Relationship between hospice social workers’ perception of being valued by interdisciplinary team members and job satisfaction

Suzanne Marmo¹, PhD, LCSW
Cathy Berkman², PhD, MSW
¹Sacred Heart University, School of Social Work
²Fordham University, Graduate School of Social Service

Study Aims

The study aims are to describe:

1. The perception of being valued by each of the members of the interdisciplinary team;
2. how this is associated with job satisfaction.

Background
Job Satisfaction

Hospice social workers:
Had lowest job satisfaction compared with other disciplines on the hospice interdisciplinary team

Casaret, Spencer, Haskins, & Tena, 2011; Kobayashi & McCallister 2010; Monroe & DeLoach, 2006; Munn & Adorno, 2008

Lower job satisfaction of hospice SWer may be due to:

• High volume of crisis intervention work
• Lower # of visits per patient
• Higher caseloads as compared with:
  ▪ Past years
  ▪ Other disciplines
• Cumulative effect of patient deaths
• Feeling less valued and connected to other members of the hospice interdisciplinary team

NHPCO, 2012; Renner & Haynes, 2006; Kobayashi & McCallister 2014

Job Satisfaction is Important

Higher job satisfaction is seen with:

• Higher productivity
• Strength and stability of the organization
• Increased tenure & lower turnover
• Increased interdisciplinary communication and cooperation
• Improved patient care outcomes

Interdisciplinary Collaboration

Hospice social workers more likely than other IDT members to report:

- Feeling less valued by team members
- Lower connection to team

SWers less likely to use language expressing teamwork and collaboration than nurses and physicians during interdisciplinary team meetings

Kobayashi & McCallister 2013; Parker-Oliver, Bronstein, & Kurzegski, 2005; Wittenberg-Lyles, et al., 2010

Interdisciplinary Collaboration

Poor experiences with collaborative work can include feelings of lower status or power differential

Can impact

- Job Satisfaction
- Interdisciplinary Communication
- Patient Care

Kobayashi & McCallister 2013; Youngersworth & Twaddle (2011)
**Distinction between profession’s values and feeling valued**

Study aim:
determine how much hospice social workers perceive they are valued by other professionals on the interdisciplinary team.

DOES NOT: examine the differing values of each profession

---

**What is known about these relationships?**

Hospice Chaplains  
Hospice Physicians  
Hospice Social Workers  
Hospice Nurses  
Other Hospice Social Workers

---

**Nursing & Social Work**

Hospice nursing leadership at times considers nurses to be as qualified, or more qualified to provide psychosocial care  
Social work role is frequently misunderstood  
Collaboration improved by joint visits with nurses, and team-building activities  
Barriers to collaboration include unequal power status, primacy placed on physical needs patient & turf issues

Chaplains & Social Work

Recognition that hospice social workers can provide spiritually-sensitive hospice care

Chaplains perceive they have lower value to team than nurses and doctors
  but higher than SWs perception of value

Chaplains most often experience the most role conflict with SWs, but also receive the most support from SWs.

Callahan 2009, 2012; Kobayashi & McCallister 2013; Wittenberg-Lyles et al., 2008

Physicians & Social Workers

- Recognition of power differential in health care
- Different socialization processes of these 2 professions

PHYSICIANS
  - view themselves as leaders to the team
  - “content experts” with patient system
  - Reluctance of many physicians to acknowledge contribution of social workers

SOCIAL WORKERS
  - view themselves as collaborators / partners with both team and patient system

Bayne-Smith, Mizrahi, Konstan-Kenney, Garcia, 2010; Marino, 2014; Mizrahi & Abramson, 2000

Study Methods
STUDY DESIGN

Cross-sectional
Online questionnaire
Anonymous

SAMPLE

3 sampling strategies:
1. Certified Hospices in 3 States
   New York
   New Jersey
   Connecticut
2. Professional Organization Social Media & Listservs
3. Known Associates

MEASURES

IV: Perceived value by IDT members
DV: Job Satisfaction
   Interdependence in Interdisciplinary Collaboration Subscale
Covariates: individual and hospice characteristics
Perception of Being Valued by Co-workers

As a member of an interdisciplinary team, to what extent do you agree or disagree with the following statements:

I feel valued by the hospice ________ I work with.

- nurses
- doctors
- chaplains
- other SWers

Perceived Value by IDT

Interdependence in Interdisciplinary Collaboration Subscale

13 items
- Relationship with co-workers
- Mutual dependence approach to patient care

Example of items
- Teamwork with professionals from other disciplines is important in my ability to help clients.
- I view part of my professional role as supporting the role of others with whom I work.

Bronstein, 2002

Job satisfaction understood as:

Reciprocal relationship or correspondence of workers and the work environment

“Goodness of fit” between worker and work environment

Process-oriented

Davis & Lofquist 1984; Farr & Ringseis, 2002; Fratsinie & Parrish, 2005
Minnesota Satisfaction Questionnaire (MSQ)

**Intrinsic (12 items)**
- Interesting and challenging work
- Feelings of accomplishment
- Learning new things
- Making important contributions
- Responsibility and autonomy
- Being creative

**Extrinsic (6 items)**
- High pay
- Job security
- Job benefits
- Chances for advancement
- Praise from leadership
- Fair employment policies

+ 2 global items

**Individual Characteristics**
- Age
- Gender
- Ethnicity
- Years employed at hospice
- SW degree type
- Salary or per diem

**Hospice Characteristics**
- # of social workers
- Average caseload
- Profit status of hospice
- % of time in
  - direct practice
  - administration
  - bereavement
  - marketing
Results

N = 203

Sociodemographic Characteristics

92% female

Age
- 18 – 34: 18.4%
- 35 – 44: 21.5%
- 45 – 54: 23.6%
- 55 – 64: 31.3%
- 65+: 5.1%

