

PRACTITIONERS' VIEWS OF CONTINUING EDUCATION:
AN EMPIRICAL EXAMINATION OF SOCIAL WORKERS ACROSS
THE UNITED STATES

by

JOAN R. FUNK

(Under the Direction of Margaret M. Robinson)

ABSTRACT

The importance of Continuing Education (CE) is consistently highlighted across numerous professions. In social work, continuing professional education is well documented (Apps, 1981; Barker, 1990; Christ, 1996; Herie & Martin, 2002; Kane, Hamlin, & Green, 2001). A review of the literature on CE in social work, however, indicates that social work practitioners are struggling with many low quality programs that are often either irrelevant to practice, redundant in course content, inconvenient to access, and burdensome both in financial costs and time away from the office

While many social work authors and scholars report numerous problems with existing systems of continuing education in social work, there is no empirical evidence to support these claims. Additionally, practitioners have not been solicited to give their views on the services they are receiving. The purpose of the study was to document practitioner views of the continuing educational offerings they are receiving. Specifically this study sought to provide data relative to the practitioner's participation in continuing education and levels of satisfaction or dissatisfaction with current systems of CE.

Two hundred and twenty social workers, all of whom were currently working in the field of social work at the time of the survey participated in the study. Major findings provided some support for problems with the seminar/conference as a mode of CE service delivery in that seminars and conferences were negatively related to practitioner satisfaction levels. Other major findings indicated that study participants chose serving their clients as their number one reason for participating in CE and that quality of services was positively correlated with satisfaction levels. Bivariate correlations and results of multiple regression also provided preliminary information about the relationship between practitioner satisfaction and convenience of access to services, cost of services and descriptive data relative to the professional background of the participants.

Implications of the study are discussed as well as a comparative analysis of study results as they support or disagree with reports found in social work literature. In conclusion, the significance of the study is discussed and recommendations for future research are discussed.

INDEX WORDS: Continuing professional education, Continuing education, CEU, Professional programs, Seminar

PRACTITIONERS' VIEWS OF CONTINUING EDUCATION:
AN EMPIRICAL EXAMINATION OF SOCIAL WORKERS ACROSS
THE UNITED STATES

by

JOAN R. FUNK

B.A., Emory University, 1975

M.S.W., University of Georgia, 1994

A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial

Fulfillment of the Requirements for the Degree

DOCTOR OF PHILOSOPHY

ATHENS, GEORGIA

2007

© 2007

Joan R. Funk

All Rights Reserved

PRACTITIONERS' VIEWS OF CONTINUING EDUCATION:
AN EMPIRICAL EXAMINATION OF SOCIAL WORKERS ACROSS
THE UNITED STATES

by

JOAN R. FUNK

Major Professor: Margaret M. Robinson

Committee: M. Elizabeth Vonk
Kristina Jaskyte

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
May 2007

DEDICATION

To social work practitioners everywhere, I dedicate this document to you and your continued professionalism.

To my children who would hear of nothing less than for me to finish this work, I thank you for your faith, understanding, and relentless support.

To my husband, who was able to live long enough for me to complete this dissertation, you have been my inspiration and my strength.

ACKNOWLEDGEMENTS

First, I would like to thank my committee chairperson. She was a consistent and persistent source of support and patient guidance.

Second, I would like to thank my committee for their time and hard work and insistence on quality. Specifically, I thank Dr. Jakyste for her comprehensive review and meticulous attention to methodology and statistics; Dr. Vonk with her rigorous organization skills and insistence on quality.

Third, I would like to thank Dr. DeWeaver who has brought me through the doctoral program, taught me the “parsimony plan.”

Fourth, I would like to express my deepest gratitude to my children for doing whatever I needed, whenever I needed it.....people I am proud to know.

Finally, I pay tribute to my husband whose strong will has been a continuous source of inspiration.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER	
I INTRODUCTION	1
The Present Environment	2
Social Work: Absence of Planning	5
Social Work: Lack of Leadership.....	8
Rationale for the Study.....	10
Statement of the Problem	10
Purpose of the Study.....	11
Significance of the Study	11
Definition of Terms	13
Research Questions	14
Outcomes.....	15
Outline of the Dissertation	16
II REVIEW OF THE LITERATURE	17
What is Continuing Education?.....	17
The Importance of CE	21

The Practitioners' Motivation to Take CE	27
The Evolution of Continuing Education	29
Issues and Concerns	34
Summary	43
Social Work Practitioner and Satisfaction with CE	44
III METHODS	50
Survey Method	50
Disadvantages of Survey Research	51
Instrumentation.....	55
Pilot Testing	61
Data Collection.....	61
Data Analysis	63
IV RESULTS	65
Response Rate	65
Descriptive Statistics	66
Reliability Analysis	72
Investigation of the Research Questions	72
V DISCUSSION, IMPLICATIONS AND CONCLUSIONS	87
Limitations of the Analysis	93
Theory, Research, Policy and Practice.....	98
Summary and Conclusion	98
REFERENCES	102
APPENDICES	113

A	FIRST COVER LETTER	114
B	SECOND COVER LETTER	116
C	SURVEY OF PRACTITIONERS' VIEWS ON CE IN SOCIAL WORK	118

LIST OF TABLES

	Page
Table 1. Descriptive Statistics for Quality, Cost, Convenience, and Attitude toward Continuing Education.....	73
Table 2. Correlation between Number of Offerings and APCES Score.....	78
Table 3. Correlations between Motivation for Participating in CE and APCES Score.....	80
Table 4. Correlation between Perception of CE and APCES Score.....	81
Table 5. Intercorrelations among Variables Measuring Motivation for Participation in Continuing Education.....	82
Table 6. Intercorrelations among Quality, Cost, and Convenience.....	83
Table 7. Summary of Regression Analysis for Variables Related to APCES Score (N = 211).....	85

LIST OF FIGURES

	Page
Figure 1. Study Model	15
Figure 2. Histogram of the Standardized Residuals of Regression Analysis, with Overlay of a Normal Curve	84

CHAPTER I

INTRODUCTION

The importance of Continuing Education (CE) is consistently highlighted across numerous professions. Whether the profession is medicine (Headrick, Wilcox & Batalden, 1998; Holm, 1998; Toghil, 1998), law (Keenan, 2000), library science (Ginsburg, 1998; Watkins, 1997), nursing (Apps, 1981; Daley, 1999), accounting (Clay & Clay, 2000), or education (Livneh & Livneh, 1999), each profession notes the significance of CE for its practitioners. Social work, in concert with the other professions, also recognizes and emphasizes the importance of CE for social workers (Apps, 1981; Barker, 1990; Christ, 1996; Dane & Epstein, 1985; Doelker & Lynett, 1983; Edwards & Green, 1983; Fellin, 1994; Gambrill, 2001; Gullerud & Itzin, 1979; Guzzetta, 1978; Herie & Martin, 2002; Kane, Hamlin, & Green, 2001; Knox, 1981; Koch & Sancier, 1988; Laufer & Sharon, 1985; Lowenthal, 1981; McMichael, 2000; Ryan & Martyn, 1996; Shatz & Frey, 1977; Strom-Gottfried & Green, 1998; Walz, 1973; Zimmerman, 1978).

Reasons for emphasizing the central significant role that continuing professional education plays in professional practice include: promoting a professional image for the social worker (McMichael, 2000), supporting the survival of the profession of social work generally (Edwards & Green, 1983; Guzzetta, 1978), fulfilling credentialing and licensure requirements (Cohen & Deri, 1992), advancing careers (Karpiak, 1997), and avoiding burnout (Maslach, 2003). Yet, if social workers are not getting what they need to provide quality services to the people they serve, it is their clients that may be the most negatively impacted from subsequent

poor services (Apps, 1989; Davenport & Davenport, 1983; Doelker & Lynett, 1983; Kane et al., 2001; Strom-Gottfried & Green, 1995).

Nonetheless, regardless of the many varied reasons presented in the literature for emphasizing the importance of CE, there is global agreement that CE is a centrally significant aspect of professional practice. Given the well-documented significance allotted to continuing professional education, it is not surprising to find that the professional associations and regulatory boards have set standards, which emphasize and require social workers to be responsible for securing ongoing continuing professional education (National Association of Social Workers, 2002). It is surprising, however, that not a single study has been done to determine if practitioners are satisfied with the prevailing systems of continuing professional education. This oversight is huge, especially in light of the large body of literature that speculates that existing systems are not working (Apps, 1989; Houle, 1980; Nowlen, 1988; Strom-Gottfried & Green, 1995; Zimmerman, 1978). Additionally, other authors, such as Barker (1992), Cervero (2001), Cervero & Azzaretto (1990), Houle (1987), and Whittington (1991) report that social workers are more inconvenienced by, rather than supported by, current CE practices.

The Present Environment

Despite the fact that each profession emphasizes the significance of their CE practices, little has been done to create universal guidelines related to what constitutes CE, how it should be organized, and who should be organizing it. To date, no paradigm for developing and maintaining CE has been specifically developed to respond to the needs of each profession. Rather than acknowledge this absence and critically evaluate the possibility of creating such a

paradigm, most professions, including social work, assume that the medical field already offers a sufficient prototype (Edwards & Green, 1983).

Nowlen's (1988) picture of the medical model prototype identified it as the most popular form of CE:

[CE] is dominated by informational update. In what is typically an intensive two- or three-day short course, a single instructor lectures and lectures and lectures fairly large groups of business and professional people, who sit for long hours in an audiovisual twilight, making never-to-be-read notes at rows of narrow tables covered with green baize and appointed with fat binders and sweating pitchers of ice water. (p. 23)

Edwards and Green (1983) traced the development of CE back to 1889, when physicians were required to update their knowledge in order to maintain their license. Since that time, malpractice litigation, coupled with the increasing costs of malpractice insurance, have resulted in mandatory CE as a way of reducing the probability of physicians being found guilty of malpractice.

As a result, the Continuing Education Unit (CEU) was created. Once again originating in the medical field, the CEU stands for the number of hours a specific professional spent in attendance at a designated conference, seminar, lecture, or workshop for which a fee was paid. Unfortunately, while mandated CE, using a standard number of units or hours, ensures that professionals will attend CE programs, a serious question exists as to how much is actually learned (Gambrill, 2001). Nonetheless, numerous professionals, especially those seeking to meet relicensure requirements, routinely trade fee and attendance for the now sought-after, required CEU.

Indeed, many in the profession are questioning traditional approaches to the viability of continuing medical education (CME) (Headrick et al., 1998). Although Holm (1998) noted that “the challenge of maintaining professional competence in an environment characterized by rapid organizational change, information overload, and increasing public expectations are forcing doctors to think hard about medical education” (p. 4), Headrick et al. (1998), reported the following:

A review of randomized controlled trials of CME concluded that it was undermined by difficulties with its delivery, that it seemed unable to respond to the urgent demands of healthcare reform, and that there was little evidence for its effectiveness and efficacy. (p. 1)

Despite the lack of confidence that the medical field offers for its own systems of continuing educational delivery, professions continue to mimic and maintain medical approaches to CE (Cervero, 2001). The indiscriminate application of the medical model of CE has been duly noted and criticized in social work literature. Edwards and Green (1983), for example, indicted all the professions, but especially social work, for “rushing headlong after the medical profession without considering the fundamentals” (p. 46). Other social work authors, such as Christ (1994), Kane et al. (2001) and Palmiere (1981), warned that inherent differences between the professions suggest different CE needs, and therefore suggest different types of educative experiences. Christ (1994), for example, pointed out:

Although specialized practice in social work approaches the boundaries established by specialty boards in medicine...a critical difference is that the social worker maintains a strong generic identity and moves with greater ease between specialized practice areas and between generic and specialized practice. For

example, in medicine and psychology, being trained in a specialty area means a restriction to only work or practice in that area...In contrast, social workers not uncommonly work simultaneously or sequentially in different specialty areas. (p. 60)

Finally, Whittington (1991) focused less on the fact that fundamental differences between professions have been largely overlooked in favor of generic educative experiences and more on the ineffectiveness of current practices for the professions generally. Whittington (1991) presented the profession with the following questions:

How much change occurs because of one short workshop? How beneficial is a canned presentation with its share of flair and comedy? What is the true value of the time and talent spent to attend a workshop? Has anyone heard of reading and study as a method to become informed? Even more important, who tends to the business of client needs when the help has taken a day or two for education and training? (p. 74)

Whether the current system of delivery takes the form of the eight-hour seminar, two-day workshop, hotel conference, or visiting guest speaker (Apps, 1989; Whittington, 1991), the current model of CE is both recognizable to all professionals and criticized for lack of effectiveness in improving professional performance (Cervero, 2001). Apparently, the widely recognized importance of CE does much to ensure a lucrative consumer market for providers but is doing little to ensure effective proactive program planning for the CE of professionals.

