students typically select courses in aging only if they are specializing in gerontology.

The last question on the survey instrument focused on interest in continuing to practice in long term care or the aging field. This question was included in the survey because retention is a major factor in view of the likelihood of future shortages of social workers in gerontology.

The last two parts of the survey instrument were designed to elicit needs in continuing education in gerontological social work. Respondents were asked to rank the importance of 14 topic areas which cover a variety of issues and practice activities in aging:

1. psychosocial assessment
2. group work with the elderly
3. family counseling

4. physiological aspects of aging
5. medications and side effects
6. dealing with dementia
7. living wills/advanced directives
8. treating depression
9. grief work
10. death and dying issues
11. organizing volunteers
12. community relations in long term care
13. effective advocacy
14. working within an interdisciplinary team

In the event that these topics did not adequately cover the respondents' needs, space was provided on the questionnaire for them to identify other concerns in continuing education. After field testing, the survey instrument was mailed to the 1,137 nursing homes in Texas. The names and addresses of the current population of nursing facilities was provided by the Institute for Quality Improvement in Long Term Health Care (IQILTHC).

As the questionnaires were returned, the information was coded on data sheets by a research assistant. In instances where the respondents had included handwritten notes, the questionnaires were flagged for individual review. A total of 491 responses were received from the population of 1,137 nursing homes in Texas. The return rate from the nursing homes for the mail survey was estimated at 43.2%. This percentage

is likely to be on the low side, since some consultants completed only one questionnaire, yet they were employed by more than one nursing facility.

Analysis of Results:

The survey instrument yielded eight categories of information about nursing home social workers. The first information category, covered by questions one and two, targeted the social workers' experience in working with the aged. Frequency distributions were calculated both for the respondents' experience in their current position and for additional experience in the aging field. The range of work experience in the current facility for respondents was zero to twenty-five years with a median of 1.5 years. The mode of one year included 99 responses, which accounted for 20% of the respondents. The results of tabulating the data for the second question indicated that 51% of the respondents did not have any additional experience in aging beyond their present position. A frequency distribution of the responses from the other 49%, who had additional experience elsewhere in aging, ranged from two weeks to thirty-five years with a median of three years (see Table 1).

Table 1. Experience in Present Facility and Elsewhere in the Aging Field

Aging Experience	Range	Median	Mode
Current Facility	0 - 25 years	1.5 years	1 year
Elsewhere	0 - 35 years	3 years	2 years

The next category of information involved the type of position held by social workers at the nursing homes - full time, part time, or consultant. The results of the data analysis showed that 74% of the respondents were employed full time; 11% were

part time employees; and 15% were hired as consultants. For part time social workers, the range of hours worked per week was two to thirty-six with a mode of twenty. Approximately, 19% of the part time social workers were employed twenty hours per week in long term care. For consultants, the range of hours of service per week was one to 40 with a mode of eight. Approximately, 28% of the consultants worked eight hours, weekly (refer to Table 2).

Table 2. Type of Position and Hours Employed

Type of Position	Frequency of Responses	Percentage in Facilities	Range Hr/Wk Worked	Mode Hr/Wk Worked
Full Time Staff	357	73.8%	N/A	40
Part Time Staff	54	11.2%	2 - 36	20
Consultants	73	15.1%	1 - 40	8

Information categories covering questions four through seven on the survey instrument included professional credentials, levels of education, and academic preparation in gerontology. Frequency distributions were computed for each category. Data analysis involving professional credentials in clinical social work practice revealed that 92% of the 491 respondents reported some level of social work licensure. The largest group, 54%, were LSWs, followed by SWAs at 27%. Only 3% of the respondents were LMSW-ACPs (see Table 3).

Table 3. Professional Social Work Credentials

Social Work Credentials	Frequency of Responses	Percentage
Social Work Associate (SWA)	131	26.7%
Licensed Social Worker (LSW)	265	54%
Licensed Masters Social Worker (LMSW)	41	8.4%
Advanced Clinical Practitioner (LMSW-ACP)	14	2.9%
No Social Work Licensure	40	8.1%

In addition to calculating the percentages of respondents having each of the four levels of state licensure, social work credentials were also compared to additional work experience in the aging field beyond the worker's present position. The results of the data analysis (summarized in Table 4) show that 60% of SWAs, 76% of LSWs, 54% of LMSWs, and 36% of LMSW-ACPs have two years or less additional work experience in aging. Comparison of the data at intervals of five years or more indicates that while 50% of LMSW- ACPs have work experience in this range, the percentage for other categories of licensure was considerably lower - 18%, SWAs; 9% LSWs; and 32%, LMSWs.