Ethnicity
- Non-Hispanic white: 87.2%
- Hispanic: 5.2%
- Non-Hispanic black: 2.6%
Professional Characteristics

97% MSW degree
Mean years at hospice: 5.6 years (SD = 5.4)
86% salaried

Hospice Characteristics

# of social workers at hospice
mean 10.5 (SD = 11.1)
median 6.0

Caseload
mean 28.8 (SD = 14.1)
median 30.0

29% for profit

Social Worker Role

Percent of time spent on:
Direct practice: 54% (SD = 27%)
Administration: 17% (SD = 17%)
**Feel valued by core team members**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>% strongly agree</th>
<th>% agree</th>
<th>% disagree or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Social Workers</td>
<td>69</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Chaplains</td>
<td>54</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td>Nurses</td>
<td>44</td>
<td>50</td>
<td>5</td>
</tr>
<tr>
<td>Doctors</td>
<td>37</td>
<td>51</td>
<td>12</td>
</tr>
</tbody>
</table>

**Correlation between Job Satisfaction and Perception of Value by Co-workers**

<table>
<thead>
<tr>
<th>Perception of Value by:</th>
<th>Intrinsic Job Satisfaction</th>
<th>Extrinsic Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>$r = .49^*$</td>
<td>$r = .32^*$</td>
</tr>
<tr>
<td>Nurses</td>
<td>$r = .46^*$</td>
<td>$r = .30^*$</td>
</tr>
<tr>
<td>Chaplains</td>
<td>$r = .43^*$</td>
<td>$r = .22^*$</td>
</tr>
<tr>
<td>Other SW</td>
<td>$r = .37^*$</td>
<td>$r = .10$</td>
</tr>
</tbody>
</table>

*p<.01

**Profit Status of Hospice**

Was NOT associated with feeling valued by:
- Doctors
- Chaplains
- Other social workers

Only associated with feeling valued by nurses
**Profit Status of Hospice**

Feeling valued by nurses was more likely at for-profit hospices

- For Profit: 57.4%
- Not-for-Profit: 39.6%

*p < .05

---

**Intrinsic Job Satisfaction**

In multiple regression analysis, controlling for individual and hospice characteristics:

- SWers who strongly agreed that they felt valued by physicians had a higher score
  - 2.4 points higher
  - range = 12 - 60
- Perception of feeling valued by nurse, chaplain or other SWers were not significant

---

**Extrinsic Job Satisfaction**

In multiple regression analysis, controlling for individual and hospice characteristics:

- SWers who strongly agreed that they felt valued by physicians had a higher score
  - 1.5 points higher
  - range = 6 - 30
- Perception of feeling valued by nurse, chaplain or other SWers were not significant
Relationship between Feeling Valued by IDT Members and Interprofessional Collaboration

For each IDT member:
higher score on Interprofessional Cooperation Scale
if feel valued

Discussion

Relationships with co-workers matter

Findings support recent research:
• Feeling valued by your co-workers is associated with higher job satisfaction and higher perception of interdisciplinary collaboration
• WHO recommends interdisciplinary team model for effective palliative care

Kobayashi & McCallister 2013; National Business Research Institute, 2015; World Health Organization, 2016
Perception of value by hospice doctors was significant in the regression model

- NOT: Nurses, chaplains, other SWers

**Yet:**
Fewer participants strongly agreed that they were valued by hospice doctors

- as compared with nurses, chaplains, other SWers

Indicates the disproportionate influence of the doctor on the interdisciplinary team

---

Reciprocal respect necessary to improve:

- IDT work
- job satisfaction
- patient care

Wittenberg-Lyles et al., 2008

---

Perception of being valued by nurses was higher at for-profit hospices than at not-for-profit hospices

Could be due to:

- More positive relationship between nurse and SW?
  or
- Fewer social workers for peer support & collegial relationships
  - Depend more / work more closely with nurses
Study Limitations

Selection bias

Lack of diversity:
  • Ethnicity
  • Gender
  • SW degree (MSW, BSW, PhD)

Measure of feeling valued by IDT members: only from perspective of SWer

Study Strengths

Adequate sample size

Representation from at least 32 states

Two measures of job satisfaction

Measured:
  • Relationships with co-workers
  • Perception of value of each profession
  • SWer personal characteristics
  • SWer professional characteristics
  • Hospice characteristics

Implications for Practice

• Invest in IDT interrelationships
• Especially: physician and SWer
  • Probably also physician and nurses, chaplains
• Improve communication and team dynamics
• Educate physicians to role and value of other IDT members
Implications for Practice

Previous study found collaboration between hospice nursing and social work improved with joint visits & team building activities

Parker-Oliver & Peck, 2006

This may apply to collaboration between physicians and social workers

Implications for Practice

Awareness of power differential

• A reality – especially with physicians
• But can be dealt with better
• Appreciate contribution of each team member

Future Research

Replicate in a larger, representative sample

Include perception of being valued by hospice executive director

Include nurses, doctors, and chaplains for comparison
Future Research
Evaluate interventions to improve IDT communication, respect, understanding, cooperation

Assess models of interdisciplinary education that promotes understanding of roles:
  In pre-professional training
  In continuing education
  In team-building exercises

Fineberg et al., 2008

Future Research
Assess whether joint visits of social worker with physician leads to:
  • minimizing the perceived power differential
  • increasing collaborative teamwork
  • improved patient care

Future Research
Ultimately want to know:
Does improved relationships among IDT members result in:
  • Higher job satisfaction
  • Better patient outcomes
Thank you

Suzanne Marmo-Roman
marmo-romans@sacredheart.edu

Cathy Berkman
berkman@fordham.edu