Social Work: Absence of Planning

Regardless of which prototypical model social work may have unwittingly followed, numerous scholars, such as Apps (1989) Barker (1992) Houle (1987) and Whittington (1991)

noted the absence of planning to be a consistent problem. Gibleman and Humphreys (1979) described the environment surrounding social work CE as *laissez-faire*, characterized by competitive commercialism, resulting in a situation where satisfaction only occurs when the consumer makes a fortunate choice. Apps (1989) similarly indicated that carelessness about intention has resulted in such a wide range in quality of offerings that the outcome has become a case of let the buyer beware.

Almost a decade later, Barker (1992) highlighted inconsistencies in practices and questioned the usefulness of nonmonitored programming. Barker suggested that intended purposes result in efforts that ultimately belie goals and that the profession is unwilling to enforce requirements for CE that were established by the National Association of Social Workers (NASW, 2002). Consequently, Barker noted that social workers are faced with CE courses, many of which are either of poor quality or irrelevant to their practice in the field. Whittington (1991) also questioned the efficacy of social work's CE practices, suggesting that much of what is offered amounts to a waste of time.

To be sure, some CE programs have been identified as useful and may be considered well planned. Researchers such as Sandau-Beckler, Salcido, and Ronnau (1993) and Rooney and Bibus (1996), for example, reported on effective approaches to CE. Sandau-Beckler, Salcido, and Ronnau focused on cross-culture training for child-welfare workers with Mexican-American adults while Rooney and Bibus examined the training of child-welfare practitioners in their work with involuntary clients. Each set of researchers reported that the specific program under their investigation provided effective approaches to training in each of the respective areas. One article may accurately reflect a single successful program; it clearly does not provide sufficient data on which to build an extensive knowledge base. In fact, one of the strongest criticisms of

research on CE programs is that researchers tend to focus on individual interest with little effort to develop a comprehensive and integrated knowledge base (Davenport, 1992).

Consequently, according to Davenport (1992), fragmentation of interest areas provides one of the biggest obstacles to development of any comprehensive and integrated knowledge base. Indeed, a review of the social work literature over a 20-year period (1977-1997) supports Davenport's charge. When reviewing the literature, the researcher found that 36 different areas of interest were reflected across 204 articles that addressed CE in social work. Out of these 36 areas, numerous areas contained even narrower turf-related articles, such that 88% of the articles reflected a specific turf interest within a larger content area. Most topic areas were generally addressed with only a single article. Rarely was a topic addressed by two or more articles.

Fragmentation of interest areas was also found to be problematic more generally than was reported in research articles. The topic was often discussed in articles that referenced debates over CE issues and discourses related to theory, as well as various descriptions of individual programs. That is to say, that issues and information including theoretical discourse and debate were characterized more by a smorgasbord of independent interests than any unified integration of knowledge. Given the broad scope of social work services, one would expect to find a large number of different content areas. Unfortunately, 80% of what has been addressed has been addressed with fewer than 20 articles over a 20-year period. For example, two articles over 20 years addressed criminology, two addressed ethics, four related to supervision, and only seven focused on field instruction. Even in cases where numerous articles addressed a single issue, there was unorganized and fragmented coverage. Twenty-one articles, for example, reflected concern over collaboration between providers. There was little consistency, however, over which combinations of collaboration were being recommended (i.e., agency-school, intraprofessional,

school-hospital, practitioner-school, community-school, juvenile probation office-rural human services). If providers are looking to social work literature for guidance in creating CE programs, what little guidance they find will apparently be singular and turf-related. Perhaps the biggest problem is a lack of leadership involved in the development and delivery of CE programs.

Social Work: Lack of Leadership

Leadership, as defined by Toseland and Rivas (2001) is the “process of guiding the development of the group and its members” (p. 96). Social work’s continuing educational services, by contrast, are described as unmonitored (Barker, 1992), chaotic (Gibleman & Humphreys, 1979), and out of touch with the needs of group members (Whittington, 1991). Additionally, despite the fact that the profession of social work acknowledges leadership as one of the most important resources that exists in a community (Brueggemann, 2002), when it comes to CE, the profession appears to be content with the fact that other professions, non-profits, for-profits, and individual entrepreneurs provide many of the programs offered to social workers. Consequently, program planning is haphazard (Cervero & Azzaretto, 1990; Gibleman & Humphreys, 1979), ineffective (Apps, 1989; Cervero, 2001; Livneh & Livneh, 1999; Nowlen, 1988; Whittington, 1991), and, most likely, unrelated to its intended purposes (Barker, 1992). Apparently, when it comes to social work’s continuing educational practices, leadership has been largely ignored, especially now when less federal funding is available.

Not only are social workers not taking the lead in structuring CE programs for the profession generally, apparently their input is about their own needs is rarely solicited. A review of the literature over the last 20 years offers little investigation into practitioner views. Even the simple needs assessment has been somehow overlooked. In the social work profession, the needs assessment survey is commonly accepted and promoted as a useful tool for the development of

services (Rubin & Babbie, 2005). In the social work literature on CE, however, the needs assessment survey is either used infrequently or considered unimportant; it is rarely reported on in the literature.

No social work text, instructor, or service provider would encourage the delivery of services to any single population without consulting with members of the population themselves. Nonetheless, the literature reveals an absence of research findings that document social workers' perceptions of current and changing needs for CE (Kane et al., 2001). Surely, a distinction could be made between the services social work provides for those who are disenfranchised, underprivileged, and otherwise considered to be vulnerable and the services social work provides to its own practitioners. Yet any distinction that could be made cannot explain the exclusion of practitioner involvement in the planning and ongoing management of the profession's own CE.

In summary, social work literature describes the CE climate in social work as riddled with confusion. First, there is no central organizational agency that can both develop standards and monitor programs (Whittington, 1991). Second, given the ready-made market for consumption of CE programs and the lack of central organization, numerous providers with varying agendas market products that may or may not be useful (Barker, 1992). Third, although social work scholars and authors offer a number of criticisms of the current system, few analysts offer solutions. Fourth, even though the practitioner is one of the most obvious victims of institutional shortcomings, the larger profession shows no apparent interest in collecting practitioner views. Fifth, CE providers continue to provide what they choose to, despite the global recognition that the present system is largely ineffective and possibly harmful. Sixth, if social work practitioners are not getting adequate CE, social work clients may be shortchanged

by any deficit in knowledge or skill. Finally, confusion appears to stem from and reflect an overall lack of leadership with respect to CE in social work.

Rationale for the Study

The present laissez-faire approach to organizing CE does not appear to be working. In view of the central significance given to CE in the literature, the necessity to replace the laissez-faire approach to programming with a better thought-out, more intelligent approach is critically needed. Unfortunately, although the present system of CE has been criticized by numerous researchers such as Gibleman & Humphreys (1979), Apps (1981), Whittington (1991), and Barker (1992), little guidance is provided in determining what should be maintained or what should be changed.

In social work, systemic changes are generally predicated by a PIE (person-in-environment) assessment. This model directs social workers to honor clients' perceptions of their individual life situation and to consider these perceptions as a necessary part of the assessment and intervention process (Germain & Bloom, 1999; Miley, O'Melia, & DuBois, 2004; Pardeck, 2005). In fact, the very first step in program development is to collect data relative to the target population (Brueggemann, 2002; Rubin & Babbie, 2005). Unfortunately, the literature fails to document the practitioners' views relative to their own continuing educational experiences. That this process has not been done seriously impedes the process of assessment and creation of useful programming in social work.

Statement of the Problem

A review of the literature on CE in social work indicates that practitioners are struggling with programs of low quality that are given at inconvenient times and amount to nothing more than a waste of time and money (Apps, 1989; Livneh & Livneh, 1999; Nowlen, 1988;

Whittington, 1991; Barker, 1992). Unfortunately, the literature does not provide any empirical evidence to support these claims. Nonetheless, if the practitioners are actually experiencing what is reported, the profession of social work has an obligation to do something to improve the organization, quality, and delivery of existing CE services. Without feedback from social work practitioners, it is difficult to determine how practitioners have adapted to their present CE environment. Therefore, it becomes more complicated to offer a coherent assessment of the current situation, much less provide useful directions for change.

Purpose of the Study

The purpose of the study is to document practitioner views of the continuing educational offerings they are receiving. Specifically this study sought to provide data relative to the practitioner's participation in continuing education and levels of satisfaction or dissatisfaction with current systems of CE. Further, the study was designed to collect data relative to practitioner's views of the quality, convenience, and cost of accessible offerings and examine the relationship between these views and levels of satisfaction.

Significance of the Study

The significance of this study is fundamental and yet far-reaching. First, the basis for a social worker's participation in continuing professional education, according to the NASW practice standards, is the "belief in the client's right to have knowledgeable and skillful assistance" (NASW, 2002). According to the NASW guidelines, it is through CE that social workers are able to provide the knowledgeable and skillful assistance that has been asserted as a client's right. If CE systems are failing this intended goal, there is no reason for a social worker to partake in CE. Yet, NASW and legal protocol still demand it.

Second, in addition to the profession's assertion of the client's rights to quality services, the profession further asserts that it is the professional obligation of every social worker to attend to their CE. This standard was established by NASW in 1985 and remains in effect today. The standard was set with the intent to ensure competence and quality of services for social work clients. If, in the final analysis, current CE services are actually impeding practitioners' efforts to do that, our technique belies our goals, social work practitioners are victims of nebulous program programming and ineffective services.

Third, maintaining and promoting programs of CE without consulting social work practitioners is not a social work approach to program development. The profession of social work directs social workers to consult with, not ignore the population targeted to receive services. Social work practitioners are the target population designated to receive CE services. Therefore, by social work standards, social work practitioners should be consulted about the services they receive. It would seem that the profession has an obligation to address the standards it has set. This is especially true in light of the fact that social work has made program planning and the development of social services a prime focus of social work expertise. Yet, it has offered little of this expertise when it comes to the development and delivery of CE services for its own practitioners.

To the extent that each profession has a responsibility to monitor and support the delivery of effective programs of CE, the social work profession also has an obligation to address current challenges surrounding the creation and delivery of CE services to its professionals. In view of the broadly established importance of continuing educational services, it is time to apply some social work expertise to the evaluation and development of CE services for social work

practitioners. Consequently, the first step in that process, from a social work perspective, is to consult with the target population.

Definition of Terms

The following definitions are provided for the purposes of understanding this study. The constructs are key components of the questions being investigated. In addition, these constructs provide the basis for the study's design and the methodologies.

In this study, CE refers to continuing educational experiences that are formally arranged and provided to practitioners for the purposes of fulfilling an educative need, developing a new career related skill, or honing skills previously learned. CE includes but is not limited to all experiences developed in order to provide CEU credit necessary to fulfill licensure. These CE experiences may be in the form of seminars/ conferences, workshops, or lectures. Additionally, supervised practice including all forms of supervision that are structured on an hourly basis in order to review cases, improve case management or learn other job- related information was also considered as CE. Supervision is a common practice for many social workers and fits within the National Association of Social Workers (2002) definition of CE.

Participation in CE had two dimensions: the frequency that practitioners report attendance in CE programs and the type of program attended. Practitioner views generally included attitudes, opinions, or feelings of the practitioner that depend on the responders' self-report. This is a measure of the practitioners' subjective state. Two types of views were targeted for data collection: the degree to which the practitioner feels satisfied with current services and the practitioner's perception of the quality, convenience, and costs of CE offerings available to them.

Practitioner satisfaction included the degree to which practitioners feel that their experiences with CE have been positive. It included the practitioner's self-report of how satisfied they have been with the CE experiences they have had. Participants were also asked to give their evaluations of the quality, convenience, and cost for each of the three education needs, as identified in the literature review; i.e., information update, learning new skills, and honing skills previously learned. Motivations for taking CE included the primary reasons or incentive for taking CE.

Research Questions

The research questions that guided the study are listed below. They are presented here to provide the general context of the study's inquiries. More specifics about the demographic and professional background variables and choice of independent variables chosen for the study are identified and explained in chapter II.

1. What are the relationships among social workers' demographic background variables and satisfaction with CE?
2. What are the relationships among social workers' professional background variables and satisfaction with CE?
3. What is the relationship between type of participation in CE and satisfaction with CE?
4. What is the relationship between frequency of participation in a specific type of CE and satisfaction?
5. What is the relationship between motivation to participate in CE and satisfaction with CE?