Table 4. Licensure Versus Additional Work Experience in Aging

Licensure	.05-1 yr.	1-2 yrs.	2-3 yrs.	3-5 yrs.	5-10 yrs.	10 yrs.+
SWAs (n=130)	46.9%	13.1%	8.5%	14.6%	11.5	6.2%
LSWs (n=263)	66.5%	9.5%	6.1%	9.5%	5.7%	3%
LMSWs (n=41)	46.3%	7.3%	9.8%	4.9%	19.5%	12.2%
ACPs (n=12)	28.6%	7.1%	0%	0%	21.4%	28.6%

In evaluating the level of education, data was grouped into nine subcategories from high school to doctorate. Three of these subcategories included social work degrees - BSW, MSW/MSSW, and DSW/PhD-SW. Frequency distributions and percentages were calculated for each of the nine categories. Slightly over half of the respondents, 53%, had BSWs, while MSWs made up 11% of the respondents. Approximately, 36% of the respondents in social work positions in nursing homes at the time of the survey lacked a degree in social work (refer to Table 5).

Question six of the survey, referring to social work internships in gerontology, was relevant only for two categories of respondents. The accrediting body for the profession of social work, the Council of Social Work Education (CSWE), does not allow nonsocial work students to participate in field internships. Since CSWE does not have internship requirements for students at the doctoral level, the data on

internships refers only to respondents having either an undergraduate or graduate degree in social work. Analysis of the data indicated that four-fifths of all respondents with either a BSW or MSW had not completed a social work internship in gerontology (see Table 5).

Table 5. Education and Social Work Internships

Level of Education	Frequency of Responses	% - Level of Education	Internships in Gerontology	% - Internships in Gerontology
BSW	259	53.1%	51	19.9%
MSW/MSSW	54	11.1%	10	18.5%
DSW/PhD-SW	0	0%	N/A	N/A
High School	3	.6%	N/A	N/A
Some College	5	1%	N/A	N/A
A.A.	2	.4%	N/A	N/A
BA/BS	129	26.4%	N/A	N/A
MA/MS	34	7%	N/A	N/A
Doctorate	1	.2%	N/A	N/A

The results of the data analysis, regarding course work in aging, indicated that while 39% of the respondents had taken courses in aging, only 27% of the respondents had pursued courses specifically offered in social work (refer to Table 6). For the 36% of BSWs who had taken courses in gerontology, 84% of these courses were in social work. Fifty-two percent of the MSWs had completed courses in aging, with two-thirds of these courses in social work. Collectively, about one-third of all BSWs and MSWs in nursing homes reported taking a social work course in

gerontology, while slightly more than one-fifth of the respondents without a BSW or an MSW had completed social work courses in gerontology (see Table 6).

Table 6. Courses in Gerontology

Respondents	Any Course in Aging		Aging Courses in SW	
	YES	NO	YES	NO
BSWs (n=258)	36%	64%	30.2%	64%
MSWs (n=52)	51.9%	48.1%	34.6%	48.1%
Other (n=171)	40.7%	59.3%	21.1%	59.3%

In order to compare levels of licensure with education in gerontology, the results for questions five and seven were cross tabulated. The analysis revealed that for SWAs, 43% had taken courses in gerontology; however, only half of these aging courses were in social work. For LSWs, 30% had completed social work courses in aging, while LMSWs were lower at 24%. Out of twelve of LMSW-ACPs, four-fifths had pursued social work courses in gerontology (refer to Table 7).

Analysis of the data from question eight, which surveyed interest in remaining in long term care, indicated that the majority of respondents plan to continue practicing in this field. Ninety percent of BSWs reported that they were likely to remain in long term care. The percentage of MSWs was lower at 86%. Of the respondents who lacked degrees in social work, 92% intended to stay in long term care (see Table 8).

Table 7. Licensure Versus Courses in Gerontology

Respondents	Any Course in Aging		Aging Courses in SW	
	YES	NO	YES	NO
SWAs (n=127)	42.5%	47.5%	20.8%	47.5%
LSWs (n=263)	37.3%	62.7%	30.2%	62.7%
LMSWs (n=41)	41.5%	48.5%	24.4%	48.5%
LMSW-ACPs (n=12)	66.7%	33.3%	80%	33.3%

Table 8. Interest in Remaining in Long Term Care

Respondents	YES	NO	Undecided
BSWs (n=248)	89.5%	8.9%	1.6%
MSWs (n=49)	85.7%	10.2%	4.1%
Others (n=165)	92.1%	5.5%	2.4%

In an attempt to discover any pertinent relationship between social workers who had completed internships in aging and their interest in remaining in the field of long

term care, the data was cross tabulated using these two variables. For BSWs who indicated interest in continuing to practice in long term care, 97.9% had completed field internships in aging. Eight social workers expressed their intention to remain in long term care out of a total of ten MSWs who had completed their internships in gerontology (refer to Table 9).