6. What is the relationship between perceptions of the quality of CE offerings and satisfaction with CE?
7. What is the relationship between the convenience of offerings and satisfaction with CE?
8. What is the relationship between the cost of offerings and satisfaction?

Outcomes

The outcome (dependent) variable of practitioner satisfaction was based on numerous reports about the ineffectiveness of existing CE services as presented in the literature on CE in social work. The outcome measure was the Attitude toward Participation Scale, specifically developed for this study to measure levels of satisfaction with CE as reported by participants. The APCES score was the dependent variable for all research questions.

The following model reflects the variable relationships that were examined.

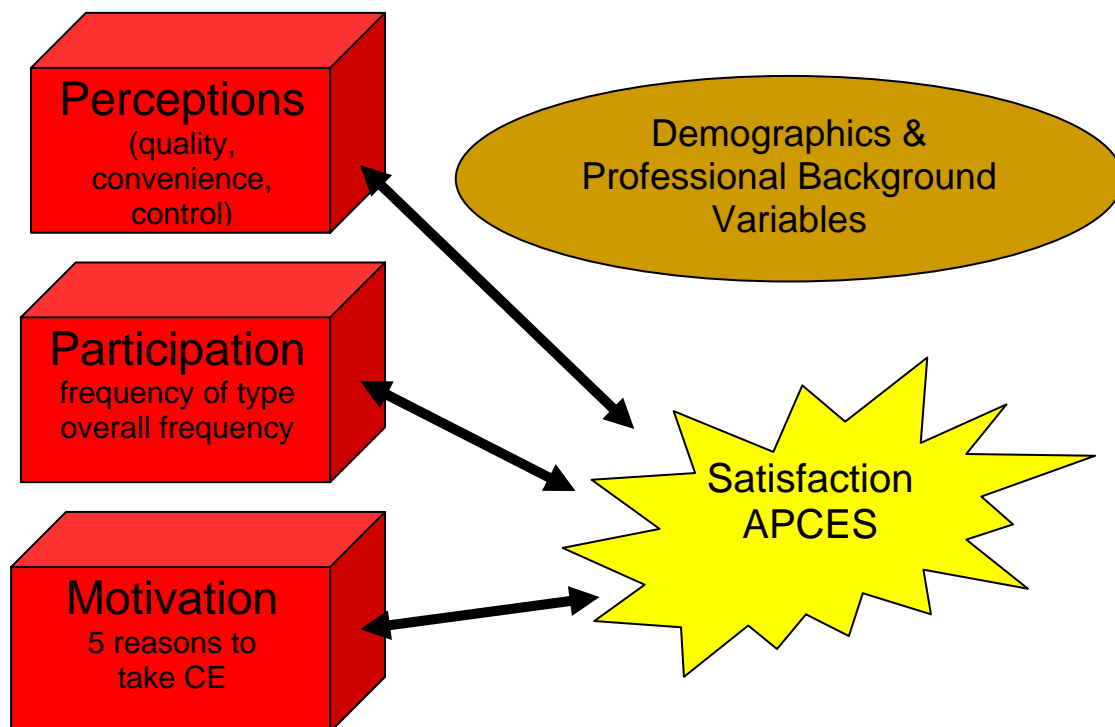


Figure 1. Study Model

Outline of the Dissertation

Chapter II provides a review of the literature related to CE. The first section addresses the current state of affairs in social work and CE. The second section addresses the profession's insistence on the importance of CE. Sections following highlight the numerous issues and concerns that have surrounded continuing educational efforts since social work's earliest attempts to address them. The research questions, which guided the study, are revisited with a brief discussion of the justification for each. Finally, conceptual definitions of constructs relative to the study are provided. Chapter III explains the study methods, discusses limitations of the design and measures, provides a description of the sample population, and explains the sampling methods. Further, this chapter provides an analysis of the development of the survey instrument, and describes the methods by which the data were collected, and details the statistical techniques by which the data were analyzed. Chapter IV presents the results of the research, including descriptive statistics, reliability analysis, the bivariate analysis of results and finally outcomes from the regression analyses. Chapter V presents and discusses the major findings, reviews the literature contextually related to the study and analyzes possible implications of study outcomes. Recommendations for future research are also presented.

CHAPTER II

REVIEW OF THE LITERATURE

The literature review is divided into four major sections. The first section is concerned with definitional issues of CE. The second deals with the importance of CE for the maintenance and improvement of knowledge and skills of social workers. The third discusses possible motivations practitioners have for taking CE. The fourth section focuses discussion on the current state of CE. The fifth section examines issues and concerns related to the delivery of CE services. The sixth section provides a summary and highlights gaps in the literature related to practitioners' views. Finally, the research questions are represented with a brief discussion of the logical justifications behind them.

What Is Continuing Education?

Several issues related to the definition of CE occur with some regularity throughout the social work literature. Some authors preferred broad definitions such as any “educational offerings that do not lead to an academic degree” (Swack, 1975, p. 476) or “all efforts to provide learning for active professionals” (Apps, 1989, p. 117). Others insist that it is important to distinguish CE as a vehicle of learning for those who have already completed a bachelors or masters level education and not to include learning experiences of those with less than a baccalaureate degree (Strom-Gottfried & Green, 1995). The issues range from defining CE as simple training to basing the definition on learning styles of participants.

Debate continues over whether training should be distinguished from other educational efforts and whether CE differs from staff development (Gibleman & Humphreys, 1979;

Weinbach & Kuehner, 1981). The Council on Social Work Education (CSWE), for example, developed standards for CE, defining it as including postprofessional educational activity and the full range of staff development regardless of degree, while the Encyclopedia of Social Work promotes a more narrow definition that specifically refers to “training taken by social workers and other professionals who have already completed formal educational requirements to enter their field” (Miller, 1980, p. 49). Contrarily, Njoku (1998) stated that CE is “not limited to cultural enrichment classes, workshops, seminars, and other informal learning experiences, but is also a vehicle for preparing people for professional certification exams and careers, and for completion for those who wish to receive license to practice” (p. 31).

Cohen and Deri (1992) suggested that CE be identified by methodology of instruction. Referencing the early work of Knowles (1973), they suggested that CE is distinguished from traditional education in its preference for andragogical methods in which the emphasis is on instructor-trainee mutuality and the students are expected to be actively involved in all aspects of the education process. This definition, unfortunately, was made problematic when McDonald (2001) pointed out that most CE instruction adopts a top-down teaching model rather than a collaborative model as mandated by androgyny. Additionally, Davenport and Davenport (1986) questioned the validity of androgyny, suggesting that it represents a false dichotomy because pedagogical teaching strategies are not vastly different from those used with adults. They also suggested that the theory itself lacks sufficient empirical support to be valid.

Rather than focus attention on the possible differences between adult and children learners, McDonald (2001) examined the differences within the adult population of learners itself. Professionals differ from the general population of adult learners in that they are extending their expertise and are highly educated, as opposed to adult learners in literacy programs.

McDonald (2001) suggested that continuing professional education should not be viewed as a simple extension of pre-service education. She encouraged the professions to consider the social function of professionalism in the context of a stratified society in which the professions occupy a position of high status and power. From this perspective, professional education is seen as a unique combination of theory and practice, referring to not only refinements of previous knowledge, updates of new information, or skill building, but also to transformational learning, proactive problem solving, and ethical scrutiny of organizational procedures and policies. This view is supported by Herie and Martin (2002), who suggested that the profession should link practice and research through CE; Karpiak (1997), who advocated CE for individual growth and transformation; and Daley (2001), who offered a constructivist view of CE that goes beyond the individual and the culture and examines the contexts in which knowledge becomes meaningful.

Consensus exists about what CE is not. There is less agreement about what it is. Researchers and scholars generally agree that CE is non-matriculated; that is, it is not directed toward an academic degree. Because CE is directed at professionals, it is assumed that all CE students have at least a baccalaureate degree. Agreement also exists on certain purposes of CE, especially the upgrading of knowledge and skills. Griffith (1985), for example, defined continuing professional education as:

a subspecialty of CE that focuses on programming for persons who have earned their professional qualifications in some field [NB: in this study, social work] and who have subsequently sought additional educational experiences to remind them of what they once knew and have forgotten, to acquaint them with knowledge that has developed since they earned their qualification, and to help them solve personal and professional problems of various kinds. (p. 103)

Although some authors such as Maslach (2003) advocate using CE for personal growth and renewal, this issue has not yet been settled. For the purposes of this study, the researcher was explicitly interested in the definitions provided by NASW. NASW (2002) has provided a general definition and attempted to summarize what activities would be subsumed under the rubric of continuing professional education. According to NASW, there are three broad categories that are used to define CE: formally organized learning events, professional meetings/organized learning experiences, and individual professional activities. This definition was consistent with Griffith's (cited in McDonald, 1995) which was ultimately adopted for this study.

Formally, organized learning includes courses, workshops, and practice-oriented seminars. It also includes staff development and training activities. All courses, seminars, staff development, and training must be provided by accredited programs. Professional meetings also must reflect formally structured programs geared toward professional issues and include discussions between professionals. Finally, there are a variety of self-directed professional study and growth experiences which NASW has also included, such as writing papers and books for presentation or publication; making presentations on major professional issues or programs; reading professional journals and books; preparing for initial consultation, reading, or training assignments; and engaging in independent study, research, or tutorial projects.

Supervision, which is a common practice for social workers, is not specifically named, but may be categorized under training assignments. Despite the fact that engaging in supervision, especially in clinical settings, is a common practice for many social workers, it was interesting that the practice of seeking individual supervision was all but completely overlooked in the literature addressing continuing professional education. Nonetheless, it has been included by

NASW (2002) as a specific learning experience with a number of hours (both individual and group supervision) required post-masters before a practitioner could be eligible to sit for the Licensed Clinical Social Work (LCSW) credentialing exam. However, since many private practices and agencies offer supervision, the researcher has included it as a learning experience related to the continuing professional education for many social workers.

The Importance of CE

Social work has always maintained an interest in the competence of social workers through the CE of its members (Guzetta, 1978). This interest stems back to the second half of the 19th century when settlement houses provided CE for social workers and university educators. When more formalized approaches were introduced in the 1970s, numerous scholars such as Gullerud and Itzin (1979), Shatz and Frey (1981), Walz (1973), and Zimmerman (1978) emphasized the importance of CE in the upgrading of social workers' skills. The concept of CE had widespread support within the profession in subsequent decades (Apps, 1989; Davenport & Davenport, 1983; Doelker & Lynett, 1983; Gambrill, 2001; Kane et al., 2001; Strom-Gottfried & Green, 1995).

Scholars have provided several reasons for supporting CE, including professional competence, survival of the profession, and the need to provide an integrative function in a profession that operates in a variety of contexts and utilizes a wide range of skills. Guzzetta (1978) suggested that social changes require social workers continually to update their education so that they can understand the social forces that influence their work and develop skills so that they can keep up with the changing requirements of their job. Gullerud and Itzin (1979) indicated that CE provides an ongoing relationship between social work practitioners and university

faculty for the diffusion of knowledge. Zimmerman (1978) suggested that CE maintain the following agenda:

(1) to enable social work practitioners to keep current with knowledge and practice developments relevant to social work; (2) to enable social work practitioners to acquire knowledge and skills needed for new and changing organizational and/or professional roles; and (3) to facilitate innovations by social service organizations (p. 111)

Lowenthal (1981) suggested the need for updating information and imparting new skills and knowledge, expanding this objective to include the use of CE relative to the application of funded knowledge and effective implementation of previously learned skills. Apps (1989) suggested that the profession has an ethical responsibility to protect those receiving social work services from incompetent practitioners. Additionally, he called attention to the heightened awareness of consumers and malpractice issues as compelling reasons to attend to the CE needs of social work practitioners. Ethical and legal reasons for attending to CE were therefore added to the practical considerations previous noted.

The scope of expectations to be met by CE has also been discussed as a way to integrate the profession. This role was previously fulfilled by settlement houses, which served to integrate faculty and social workers (Guzzetta, 1978). However, since settlement houses, the profession has expanded to include services in a variety of institutions, including education and healthcare, in addition to dealing with immigration and poverty. Researchers and scholars, concerned about the fragmentation of the profession, thought that CE would provide a basis for cohesion, as social workers providing services in different contexts would come together to upgrade their skills or expand their knowledge. Edwards and Green (1983), Weinbach and Kuehner (1981),

Haffey (1984), and Browning (1984) reframed the integrative function under the rubric of collaboration. They highlighted the unifying function of collaborative CE and advocated not only for integration between practitioners and academia, but also for other unifying combinations, including agencies and schools.

Edwards and Green (1983) and Guzzetta (1978) focused on the need for CE to assure the survival of the profession. These authors stressed definitional issues and competition between professions as survival concerns. Accordingly, they warned social workers to distinguish social work from other social service fields through their continuing educational practices, lest the lack of definition cause social work to lose its place in the competitive market of the human services field.

As knowledge expanded and the profession diversified, the demand for CE took a legal turn in the early 1980s. The profession began advocating for state licensure so that professional social workers could be distinguished from untrained practitioners and charlatans (Edwards & Green, 1983). In addition, the profession was advocating for mandated CE for licensure or renewal. By 1988, 42 states offered social work licensure or registration and 27 states mandated CE for license renewal (Cohen & Deri, 1992). Because of licensure and credentialing requirements, CE became a legal necessity for many social workers.

The information revolution in the 1990s provided further impetus to CE in social work. Barker (1992) noted that social work has a professional responsibility to attend to the continuing educational practices of its members because “half the information acquired by a professional person becomes outdated every seven years...” and that information “must be discarded and replaced by more current information on an almost continuous basis” (p. 1). For Barker, CE is a means through which information can be assessed and updated. Adding ethical and practical

reasons, Barker explained that the lack of knowledgeable social work practitioners affects not only clients who are maltreated when they are “deprived of a fundamental right—the right to be served by a professional who is knowledgeable” (p. 3), but also the general public, because people cannot differentiate between the worker who is knowledgeable and the one who is not. Subsequently, Dietz (1998) and Siporin (1992) reminded the profession of the negative effects that the unqualified practitioner may have on both the individual client and the larger society.

Recent attention has focused on CE for personal growth and renewal. Social workers, like other human service professionals, are vulnerable to burnout (Maslach, 2003). Karpiak (1997), for example, urges the profession to create CE programs that provide social workers not only with knowledge, but also with transformational opportunities allowing higher levels of awareness, growth, and renewal.

NASW similarly identified CE as a useful tool in the self-regulation of practice and additionally noted its contribution to the ongoing development of practitioners, by informing the practice of social workers while contributing to the development of practice standards and accountability mechanisms. McMichael (2000) highlighted the significance of CE as a vehicle through which social work improves its professional identity and becomes more competitive in the labor market. He also highlighted the link between the status of social work, the image of the social work practitioner, and the status of CE. Similarly, Edwards and Green’s (1983) were concerned that CE distinguishes the special services offered by social work from other professions. While renewal of self is an extremely important issue, maintaining the integrity of the profession would seem to be one of the most important functions of CE.

Professional associations and regulatory boards have emphasized the importance of CE (NASW, 2002):

NASW views CE as an essential activity for ensuring quality social work service for clients. By consistent participation in educational opportunities beyond the basic, entry-level professional degree, social workers are able to maintain and increase their proficiency in service delivery: skills are refined, professional attitudes are reinforced, and individual's lives are changed. (p. 1)

In order to actualize those objectives, NASW has established standards for CE programs and maintains a certification process by which vendors can obtain approval of their programs for social work licensure and certification.

Finally, technological advances have also influenced the dissemination of CE. Since the mid 1990s, with the development of the interactive video disk (IVD), digital video interactive possibilities (DVI), and compact disk interactive (CD-i) capabilities, technological changes not only expand the style and type of CE delivery but also demand additional CE education in the instruction and use of advanced computer and video equipment (Strom-Gottfried & Green, 1995). Today, new computer capacities, internet access, and future expansion of interactive abilities continue to provide additional purposes to CE: to educate practitioners on the expanded ability of accessing information, to educate practitioners on the use of new equipment, and to provide them with the ability to determine the credibility of the information accessed.

Technological advances have also influenced the need to refine social work practice to incorporate a global community of customers, clients, and participants. CE, therefore, needs to include and promote an international awareness of the differences in service needs and methods of service provisions (DuBois & Miley, 2002).

In summary, social work literature identifies 12 reasons for the importance of CE.

1. There is a responsibility that comes with being a professional that dictates that all practitioners secure CE (Baker, 1992; Edwards & Green, 1983; NASW, 2002).
2. Continuing educational practices promote a professional image and advance careers (Edwards & Green, 1983; McMichael, 2000; Karpic, 1997).
3. CE helps provide legal protection for practitioners (Edwards & Green, 1983; Lowenthal, 1981).
4. CE updates practitioners about changes in the field (Gullerud & Itzin, 1979; NASW, 2002; Shatz & Frey, 1981; Walz, 1973; Zimmerman, 1978).
5. CE helps ensure practitioner competence (Guzzetta, 1978; NASW, 2002; Strom-Gottfried & Green, 1998).
6. CE is important for ensuring the survival of the profession (Edwards & Green, 1983; Guzzetta, 1978).
7. CE aids the fulfilling of licensure and credentialing requirements (Cohen & Deri, 1992).
8. CE helps practitioners keep up with technological advances (Strom-Gottfried & Green, 1998).
9. CE facilitates professional collaboration (Browne et al., 1996; Christ, 1994; Edwards & Green, 1983; Haffey, 1984; Weinbach & Kuehner, 1981).
10. CE is a vehicle for international exchanges of information (Browning, 1984; DuBois & Miley, 2002; Traub-Werner, 2000).
11. CE is a means of protecting society as a whole (Dietz, 1998; Siporin, 1992).

12. CE can protect practitioners from burnout and provide options for professionals to experience personal growth (Karpiak, 1997; Maslach, 2003).

The Practitioners' Motivation to Take CE

Clearly, the importance of continuing professional education is widely documented and broadly accepted. Given the broadly accepted recognition of the importance of continuing professional education, it is not surprising that NASW expressly “requires social workers to assume responsibility for their own professional development” (NASW, 2002, p.2). Nonetheless, NASW (2002) also indicates that social workers are responsible for their own professional development. There is some research that examines specific motivations that influence a professional to partake in continuing professional education.

Several theoretical models of motivation have been proposed. One such model was developed by Boshier (1977) who developed a theoretical model of motivation to participate in adult education based upon a synthesis of the work of Houle (1961) and Maslow (1954). Houle developed a model that classified motivation into three types: goal oriented, learning oriented, and activity oriented. Goal-oriented adult learners were taking courses to increase their life chances by enhancing professional development or learning a skill that would make them more marketable. Learning-oriented participants were engaged in adult education for self-enhancement and learning for learning's sake. Activity-oriented participants were engaged in adult education primarily as an outlet or as an alternative activity to everyday functioning.

Boshier (1977) drew a distinction between deficiency motivation and growth motivation based upon Maslow's model of the hierarchy of needs. Deficiency motivation satisfies lower-level needs in the hierarchy; growth motivation is related to self-actualization. Deficiency motivation is directed toward increasing an individual's life chances, whereas growth motivation

is directed toward the enrichment of the individual's life space. Theoretical concern has been raised about whether motivation to engage in CE is growth-based or deficit-based (Boshier, 1977). Are people primarily motivated by desire to improve themselves and their situation or are they primarily motivated by certification mandates or other coercive factors?

Others working in the field, such as Triandis (1977), focused on habit as a strong predictor of subsequent behavior. Triandis (1977) noted that habit was an important predictor of subsequent behavior. Habit, or prior participation in a given behavior, is drawn from the behaviorist concept of operant conditioning elaborated by B.F. Skinner. That is, when a response to a given stimulus is rewarded, the probability of the response being repeated when the stimulus is presented is increased. Yang, Blunt, and Butler (1994) tested the Triandis model on a sample of 347 members of the Alberta Veterinary Medical Association, assessing the influence of behavioral participation, intent to participate, attitudes toward participation, cognitive attitudes, subjective social norms about participation, subjective personal norms, social participation, previous participation behavior, and demographic background variables on participation in CE activities. They found that prior participation accounted for 11% of the variance in actual subsequent participation in CE, beyond the contributions of the attitudinal variables. In addition, they found a positive relationship between prior participation and attitudes toward CE, which appears to support the growth model of CE.

Fishbein and Ajzen (1975) developed a predictive model of intention to act, which is a function of several factors: (a) attitudes toward performing the behavior; (b) beliefs about the consequences of the act and evaluation of those consequences; (c) the perceived appropriateness of the behavior for one's specific reference group and expectations of persons holding similar positions in the social structure; and (d) the individual's normative belief about what one should

do in a given situation. This model would predict that participation in CE would be influenced by attitudes toward participation in CE. In the above-mentioned study by Yang et al. (1994), behavioral intention accounted for 51% of the variance in actual participation in CE. These results, however, predict little more than those that might occur by chance. It seems apparent that there are additional factors influencing a practitioner's decision to participate in CE.

The Evolution of Continuing Education

While the practitioner may have various motivations for partaking in continuing professional education, most social work authors describe the organization and delivery of continuing educational services as a process quite independent of practitioner motivations or intentions. McDonald (2001) and Cervero (2001), for example, suggested that CE is developing in stages. McDonald suggested that CE is still in its early stage of development. Similarly, Cervero (2001) compared the current state of CE to the state of medicine in the early 1900s: By way of analogy, at the end of the 20th century, CE was in the same state of development as preservice education was at the beginning of that century....In his 1910 report on medical schools in Canada and the USA, Abraham Flexner found that only 16 of 155 schools expected that their incoming students would have any previous college education and he recommended closing the ones that did not. (p. 18)

Although it may be true by analogy that there are similarities in stages of development, a fundamental and crucial developmental difference exists. The medical profession closely aligned itself with academia. This gave medicine a stabilizing root from which it could grow. While Houle (1980) predicted that CE would follow a similar pattern of development as preservice programming, others such as Cervero and Azzaretto (1990) characterized CE an overall lack of planning (Cervero & Azzaretto, 1990):

Current systems [of CE] are often elementary, sporadic, and reactive. Educators respond to the learning needs of professionals in a haphazard manner, without integrating the education into an overall scheme of lifelong learning. (p. 2)

Additionally, CE practices seem to be characterized by chaotic repetitiveness and lack of coordination among providers. It is characterized by lack of leadership, ad hoc and reactive program development, competitive marketing, and unclear university roles (Cervero & Azzaretto, 1990; Houle, 1980). The same does not appear to be true for preservice programs, which are the exclusive province of academia. Therefore, we must not take it for granted that CE will follow the same natural course to success that medical (and other) preservice programs have followed.

Other authors, such as Davenport (1992) have described the organization and delivery of CE services in terms of phase development. Davenport (1992), divided social work CE efforts into three phases: prescriptive, descriptive, and empirical. According to Davenport's model, early efforts were prescriptive; attempting to delineate what continuing educators should be doing rather than what they were doing. In the early stages of a new endeavor, social work authors attempted to arouse interest in and sensitize others to the need and importance of the new activity. The second phase involved prescientific program descriptions by advocates without rigorously designed evaluations. Such descriptions were highly positive, with few exceptions. The third phase involved empirical analyses of the phenomenon. Davenport noted that as continuing social work education has evolved, an increased emphasis has been placed on accountability and evaluation.

While Davenport's (1992) overview reflected a linear perspective, Strom-Gottfried and Green (1995) suggested that the growth and development of CE has been cyclical, driven by

availability of fees, grants, and contract funding. This examination of the development of CE seems to reflect a cyclical and environmentally reactive approach rather than a systemized process of developing well-organized programs. Despite the fact that social work authors and scholars have consistently noted the central significance of continuing professional education, scholarly interest has been driven more by the availability of funding than by any organized proactive planning (Strom-Gottfried & Green, 1995).

Prior to 1970, for example, most schools played only minor roles in providing CE (Edwards & Green, 1983). Title XX of the Social Security Act of 1981 inspired the development of programs by providing funding that would allow schools to expand their activities. Previous educational activities were focused on programs for alumni or other practitioners. With the infusion of new funds, schools changed their focus from the practitioner, who was offered workshop options or one- to two-week summer block programs, to agencies that purchased training services of university faculty for social work practitioners (Strom-Gottfried & Green, 1995). With the Title XX incentive, the number of CE programs offered by universities doubled. When Title XX money ended, university interest in CE quickly waned; other providers took up the slack. Unfortunately, the other providers had varying agendas, including making money. CE for social work entered a new era of competitive markets and the seeds for fragmented service provisions were planted. As professional organizations, agencies, small groups, for-profit and nonprofit agencies, and individual entrepreneurs competed for revenue and trainees, social work practitioners were left to navigate the new environment on their own.

In the late 1980s and early 1990s, legal regulation and licensure replaced the need for programs to meet the qualification for Title XX grants. NASW set a standard of 90 hours over a three-year period and established the CEU as one classroom hour (NASW, 2002). More recently,

managed care has added its influence to licensure and a clear distinction was made between the licensed private practitioner and the agency social worker. Consequently, social workers in agencies are subject to CE requirements as identified and provided by their host agency. Licensed private practitioners are offered a smorgasbord of choices effectively created to meet the licensure requirements (Strom-Gottfried & Green, 1995).