Table 9. Completion of Aging Internships Versus Continuing Practice in LTC

Respondents	Internships in Aging		Internships/Interest in LTC	
	YES	%	YES	%
BSWs (n=259)	48	19.9%	47	97.9%
MSWs (n=54)	10	18.5%	8	80%

The last two sections of the survey instrument asked respondents about their needs in continuing education. In addition to ranking their preferences from a list of topics, the respondents were also asked to identify any areas of interest that were not listed among the identified choices. In the latter case, a manual review of the questionnaires showed very few additional suggestions. The data from the list of suggested topics for continuing education was analyzed in two ways. First, a frequency distribution was calculated for topics rated as the number one choice. Secondly, the choices were weighted by assigning values to the number of times they were selected as a number one, two, or three choice. The topics most often picked as the first choice were psychosocial assessment, followed by dealing with dementia

and treating depression. Weighting these selections reversed the order of preference; however, these same three subjects remained the top three selections overall (refer to Table 10).

Table 10. Needs in Continuing Education

Topic	Number of First Choices	Rank As A First Choice	Weighted Top 3 Choices	Weighted Rank
P/S Assessment	31	1	136	3
Dementia	28	2	146	2
Depression	27	3	153	1
Wills/Directives	20	4	93	6
Group Work	17	5	108	4
Ag. Physiology	16	6	93	7
Rx & Side Effects	12	7	96	5
Family Counseling	11	8	79	8
D/D Issues	7	9	70	9
Advocacy	6	10	37	11
Grief Work	5	11	50	10
Com. Relations	5	12	27	13
Teamwork	3	13	34	12
Organ. Volunteers	0	14	5	14

Discussion of the Research Findings:

The purpose of the research study was twofold: (1) to develop a profile of individuals in social work positions in nursing homes regarding their professional credentials, education, and work experience in gerontology; and (2) to identify their continuing education needs in clinical social work. The profile which emerged

from analysis of the research data revealed that the individual who is in a social work position in Texas nursing homes is most likely to be a Licensed Social Worker with a BSW. The social worker is generally employed full time and has been in her/his current position for one year. There is slightly over a 50% chance that the social worker has additional experience in aging beyond her/his present employment; however, the experience is typically less than one year. While pursuing a BSW, the social worker most likely did not take a course in gerontology or complete an internship in the field of aging. Furthermore, there is a high degree of probability that the social worker will continue practicing in long term care (refer to Table 11). As far as continuing education is concerned, the social worker is likely to be most interested in learning about psychosocial assessment, dealing with dementia, and treating depression.

Table 11. Summary of Findings

Credentials	% of the Sample	Additional Experience	Aging Internships	Courses in Gerontology	Remaining in LTC
BSW	53.1%	53.4%	19.9%	36%	89.5%
MSW	11.1%	27.3%	18.5%	51.9%	85.7%
Other	35.8%	47.9%	N/A	40.7	92.1%

In evaluating the qualifications of individuals in social work positions in Texas nursing homes, the research findings have mixed implications as far as professional credentials and training are concerned. Over one-third of all respondents lacked either a BSW or an MSW degree, and more than half of the individuals currently in

social work positions in nursing homes did not have any previous experience in the aging field. In addition, less than 20% of BSWs and MSWs had completed an internship in gerontology. While 54% of nursing home social workers are licensed at the bachelor's level as LSWs, only 8% have LMSWs, and still fewer, 3%, have credentials as Advanced Clinical Practitioners. The latter statistics on LMSWs and LMSW-ACPs are particularly troubling. In accredited social work programs, the BSW is a generalist program of study. Only at the master's level do social workers have the opportunity for educational training in clinical practice with special populations such as the elderly. Furthermore, social work licensure laws in the State of Texas sanction independent clinical practice solely for licensed master's social workers who have achieved advanced clinical practitioner status. With just 11% of social workers in nursing homes credentialed as MSWs, the consequence is little support or supervision for BSW social workers with generalist educational training, or for SWAs who do not have degrees in social work. Another problem resulting from the lack of LMSWs is the limitation this shortage places on schools of social work in terms of qualified sites for clinical internships in social work.