Legal regulation in the 1980s and early 1990s also brought forth mandatory licensure requirements, creating a ready fee-for-service market and a new focus on evaluation (Strom-Gottfried & Green, 1995). The effect of licensure requirements was to increase the diversity of offerings and numbers of consumers (Cohen & Deri, 1992). Because requirements varied from state to state, and offerings were left to the functioning of the marketplace, the quality of CE offerings was extremely diverse, with some bordering on the fraudulent (Barker, 1992). In an attempt to provide some sort of market regulation and to protect its members, NASW again reviewed and reissued a set of standards for CE and a certification process for those CE courses that met or exceeded the standards (NASW, 2002).

The standards approved by the NASW board in June of 2002, for example, were divided into three sets. The first set included the following:

- social workers shall assume responsibility for continuing professional education,
- shall complete 48 hours of CE every two years
- social workers will contribute to the development and improvement of continuing professional education.

The second set of standards addresses the assessment of providers for continuing professional education. This set of standards states that providers should have a written statement of mission and philosophy that reflect the values and ethics of social work, plan organized

educational experiences, conform to responsible administrative practices, and collaborate with major stakeholders in the community. The third set includes two standards that address administrators. Administrators should implement agency policies in support of continuing professional education and provide leadership for continuing professional education.

While these standards are clearly intended to provide at least some guidance for the organization and delivery of services, they added little to the structure, organization, and development of programming. In fact, licensure in combination with requirements set by NASW appeared to contribute further to a continuation of the laissez faire environment that Gibleman and Humphreys (1979) described over two decades prior. The increasing numbers of social work practitioners seeking to maintain their licenses contributed to the rise of ad hoc providers to serve these new consumers (Cohen & Deri, 1992). Service providers could now offer services to both agencies and to individual social work practitioners on a fee-for-service basis. With the increase in service providers and the increased competition for fees, universities shifted the responsibility for providing training from full-time to part-time faculty (Siporin, 1992). Ironically, as CE became increasingly important, host universities responded by shrinking investment in staff development and reducing programming for CE.

The delivery of CE in an open and relatively unregulated marketplace raises several important issues. The first is who should provide such services and what kinds of relationships should be sponsored among providers? Second, what is the appropriate role of the marketplace in CE? Third, what are the ethical issues raised by the current mode of CE delivery? Fourth, how should CE be evaluated and quality maintained? Fifth, what kind of knowledge fund exists about CE? Sixth, what concerns are raised by licensure requirements and the emergence of managed care?

Issues and Concerns

Provider Issues

Most of the issues and concerns surrounding continuing education have evolved into controversial issues without much resolution. One major issue in CE is related to the role of academia. While most of the attention in literature has focused on collaboration between schools of social work and agencies, (Browne, Smith, Ewalt, & Walker, 1996; Christ, 1994; Gibleman & Humphreys 1979; McMichael, 2000; Weinbach & Kuehner, 1981) controversy surrounds the relationship between schools of social work and continuing professional education.

Some authors such as Laufer and Sharon (1993) indicate that universities should play a central role in CE programming. Others, such as Gibleman and Humphreys (1979), question whether a conflict of interest exists between social work educators contracting with agencies to deliver in-service training or staff development. Although individual faculty members might be available for providing such services, a formal relationship between a school of social work and an agency may raise issues about the appropriate functioning of the university.

Conflict of interest or not, many authors such as Christ (1994) and Browne et al. (1996) continue to support university/agency collaboration. Others even recommend an extension of collaborative efforts to include schools of social work and social agencies, government programs, field instructors, and social work administrators (Apps, 1989; Gibleman & Humphreys, 1979; Gullerud & Itzin, 1979; McMichael, 2000).

Edwards and Green (1983) viewed collaboration between agencies and schools as a crucial activity for schools of social work:

Those who believe such contracting is improper draw a sharp distinction between education and training, arguing that only the former is a proper activity for

schools of social work. They also fear that contracting will cause a loss of autonomy for the schools, infringe upon academic freedom, and result in the schools' appearing to sanction less than adequate practice in agencies. In contrast, proponents of such contracting argue that not only is contracting to deliver staff development and training service, but it may be crucial to the future of social work education. (p. 33)

Christ (1994) also concluded that schools of social work have a major responsibility for the CE of social workers. Within the university, social work educators may not agree about their respective roles with regard to social work CE and collaborative efforts with agencies. Weinbach and Kuehner (1981) attempted to resolve the controversy by differentiating between the alternate roles so that trainers would train and educators provide education; to date this controversy remains unresolved.

Notwithstanding the controversy over whether universities should or should not take the lead in organizing and providing CE, confusion exists about what universities are actually providing. On the one hand, Laufer and Sharon (1993) suggested that universities are the main providers of CE for social workers. On the other hand, Siporin (1992) reported that professional schools have shifted much of their responsibility for practice methods and training to social agencies and practitioners who serve as part-time adjunct faculty. Cervero (2001) demonstrated that university-workplace collaborations are on the rise; the workplace rather than the university has been the main provider of CE by far. He indicated that the amount of CE offered at the workplace might be more than all others combined.

McMichael (2000) reported that CE programming should to be linked to preservice education. Livneh and Livneh (1999) concurred, explaining that preservice faculty have a

responsibility to advise students about CE and provide students with the tools to become effective consumers of CE. As early as 1979, Gibleman and Humphreys noted the need for a consumer's guide to help social workers make intelligent choices when it comes to choosing useful CE opportunities. The issue of the role of schools of social work in CE remains unresolved.

Traub-Werner (2000) expressed concern about the lack of collaborative efforts within social work internationally:

Most of the traditional social work education has been quite narrow in its conceptual framework, teaching practitioners to think and practice from the cultural perspective of their local realities. In an era of rapid globalization, it is clear that traditional social work literature, practice, and education in English-speaking western countries must look outwards to broaden its scope and vision.

(p. 7)

Traub-Werner (2000) also suggested that social work continue to develop best practice criteria required for ethical professional practice globally. Given the amount of time and energy that western scholars have spent on promoting empirical practices for social work, it remains unclear what types of information exchanges and what methods of information gathering would be appropriate for application in non-western worlds. Global collaboration will provide fertile ground for future controversy.

A review of the literature about collaboration leaves many unanswered questions. Should CE reflect a concern for the identification, prevention, and amelioration of social problems? If so, what role does academia play in the process? If the university is not involved with the development of CE programs that reflect this concern for societal well being, who should

coordinate such programming? Should university educators take responsibility for linkages with practitioners or should this type of activity be planned by both practitioners and administrators? Does the awareness of the responsibility that schools of social work have include an agenda to increase field instructor choices and recruit students for advanced university degrees? If so, are we purporting to do so the idea of office based CE? Whatever, the role of academia, it is apparent that competition between providers will continue to raise numerous issues and concerns.

Competition

Although competition may be considered the best approach to controlling some markets, when it comes to CE, competitive efforts have resulted in ineffective services (Livneh & Livneh, 1999). This is apparently problematic not only for social work but also across the professions. Regardless of who is providing CE, choices abound. Scholars in the field (Apps, 1989; Browning, 1987; Cervero, 1988; Cyphert & Cunningham, 1987; Daley, 2001; Davenport & Woodarski, 1989; Gambrill, 2001; Guzzetta, 1978; Houle, 1980; Koch & Sancier, 1988; Livneh & Livneh, 1999; Njoku, 1998; Strom-Gottfried & Green, 1995; Zimmerman, 1978) have investigated and proposed various collaborative ventures, examined the relationship between trainers vs. academicians, and reported on the CE activities of professional associations, commercial providers, and non-profit organizations that have joined individuals and small groups of private practitioners to create an extremely large compendium of offerings. They have voiced several concerns.

First, competitive interests may effectively create gaps in service delivery (Laufer & Sharon, 1985). Second, rather than building a credible knowledge base, CE efforts are disjointed, fragmented, and turf-related, contributing a little about many things but virtually nothing toward

an integrated and accumulated knowledge base (Cervero, 2001). Third, the lack of organization among providers results in redundant course offerings that effectively becomes a waste of practitioner time (Zimmerman, 1978). Fourth, some provider interests may be more financial than substantial (Strom-Gottfried & Green, 1995; Strom-Gottfried & Green, 1998). Fifth, poor and/or irrelevant programs frustrate consumers and create a chaotic buyer-beware atmosphere which may ultimately affect the quality of service practitioners give to their clients (Houle, 1980). Clearly if the present state of continuing education is not sufficiently meeting its intended purposes, there may be many related ethical concerns.

Ethical Issues and Concerns

Scholars have voiced ethical concerns about the provision of CE. A central concern of social work is the promotion of social justice. However, an examination of CE offerings suggests a lack of a coherent and well-organized process for examining agency policies, practitioner practices, and CE for professions regarding social issues (Gambrill, 2001). Apps (1989) encouraged the profession to envision CE to include issues of ethics, values, and social action. Although these issues may be of central interest to social work, they received little, if any, attention in the social work CE literature.

A related ethical consideration has to do with the possibility that the collective social work CE efforts may result in client harm. A major concern of the NASW Code of Ethics is to protect a client from harm (NASW, 1999). CE was seen as a vehicle for self-regulation, updating information, and increasing the competency of the social work practitioner. Today, it is through CE programs that practitioners can document their participation and renew their license or gain other credentials. Practitioners may receive these credentials regardless of whether the information received was relevant to their practice, ever actually applied in their practice,

scientifically valid, or applied appropriately (Gambrill, 2001). In most cases, proof of attendance results in certification. Hence, they are considered qualified regardless of the adequacy of their performance or the quality of the program.

The unregulated marketplace allows for ethically questionable behaviors on the part of social workers (Strom-Gottfried & Green, 1995):

Some professionals, left to their own devices, might choose to attend CE that merely repeats earlier training; is not challenging or of sufficient length or depth to enhance practice adequately; or requires no active participant involvement or demonstrable acquisition of skill, such as those on current research development, ethics, or social policy despite the fact that such areas are highly valued by the profession....The range of domains in which social workers practice and the number of roles they assume makes it difficult to determine educational areas that would be relevant to all members of the profession. Similarly, consumers of CE, the organizations that employ them, and the agencies that regulate them all have differing expectations about what social workers need to maintain their competence as practicing professionals. (p. 629)

Evaluation Issues

Although there are many CE options in the marketplace, very few have been adequately evaluated. Nowlen (1988) suggested that since:

...few providers can demonstrate that specific educational programs affect practitioner performance or enhance competency, care must be taken that continuing professional educators do not purport to accomplish something that they cannot deliver. (p. 232)

Davenport (1992) criticized the validity of self-reporting that is a common method of evaluating CE programs. He has also questioned evaluation methods that most often do not include pretest and posttest data and make no use of control groups. Small sample sizes also limit

most evaluative efforts. Sometimes survey reviews ask participants to gauge their enjoyment of the seminar, when participant enjoyment has little to do with overall adequacy of the program (Gambrill, 2001).

While participant enjoyment may have little to do with the overall adequacy of a given program, it may be noted here that practitioner satisfaction with CE programs may. Assuming that professionals are engaging in CE activities for reasons associated with their needs relative to their practice of social work, it follows logically that practitioner evaluations of how much these programs satisfy these needs is an important aspect of evaluation and one that is very much devalued in the literature.

Research Issues

Research on CE is not well developed. First, a gap exists between research and social work practice (Herie & Martin, 2002). Empirically based social work practice, including CE in social work, is supposed to be based on scientific research. However, as Herie and Martin (2002) have pointed out, practitioners and program developers tend to avoid reading research journals for two reasons: (a) they find that empirical studies are too limited in their implications to influence practice, and (b) they lack the requisite skills to evaluate research adequately. This gap between research and practice has been recognized by funders, who now require applicants to justify their programs with empirical research. Nonetheless, if practitioners and program developers are not motivated to seek empirical research, interested in developing an empirically based social work practice, or insufficiently skilled to evaluator research, research seems to be of little value to either the practitioner or the program planner.

Second, CE evaluation research has been limited to case studies (Herie & Martin, 2002). Moreover, evaluations have suffered from the use of weak research designs (Davenport, 1992).

In many cases, what passes for a case study is merely a descriptive piece that extols the virtues of the particular program without critical analysis or the use of validated outcome variables.

Furthermore, relatively few empirical studies have been conducted on CE (Strom-Gottfried & Green, 1995). Those that have been conducted tend to be turf-related and limited in scope.

In addition to the gap between research and practice, there is also a gap between research and theory. There is a dearth of studies that link social work theory with social work practice (Daley, 2001; Knox, 1981; Laufer & Sharon, 1985; McMichael, 2000). A weakness in the profession of social work is that the links between social work practice and an empirically based fund of knowledge are weak. Herie and Martin (2002) characterize the field as follows:

Although gains have been made, social work still has far to go in understanding the cycle by which knowledge is disseminated, diffused, adopted, adapted, and then posed again as new research questions. (p. 85)

Perhaps of even greater significance is the lack of research to contribute to the fund of knowledge in CE, creating the impression among developers that programs need not be empirically based (Strom-Gottfried & Green, 1995).

The weakness in the knowledge base generates a reinforcing cycle of prejudice against the use of research-based findings. Edwards and Green (1983) questioned the usefulness of requiring social workers to accumulate a CE credit when the CE experience is not tied to outcome or competency measures. Yet this is standard operating practice in the profession. No empirical basis exists to indicate that the accumulation of CEUs improves social work practice.

Other obstacles impede the likelihood that social work practitioners will be motivated to cooperate with research efforts. Practitioners may not be as invested in the researchers' desire to track client outcomes over time, especially if they think such findings will reflect negatively on

their program (Barker, 1992). In addition, social work practitioners who have pressure-filled workdays will not have a great desire to submit themselves to pretest-posttest procedures simply to satisfy those in academia that their programs are effective (Dietz, 1998). However, this can be remedied if program funders require as part of any program proposal an evaluation component with the design specified at the outset.

Licensure and Managed Care

Early debates about licensure centered on mandatory requirements (Edwards & Green, 1983). Later issues concerned the meaning of licensure as a documentation of competency. Licensure requirements require the documentation of consumption of CE; however, such consumption does not ensure competence of the practitioner. Current issues noted in the literature center around the impact of managed care on CE (Browne et al., 1996).

Licensure requirements are satisfied easily by short information updates in the form of workshops or proof of other self-study alternatives (Cohen & Deri, 1992). Increasingly, social workers are being employed in managed health care environments such as hospitals, rehabilitation centers, and long-term care facilities (Bureau of Labor Statistics, 2004). Social workers in managed care facilities need to conform to state licensure requirements. Managed care also dictates the knowledge and skills that it will reimburse. Managed care facilities are not responsible for providing CE to their employees (Kane et al., 2001). As a consequence, some social work researchers have begun the process of knowledge and skill identification for managed care and privatized environments. This information is considered by a number of authors to be essential in assisting the social worker to interface adequately with managed care systems (Callahan & Merrick, 1997; Kadushin, 2001; Munson, 1996). However, when working in these environments, social workers may be faced with ethical dilemmas in a system largely

driven by privatization and profit, in which clients' interests conflict with those of the service providers (Strom-Gottfried, 1998).

The present managed care systems are outcome-oriented (Munson, 1996). Because social workers are dependent on the managed care program for payment and managed care companies encourage the LCSW to take shorter-term treatment approaches, CE is also geared toward short-term interventions. Although these interventions may be more cost effective for the third party payer, it may not be the most appropriate way to manage patient care (Dattalo, 1994).

Summary

Researchers and scholars are in consensus over the importance of CE in social work. Despite the broadly accepted recognition of the central significance of CE practices, the profession of social work has not developed adequate systems of service delivery. CE courses are delivered through an unregulated marketplace by a variety of providers, including universities, professional associations, agencies, and entrepreneurs. In an attempt to provide some sort of quality control, organizations such as NASW have attempted to establish criteria for quality and certify CE offerings that meet the criteria. However, providers have to initiate contact with NASW in order to receive its seal of approval. This means that there may be many courses being offered that meet the criteria, but are not certified.

The existence of an unregulated marketplace for the consumption of CE creates several problems. The first is lack of quality control. No basis exists for the evaluation of quality of offerings. Very few CE offerings have been rigorously evaluated. In many cases, what passes for evaluation does not meet the most elemental of scientific standards. Second, it is through CE that innovations in the field are disseminated to practitioners. However, because of the lack of oversight and content evaluation, there is no guarantee that the information being disseminated is

research-based or valid. Third, because of mandatory state requirements for licensure renewal, social workers are required to obtain a certain number of CEUs. Without further specification of quality or content, such requirements can lead to abuse or have questionable effects on the upgrading of social workers' skills or improvement of the profession.

Despite the fact that the profession of social work maintains a specific person-in-environment approach to assessment and problem-solving, the practitioner relationship to the chaotic CE environment is overlooked. The profession lacks information about the interface between social workers and the CE marketplace. How do they experience the marketplace? How accessible are CE venues? Are they satisfied with the choice of CE offerings they have? What motivations do social workers have to take CE? In addition, perhaps most of all with respect to this study: How satisfied are practitioners with the services they are receiving? While the literature provides speculative answers to some of these questions, there is no empirical data reported that indicates whether or not practitioners are satisfied with the CE services they are receiving. The omission of practitioner views represents a major gap in the literature.

Social Work Practitioner and Satisfaction with CE

Information about the demographics and professional background of study participants was needed for the purposes of describing the sample population. Research questions 1 and 2 targeted the collection of this data.

Research Questions 1: What are the relationships among social workers' demographic background variables and satisfaction with CE?

Question 1 was intended to provide demographic data. While there is no research in social work literature that focuses on the relationship between practitioner satisfaction with CE and gender, ethnicity, or age, these demographic variables are commonly identified as social

work interest areas. There is some empirical support from other professional fields. McEwen (1998), for example, reported racial/ ethnic and socioeconomic variations in the evaluations of education in Alberta, Canada. Khan & Khan (2007) reported higher mean scores in academic satisfaction for females than males in research evaluating distance education for teacher education.

Research question 2: What are the relationships among social workers' professional background variables and satisfaction with CE?

Question 2 was intended to provide information relative to the professional background of the practitioner. Social work literature indicates issues and concerns the goodness of fit between CE services and one's field of practice, work practice type, social work function, and level of need. Barker (1992) and Whittington (1991) as noted earlier report that CE offerings are out of touch with practice needs. Christ 1994 Kane et al (2000) and Palmiere (1981) complain that, current CE offerings are not responsive to the fact that social workers function simultaneously in different specialty areas and therefore have different educative needs than current provisions, which focus on narrower specialty interests. Social work literature also indicates issues and concerns around mandatory CEU requirements, certification requirements at various degree levels. Therefore it was loosely speculated that professional background variables such as practitioner's highest social work degree, requirements for CEU's issued by state and by workplace may relate to satisfaction levels .

Finally professional background information including years of practice and whether the practitioner worked full time or part time were included. The inclusion of these two variables was also based speculation that practitioners who had been in practice for a number of years, given the redundancy of course offerings may be frustrated with the process of identifying

courses that provide any new information. These issues were not directly addressed in the literature but could be inferred from the broader contexts of complaints from social work practitioners.

Research Question 3. What is the relationship between type of participation in CE and satisfaction with CE?

Social work literature highlights severe complaints against the seminar/workshop as a type of CE offering. Very little is found about other types of CE participation. If the seminar is the primary mode by which practitioners' are receiving their CE, the practitioner is participating in the one type of CE that social work authors primarily charge as ineffective and most often a costly waste of time. (Whittington, 1991; Apps, 1989; and Cervero, 2001)

Research Question 4. What is the relationship between frequency of participation and satisfaction?

This research question was based on Triandis's (1977) work on habit and Yang, Blunt, and Butler (1994) test of Triandis model, discussed earlier. These researchers found that prior participation accounted for 11% of the variance in actual subsequent participation in CE, above and beyond, the contributions of the attitudinal variables. In addition, they found a positive relationship between prior participation and attitudes toward CE. Therefore, frequency of participation in a specific type of CE offering might correlate with satisfaction as measured by the APCES. Finally, total frequency in the participation of all offerings combined might also be related to practitioner levels of satisfaction as measured by the APCES.

Research Question 5. What is the relationship between motivation to participate in CE and satisfaction with CE?

Social work authors and scholars have noted a number of purposes that continuing

education should satisfy. Numerous social work authors such as Apps (1989), Davenport & Davenport, (1983), Doelker & Lynett (1983), Barker (1992) Kane et al. (2001), Strom-Gottfried & Green, (1995) have emphasized the importance of continuing education in helping practitioners serve their clients better. Others such as Karpiak (1997), McMichael (2000) advocated CE for individual growth and personal transformation and the advancement of careers. Maslach (2003) recommended the use of CE to help practitioners avoid burnout. Cohen and Deri (1992) spoke to licensure and credentialing requirements.

Basher's list of motivations for engaging in CE closely approximates reasons for importance listed above. Boshier found that there were five common reasons for participating in Continuing Education and asked participants to rank them in order of the importance each was for them. These include allowing one to serve people better, job requirements, personal interest, professional advancement, and providing stimulation in life.

Research Question 6. What is the relationship between the quality of offerings and satisfaction with CE?

There are a number of authors in social work literature such Nowlen (1988) and Whittington (1991), Caver (2001) and others who contribute to a recurrent theme running through the literature charging that current offerings are often times of low quality that amount to nothing more costly inconvenient a waste of time. One would logically expect that poor quality, inconvenience, and cost of offerings would affect the satisfaction level of participants. It almost seems commonsensical to assume that levels of satisfaction in CE are not related to these three factors.

Nonetheless, several studies on satisfaction with education have demonstrated that satisfaction has been associated with such disparate factors as position, self-efficacy, and

demographic background. Brown (1998) reported low and non-significant correlations with students' and parents assessment of quality and satisfaction of the business education program the students were attending. Laws (2001) found significant relationship between parents' self-efficacy and their ratings of the educational program of their children with Down's syndrome. Although quality seems to be an obvious correlate to satisfaction, it may not account for much of the final variance in satisfaction level

Research Question 7. What is the relationship between the convenience of offerings and satisfaction with CE?

This research question was primarily based on reports in the literature that claim CE offerings are offered at inconvenient times and locations. Additionally, researchers outside of social work have looked at the relationship between participation in CE where convenience was a contextual variable that has been shown to influence participation (Cann & Waters, 1993; Schlosser, Jones & Whatley, 1993).

Research Question 8. What is the relationship between the cost of offerings and satisfaction?

This research question similar to question seven was derived from reports on reports about cost and satisfaction reported in the literature. Existing CE services have been attacked as a costly waist of both time and money. Additionally, researchers outside of social work have noted that the theoretical basis of cost and its relationship to satisfaction with CE has a long history in decision theory. Herber Simon (1976; 1995) developed the concept of "bounded rationality" for organizational decision – making, which can be applied to individual decision-makers as well. That is, some decision-makers calculate risks and benefits of a given alternative, while others calculate that the expenditure of resources.

In conclusion, the purpose of this study was to investigate and document practitioners' views about their satisfaction with continuing educational experiences. Given the fact that this study is exploratory, the research questions were directed at finding out general information relative to the relationship between practitioner satisfaction, demographic and professional background variables, motivations to take CE offerings, the type and frequency of the practitioner's participation in CE and the practitioner evaluation of the quality (whether the course is well taught, of high quality, and/or fulfills the need as seen by the practitioner) convenience (location of offering and scheduling of offerings at convenient times) and cost of offerings (both financial expense and time expense).

The following chapter outlines the methods used for data collection, describes the sampling procedures, and provides an analysis of the development of the survey as the measurement instrument including the organization of items in the APCES, which provided the outcome measurement for all eight research questions.

CHAPTER III

METHODS

This chapter discusses the choice of the mailed survey questionnaire for data collection, the determination of sample size, and data collection: i.e., the development of the survey, quantification of the independent variables and a description of the Attitude Toward Participation in Continuing Education Scale (APCES) that was the dependent variable in all 8 research questions. A preliminary plan for data analysis is also provided.

Survey Method

The survey method was chosen for this study for several reasons. First, surveys are generally recommended for descriptive and exploratory purposes, which have individual people as the unit of analysis (Rubin & Babbie, 2005). This study had individual practitioners as the unit of analysis. Second, survey research “is considered the best method available to the social scientist interested in collecting original data for describing a population too large to observe directly” (Rubin & Babbie, 2005, p.314). The target population for this study was social work practitioners across the United States, a considerably large population. Given the wide range of services that social workers provide, it was evident that a large sample would be needed if it were expected to represent social work practitioners generally. Third, surveys “are considered excellent vehicles for measuring attitudes and orientations in a large population” (Rubin & Babbie, 2005, p.314). The purpose of this study was to measure practitioner attitudes and orientations toward their experiences of CE in social work. The survey method, therefore, is well suited for this study.