The research data on credentials and nursing home social workers has also spawned other concerns - the significant proportion of Social Work Associates, 27%, and the 8% of individuals who report no social work credentials. The Social Work Associate level of credentialing was created by the Texas Legislature in 1981 to provide a means for practitioners lacking social work degrees to continue to legally practice. Acquisition of SWA status was limited to two years following passage of the

enacting legislation. In addition to work experience, this "grandfather" clause, Section 50.017 of the Human Resources Code, identifies qualifications for SWA as either a bachelor's or associate in arts degree, or a high school diploma (Texas Department of Human Resources, 1981). Given these minimal educational requirements, it would appear that, in general, SWAs would have the greatest need for additional training in gerontology and social work supervision. This assumption is supported by the research findings that only 21% of SWAs have taken social work courses in aging, and 60% have two years or less experience in aging beyond their present position. Since renewal for licensure requires fifteen hours of continuing education, annually, SWAs may be obtaining training through attendance at workshops on gerontology.

The most puzzling aspect of the research data involves the 41 respondents in social work positions who lacked any level of licensure. Fifteen years ago, legislation regulating social work practice was passed which protected use of the title of social worker. This legislation prohibits individuals from referring to themselves as social workers unless they are specifically authorized under state regulations (Texas Department of Human Resources). In addition, Texas nursing home standard 19.503 requires that facilities must either employ or contract with qualified social workers to provide social services. Qualified social workers are defined by this standard as meeting the requirements of Section 50.016(a) of the Human Resources Code (Texas Department of Human Services, 1994). Since nursing home regulations require credentialed social workers, and it is illegal to practice as a social worker in Texas without licensure, what are these 41 individuals doing in social work positions in

nursing facilities?

The most encouraging results of the research study involved interest in remaining in nursing home social work. A very high percentage of respondents indicated that they intend to continue to practice in this field. The range, inclusive for all levels of education, was 86% to 92%. The percentage was even higher when BSWs had completed their field internship in gerontology. Approximately 98% of these BSWs conveyed their interest in staying in long term care.

In summary, the research findings point out that staff in social work positions in Texas nursing homes typically have limited work experience in aging, little course work and training in gerontology, and lower levels of state licensure for social work practice. The median for work experience in the current facility was 1.5 years, and over half of the respondents did not have additional experience in the aging field beyond their present position. Over one-third of the respondents lacked degrees in social work, and 60% have never taken a course in gerontology. In addition, 80% of the BSWs and MSWs did not complete an internship in the aging field. Furthermore, only 3% of the respondents were licensed as ACPs for independent practice. These research findings clearly indicate the importance of addressing the current educational needs of social workers employed in Texas nursing homes. Since the response rate for the survey of statewide nursing facilities was 43%, the data collected on areas of interest in continuing education should be generalizable to the entire population of Texas nursing home social workers; consequently, the research findings can effectively serve as a guide for social work educators in gerontology.

Recommendations:

The deficiencies of practitioners staffing social work positions in Texas nursing homes concerning professional credentials and education in gerontology require attention at several levels. The issue of individuals practicing social work without licensure falls under the jurisdiction of the Texas State Board of Social Worker Examiners which regulates social work practice. In addition, since nursing home standards call for qualified social workers, nursing home regulators under the auspices of the Texas Department of Human Services should investigate the professional credentials of individuals in social work positions as part of their survey process.

Since the entry credential for nursing home social workers appears to be the BSW, the social work profession needs to address educational preparation in gerontology at the undergraduate level. The Council on Social Work Education (CSWE), the national accrediting body for social work programs, has maintained a policy of keeping undergraduate education at the generalist level which precludes training for practice focusing on special populations such as the elderly. In pursuing this philosophy, CSWE ignores the market driven realities for hiring social workers in long term care facilities. Since the State Chapter of the National Association of Social Workers has the Task Force on Aging, this Committee is a likely resource to convey the message through professional channels concerning the need for undergraduate education in gerontology.

The Institute for Quality Improvement in Long Term Care can enhance the educational preparation and training of social workers in Texas nursing facilities in

several ways. Since research by Murray found that less than half of all BSW programs do not offer social work courses in aging, the IQILTHC can encourage the development of aging curricula by sharing research findings, preparing teaching modules, and developing training videos. The IQILTHC should also continue its role as a provider of continuing education for social workers currently practicing in long term care. Since the IQILTHC has the resources to monitor social workers' needs statewide, the educational offerings which it sponsors are current and relevant to practitioners in the field. In addition, since the IQILTHC is a not for profit organization, the workshops can be presented at a modest cost which greatly enhances the opportunity for participation by social work practitioners in long term care.

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