This researcher chose the mailed questionnaire over other survey methods. First, mailed questionnaires that are specifically developed for quantitative studies provide more time-efficient and cost-effective measurement possibilities than other types of survey methods such as person-to-person or telephone interviews. Second, as this study indicated the need for a large sample size, the mailed questionnaire offered the most efficient and convenient method of reaching sample participants (Ary, Jacobs, & Razavieh, 1996). Third, mailed questionnaires provide more potential for protecting the confidentiality of individual sample participants than can be done in person-to-person or phone interviews. Fourth, the standardization process that characterizes the self-administered survey for quantitative research is specifically calculated to provide reliable data analysis.

Disadvantages of Survey Research

Potential disadvantages of conducting a mailed survey were also evaluated. Some of these are generally considered to be necessary trade-offs inherent in the standardization process. On the one hand, it is important that the instrument appear to have face validity to as many sample participants as possible. On the other hand, questions “that are minimally applicable to most respondents” may effectively miss “what is most important to some clients” (Rubin & Babbie, 2005, p. 33). Additionally, if response choices are too narrow, the full context of the participants’ intentions is not recorded. As a result, the standardized questionnaire (in combination with a carefully selected probability sample) “presents a risk of reducing complex topics to superficial levels” and, at the same time, “offer[s] the possibility of making refined descriptive assertions... which no other method of observation can provide” (Rubin & Babbie, 2005, p. 33).

One last but very important issue given considerable attention was the special challenges inherent in using the mailed survey questionnaire to measure attitudes or opinions. A major concern about mailed surveys is poor response rates. Usually, as in the case of this study, mailed surveys are administered to a random sample from a defined population. The problem with mailed surveys is that respondents are self-selected and may deviate in important ways from the population. Therefore, researchers have attempted numerous ways in which to increase participation rates. First, the instrument must be relatively short and be designed to be attractive to the eye (Singleton & Straits, 2005). Second, researchers absorb all expenses of data collection, including returning the completed questionnaire by providing a stamped, self-addressed envelope. Third, many researchers supply a reward or gift for participating, providing an incentive to participate. Fourth, some researchers include endorsement letters from well-known members of the population, such as the president of the professional association. Fifth, researchers often follow up initial mailings with reminders. Mailed surveys are best used with target populations that are likely to have high response rates. Social workers constitute one such population. Strategies designed to increase response rates are described in the Data Collection section of this chapter.

The Sample Population and Sampling Frame

The target population was social work practitioners across the United States. Obviously, this entire population was not accessible for the study. The accessible population of social workers consisted of those who belong to National Association of Social Work (NASW). The target population contained 115,254 practicing social workers who were listed as full members of NASW, excluding student members. A random sample of 500 names was purchased from

NASW through Infocus. Infocus is a mediating organization that handles the sale and purchase of mailing lists for NASW.

Power was a major factor in determining the size of our sample. Power is determined by several factors, including sample size, effect size, whether statistical tests are one-tailed or two-tailed, and alpha level (Cohen, 1988). For this study, the conventional alpha level of .05 was chosen for significant relationships. Two-tailed tests of significance were used because the researcher did not know which way to estimate the directions of the findings. In addition, power analyses were determined by using a multiple regression analysis. Effect sizes were expressed as proportions of variance independent of the directionality of the relationships. Although increasing the sample size reduces sampling error, as the sample size increases, reduction in error diminishes such that adding additional cases provide little improvement in error (Dillman, 1972).

Power analyses provide researchers with an empirical basis on which decisions about sample size can be made that provide an optimal number of cases for reducing the probability of Type II error to an acceptable level. Previous research is generally a good guide in determining power. There had been neither previous research nor pilot data that targeted practitioner views of CE. Therefore, the power analysis was based on logical assessment of what might constitute theoretically important effects as well as an analysis of statistical effects. Effort was taken to protect the statistical integrity of the study while, at the same time, arming it with enough power to detect meaningful effects. A power analysis was conducted for a multiple regression analysis that included five factors. The major dependent variable of the study was attitude toward CE; i.e., satisfaction. The predictor variables set included the following indicators: (a) prior participation in CE, (b) reason for participating in CE, (c) evaluation of quality of CE, (d) evaluation of convenience of CE, and (e) evaluation of costs of CE. The expected effect size

was set at a conservative 10% of the variance ($R = .32$). Using the conventional criterion of a power coefficient of .80 (Cohen, 1988) required a sample of 122. With a population sample of 500 and an expectancy return rate of at least 50%, the estimated sample size was double that, at 250, which translates into a power coefficient of .99.

Additionally, the researcher explored the effect that various sample sizes had on the standard error of measurement (SEM). For example, a 500-subject sample was compared to a 1500-subject sample. For our target population size, this more than doubled sample size produced only a small drop in the SEM (from 3.7% to 2.5%) at the 95% confidence level. Such a drop in error was considered insufficient to warrant doubling or tripling the sample size. Even when taking into consideration the fact that sample size estimates are based on completed sample size (notwithstanding issues related to no responder category analysis), not the original size, little support existed for increasing the sample beyond 500 (Dillman, 1972). While there is no question that, in mailed surveys, response rates are an important aspect affecting the determination of the size of the population sample, in this study, a response rate of 50% (as explained in the Data Collection section) was anticipated. A 50% response rate would yield a sample of 250 subjects, well over the necessary sample size of 122 subjects.

Finally, some consideration was given to the fact that the desire for precision in making estimates for population subgroups is typically acknowledged as an important element in pushing the sample sizes as high as the sponsor can afford (Dillman, 1972). For this particular study, however, there was no empirical research indicating a relationship between practitioner subgroup and satisfaction levels. Neither were anecdotal or editorial concerns reported. Since these factors did not play a large role in the literature, it was of little relevance to the study or for the study's power analysis.

Instrumentation

The survey had five main sections. Section 1 was entitled Personal Information and asked the participant for demographic data, gender, ethnicity, and age. Section Two was entitled Individual Personal Information and asked participants to the following data: highest social work degree, social work practice type, social work field of practice, social work setting of practice, years of practice, primary social work function, whether they worked full/time or part/time, state of practice, licensure requirement in state, whether or not the participant was licensed, and if licensed the license type, whether or not the practitioners state required CEU's to maintain the license, and whether or not workplace required attendance in CE.

Section 3 was entitled Continuing Education Participation and collected data about type of offering the practitioner attended and the frequency over a two-year period. This section also included a question that addressed practitioner motivations to take CE. In this question participants were asked to rank order in order of importance reasons for participating in CE. Section Four asked the participant to provide data about three education needs as listed in the literature, i.e., updating information or educative, learning a new skill, and sharpening skills previously learned. Finally, in the last section of the survey entitled Thoughts About Continuing Education for Social Workers, participants were presented with the APCES scale that provided the measure of the outcome variable: satisfaction.

Response sets for demographic and professional background data were precoded (e.g. 1. = Female, 2. = Male.) Participants were asked to circle the number corresponding to their response. Data collection methods for the remaining variables and discussed below.

CE Participation

In the CE Participation section, participants were asked to indicate approximately how many CE programs they had participated in over the previous two years. Six program types were enumerated (e.g., seminars/conferences, lectures) and a space was provided to indicate other CE types. Participants were asked to circle the appropriate number on a scale from 1-10. The plan was that the numbers would be summed, generating an interval-level scale from 6 to 60.

However, it was later realized that 0 should have been an option as well, since an individual might not participate in any programs of a particular type. While it is possible that participants overlooked questions or deliberately chose not to answer questions relative to the frequency of certain offerings, it was an unlikely possibility. First, few participants, only nine, left any blanks across any offerings. Second, a number of participants added the 0 number themselves, where appropriate. The decision was made, therefore, to assign a value of 0 for any program types in which no value was circled. Thus, these nine individuals, who did not circle any numbers at all, were given a score of 0 for each program type. With the addition of the 0 category, scores could in fact be as low as 0.

Practitioner Views

Practitioner views generally would include attitudes, opinions, or feelings of the practitioner that depend on the responder's self report. This is a measure of the practitioners' subjective state. Measures of subjective states create informational goals that are different from those that are associated with gathering data that is objectively defined. "If a respondent says a doctor is not friendly, for example, the answer constitutes its own truth, even if others disagree (Fowler, 1995; p 47). The informational goal of recording the respondent's opinion can,

therefore, be easily met regardless of individual differences in opinion about what should or does constitute friendliness.

Similarly, data that is intended to reflect practitioner views of continuing education are measurements of the subjective states of the practitioner. This study focused on the practitioner's views of offerings; specifically, their satisfaction levels with current services.

As a result, it is not only unnecessary for the researcher to provide behaviorally specific criteria to define any or each item influencing the practitioners' views, but it is contraindicated. The opinion must be based on the practitioner's interpretation, not the researcher's (Fowler, 1995).

Data relative to types of views were collected: practitioner views of the quality, convenience, and cost of available offerings and practitioner satisfaction with CE services.

Perception of Available CE Offerings

In the CE Offerings section, participants were asked to evaluate three different types of variables: quality, convenience and cost of CE programs across three different learning needs; i.e., to fulfill an educative need, to develop a new skill or to sharpen skills previously learned. For each education need three items were used to assess quality, two for convenience, and two for cost.

Section Four of the survey was entitled continuing education offerings. Under this heading, participants were asked to answer questions about each education need as identified in the literature. For example, for the educative need of information update, participants were asked:

When you have a specific educative need, such as learning about advances in your field, how often you are able to find a CE program that:

1. Provides you with the information you need?

2. Is conveniently located, and
3. Is well taught?
4. Is reasonably priced?
5. Is offered at convenient times?
6. Is of high quality?
7. Does not make unreasonable demands of time?

Items 1, 3, and 6, above, assessed quality; items 2 and 5 assessed convenience; and items 4 and 7 assessed cost. For the education need of developing new skills, participants were asked:

1. Similar questions were asked for each of the two other education needs; i.e., develop a new skill and sharpen a skill previously learned) with response items placed such that 1, 3, and 6 assessed quality; items 2 and 5 assessed convenience; and items 4 and 7 assessed cost.

Thus, there were a total of seven questions for each of the three learning needs.

Participants were provided with a five-point Likert-type response mode to answer each question as follows: 1 = always, 2 = almost always, 3 = often, 4 = sometimes, and 5 = never

The seven items on which CE offerings were evaluated were distributed as follows for each learning type (educative, skill learning, skill upgrading): items 1, 3, and 6 assessed quality; items 2 and 5 assessed convenience; and items 4 and 7 assessed cost. Given three learning types, a total of nine items assessed quality and six items each assessed convenience and cost. In each case, mean item scores were computed by dividing the sum of the item scores by the number of items for the indicators of quality, convenience, and cost. Each variable had a theoretical range from 1 to 5. By comparing the scores on items 1, 3, and 6; 2 and 5; and 4 and 7 respectively for each

variable, internal consistency of each scale could be examined. The actual layout and Likert-type scale for these questions noted above can be found in the survey in Appendix A.

Practitioner Satisfaction

Practitioner satisfaction, as discussed earlier, includes the degree to which practitioners feel that their experiences with CE have been positive. A satisfaction score was created from a scale developed for this study: the Attitude Toward Participation in Continuing Education Scale.

The scale (shown on page 138) asked the practitioner to provide their response to questions asking them to what extent they agreed or disagreed with 12 items relative to usefulness of offerings, amount learned, helpfulness of the experience of partaking in CE, helpfulness in developing in new areas, how excited they were, interest in the subject matter, helpfulness in preparing the social worker for the changing environment.

The Attitude Toward Participation in CE Scale (APCES) was prepared by the researcher using the following criteria: (a) the scale must have items that assess attitudes on a continuum from extremely negative to extremely positive; (b) the scale must contain enough items to establish adequate reliability ($\alpha \geq .70$) (Nunnally & Bernstein, 1994); (c) response modes must provide a sufficient range of opinions, but not offer so many alternatives that response bias becomes a significant factor; and (d) positively and negatively worded items are approximately equal in order to reduce response bias.

Therefore, the response set included those with strong positive wordings, such as, “A great deal that is being taught in CE is useful for me as a social worker,” mild positive wordings, such as, “Most of the CE I have taken has been useful,” mildly negative wordings, such as, “I am not very excited about the CE experiences I have had,” and strongly negative wordings, such as, “CE has not helped me with my job.” A total of 12 items comprise the APCES, six negatively

and six positively worded. Each item is anchored to a five-point Likert-type response mode as follows: 1 = strongly agree, 2 = agree somewhat, 3 = neither agree nor disagree, 4 = disagree somewhat, 5 = strongly disagree. The computation of scale scores on the APCES were conducted as follows: item scores were summed and divided by the number of items answered, generating scores with a minimum of 1 and a maximum of 5. Then, the scores on the negative items were reversed by subtracting from 6 (so that 1 became 5, 2 became 4, etc.). Scores on all 12 items were then added up, generating scores with a minimum of 12 and a maximum of 60.

The scale was checked for internal consistency reliability using Cronbach's coefficient alpha. Face validity was assessed in a pilot test.

Motivation

Study participants were also asked to rank order five motivations for participating in CE. The reasons were developed by Boshier (1977) through factor analytical methods. They were: (a) allow me to better serve people, (b) job requirements, (c) personal interest, (d) professional advancement, and (e) provide stimulation in my life. Participants were requested to rank each reason from 1 to 5, in order of preference. For scoring purposes, rank orders were reverse coded so that 5 was assigned to the most preferred and 1 to the least preferred.

Given the fact that this study is exploratory, the research questions were directed at finding out if practitioner satisfaction correlates with the demographic variables of gender, age, and ethnicity. These were chosen primarily for the common association of interest in social work and also as a means of providing some data to describe the population sample. The professional background variables were similarly logically inferred as potentially related to practitioner satisfaction by making possible logical connections to complaints as reported in the literature. The variables of quality of services (whether the course is well taught, of high quality, and/or

fulfills the need as seen by the practitioner) convenience of services (location of offering and three times that are available to take the offerings) and cost (in terms of financial expense and time expense) were specifically targeted and addressed as issues directly in the literature. Since no hypotheses could be made based on empirical data from previous research, the study was guided by research questions only.

Pilot Testing

The instrument was then field tested. In face-to-face interviews, three volunteers were asked to give their overall impressions of the survey instrument and make suggestions for improvement. Each question was discussed to determine consistency between intended meaning and respondent interpretation. Survey items were then reevaluated as a result of feedback given by the volunteers. Some questions were dropped (viewed to be redundant) or moved (found to be less interesting), and response choices were clarified, reorganized, and in some cases reworded. The survey was then readministered to six other volunteers. As a result of their feedback, only one question was adjusted. The survey was then given to three members of university faculty who reviewed the instrument (as well as the study methods, planning, and organization).

Data Collection

The names and addresses of the population sample were placed in an electronic data file, with each potential participant having a unique code number that was matched to a code number on each questionnaire. The listing of the population sample was for the tracking of responses only. When a potential participant returned his or her survey, the name and ID number were removed from the list. A second mailing was sent only to those potential participants who had not returned their original surveys. At the end of the data collection phase of the study, the file

and all backups were destroyed so that no questionnaire could be matched to a particular individual.

The survey was sent to potential participants with a letter that both requested their participation and informed participants about their rights to confidentiality, refusal without retribution, and access to the findings of the study. See Appendix A for the letter. Names, e-mail addresses, and phone numbers of the principal investigator and responsible persons at the University of Georgia Institutional Review Board (IRB) were provided.

Given the size of the sample and the resources of the researcher, meaningful monetary incentives were prohibitive. Instead, each participant received a small necklace light that contained an imprinted “Thank you for returning the survey”. Packets containing questionnaires, the light, and stamped, self-addressed envelopes for the return of the questionnaires were then mailed to all 500 participants. A second mailing was sent to all study participants who had not returned their completed surveys three weeks after the initial mailing, containing another copy of the questionnaire, a self-addressed return envelope, and a second letter explaining the importance of their response. A copy of the second letter is in Appendix B. A third and final mailing containing the same materials as the second mailing was sent about six weeks after the initial mailing to those who had not responded to the follow-up. Although a response rate of 50% is considered adequate, the response rate being sought for this study was between 60% and 70% (Rea & Parker, 2005), because potential participants were contacted a maximum of three times. The survey is presented in Appendix C.

Data Analysis

Preliminary Analyses

Once the data collection phase was closed, data from the survey questionnaires were entered into the Statistical Package for the Social Sciences (SPSS). Statistical analysis was conducted using SPSS. Preliminary analyses included data cleaning, which included an examination of all variables to make sure that data had been entered properly and that no variables contained out-of-range numbers. In addition, cases were examined and those with an insufficient number of item responses were eliminated from the study.

Descriptive statistics for professional and demographic background variables were computed for the purposes of describing the research sample. In addition, reliability estimates were computed using Cronbach's coefficient alpha for CE evaluation (quality, convenience, and cost separately) and the Attitude Toward Participation in Continuing Education Scale (APCES). Because the APCES was the dependent variable in all seven research questions, it was tested for approximation to a normal distribution. The Kolmogorov-Smirnov single sample was used to investigate whether or not the APCES met the assumptions of the regression model, which requires that the residuals of the dependent variable are normally distributed. Means, standard deviations, and alpha reliability coefficients were reported for all sum-scaled variables except frequency and type of offerings; this category was not developed for scale purposes.

Answering of the Research Questions

The research questions were answered in two phases, bivariate and multivariate.

Bivariate research questions were first addressed using *t* tests, one-way ANOVAs, and correlations, depending upon the number of categories and/or the level of measurement of the independent variable. Because satisfaction was measured using the APCES, the dependent

variable was continuous. If the independent variable was at the interval or ratio level of measurement (e.g., years of experience), correlations were computed. If the independent variable was categorical or dichotomous (e.g. gender), *t* tests were used. If the independent variable had more than two categories (e.g. ethnicity), ANOVAs were used. Finally, for rank ordered data (e.g., motivation) correlations were also run. Because rank order data may not meet the assumptions underlying Pearson's correlations, Spearman's Rho was computed and compared to the Pearson's calculation. (Pearson's *r* is more commonly recognized and understood.

The seven research questions of this study were next assessed with multivariate statistics as follows: The APCES (Attitude toward Participation in Continuing Education Satisfaction scale) was the dependent variable in all 8 research questions. All demographic and professional background variables found in the bivariate analyses to be significantly related to the APCES (i.e., they met the criteria for inclusion into the regression analysis), were included in the final regression analysis as well as reported the *r* as well as all of the CE variables. The analysis regressed APCES scores on all qualifying variables. A simultaneous multiple regression analysis was also performed including all variables mentioned in each question without any qualifying limitations.

CHAPTER IV

RESULTS

This chapter presents the results of the statistical analyses. Information regarding response rate is provided first, followed by the descriptive statistics of the respondent sample. The results of the reliability tests and the bivariate and multivariate analysis are then reported.

Response Rate

A total of 500 survey packets were mailed. As noted previously, a response rate of at least 50%, and perhaps as much as 60% or 70%, was expected. Several factors, however, affected the response rate. Of the 500 packets that were mailed out, twelve were returned but unusable, leaving 488 surveys. Specifically, five (1.0%) were returned as undeliverable. One (.2%) was returned with a notation by a family member that the intended respondent had died. Six (1.2%) individuals indicated that they were inappropriate for the study. Three of these were no longer practicing in the field of social work, one had never actually practiced in field, and two had retired from the field well before the two-year period addressed by the survey. This left 488 surveys.

Of the 488 remaining surveys, 226 (45.2% of the total) were returned. Six of these surveys were not usable: four (0.8%) respondents sent very incomplete surveys, and two others (0.4%) were deemed inappropriate (retired, never practiced). The analysis was based, therefore, on 220 surveys, or 44.0% of those sent out. Although this is slightly below 50%, the 220 usable surveys were nearly twice the 122 surveys deemed necessary based on the power analysis. \

Descriptive Statistics

Demographic Background

The demographic data collected for each respondent included gender, ethnicity, and age.

Gender. The large majority of respondents, 84.0%, were female, and 16.0% were male (see Table 1). This proportion closely resembles the 81.2% female and 18.8% male among all members of the NASW who provided information (as reported by Infocus).

Ethnicity. Most respondents (83.2%) categorized themselves as Caucasian, not of Hispanic origin. Of the remainder, 6.8% categorized themselves as Hispanic/Latin American (including 1.4% who listed themselves as Caucasian and Hispanic); 5.9% as Black/African American; and 4.1% as various other ethnicities. Overall, these percentages are similar to those in the NASW membership as reported by Infocus. According to Infocus, 84.7% of NASW membership identified as white, 2.6% as Hispanic, 7.3% as African American, and 4.4% as various other ethnicities. The only striking difference was with regard to Hispanics and Latin Americans; perhaps slightly different wording in the survey questionnaire (or, in part, the decision to count Caucasian and Hispanic as Hispanic) caused more respondents to be categorized as Hispanic.

Age. The ages of respondents ranged from 23 to 80, with a mean age of 49.7 (see Table 3). Over one fifth (24.1%) were 40 or under, one fifth (20.9%) were between 41 and 50, nearly two fifths (37.3%) were between 51 and 60, and the remainder (17.7%) were 61 or above. More broadly, slightly less than half of the respondents (45.0%) were aged 50 or below. This means that the respondents in the sample were older than the NASW membership as a whole, in which just over half (53.3%) were 50 or below. The reason for the difference is not clear; perhaps older respondents were more willing than younger ones to take the time to respond to a questionnaire.

Professional Background

There were various measures of professional background. These included salary, the highest social work degree the respondent had, years of practice, whether the state they practiced in required a license to practice social work, and whether they had a license to practice social work.

Salary was measured as an ordinal-level variable (with intervals of \$10,000). Thus, it is not possible to provide mean salary but only the distribution of categories. Still, one can see that the median salary range was between \$45,000 and \$55,000. Somewhat over one third of the respondents (36.8%) earned under \$45,000, a similar number (35.9%) earned between \$45,000 and \$65,000, and just over a quarter (27.2%) earned at least \$65,000 per year.

For almost all the respondents (89%), their highest degree was an MSW. The remainder was divided between BSW (4.6%) and doctorate (6.4%). Respondents' years of practice ranged from 0 to 50 years, with a mean of 18.8 years. The sample was approximately equally divided between 0-9 years (24.5%), 10-19 years (24.5%), 20-29 years (29.5%) and 30 years and above (21.3%) of practice. Almost all of the respondents (81.7%) lived in states that required a social work license and virtually all of these respondents (78.9%) actually had a social work license. Of the remaining 18.3%, somewhat over half (10.6%) had a social work license, while the remainder (7.8%) did not.

Setting of Social Work Practice

The variables used to measure the setting of the respondent's social work practice were state and region of practice, location of practice, type of practice, field of social work, primary social work function, and whether the practice was full or part time.

State and region of practice. Forty states and one territory (Guam) were represented in the study. Large numbers of respondents came from New York (11.4%) and California (10.0%). Each of seven states had between 4 and 5.9% of respondents (Florida, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and Pennsylvania). Seven states (Alabama, Georgia, Kentucky, Minnesota, North Carolina, Ohio, and Wisconsin) each had between 2 and 3.9% of the respondents. Eleven states (Arizona, Hawaii, Indiana, Kansas, Louisiana, Maine, Missouri, Rhode Island, Tennessee, Texas, and Washington) each had between 1 and 1.9% of the respondents. Thirteen states (Alaska, Arizona, Colorado, Connecticut, Iowa, Louisiana, Maine, Mississippi, Oregon, Rhode Island, Texas, Virginia, and Washington) and one territory (Guam) had less than 1% each of the respondents (effectively, one or two respondents). There were no respondents at all from the ten other states (Idaho, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, South Dakota, Utah, Vermont, and West Virginia).

The states were also grouped, according to United States census regions, into Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont); Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin), South (Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia), and West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming). There were more respondents from the Northeast (28.6%) and the South (29.1%), and somewhat fewer from the Midwest (23.2%) and the West (18.6%).

Nearly half (48.6%) of the respondents worked in urban settings (including 5.0% who worked in both urban and other settings), one third (32.3%) in suburban settings only, and the

remaining one fifth (19.1%) in rural settings only. The respondents included individuals in public practice (32.7%), private non-profit practice (35.0%), and private for-profit practice (26.7%), as well as a small number with multiple types of practices.

The respondents practiced in many different fields of social work. Slightly over half (54.5%) were in mental health, with the others working in the areas of health (12.3%); developmental disabilities (4.1%); school social work (9.1%); aging, death or dying (6.4%); public welfare (5.9%); and a variety of other fields (7.7%).

Nearly two thirds (64.1%) of the respondents described their social work function as mainly clinical, although several of these respondents also worked in administration, and one fifth (19.5%) worked primarily in administration, although, again, some of these respondents did clinical work as well. The remainder performed a variety of functions, including, among others, advocacy, research, training, and education. Three-quarters (78.2%) of the respondents worked at least full-time, several worked in more than one job, while the remaining one quarter (21.8%) held part-time jobs

CE Requirements

Most states required social workers to have continuing education in order to maintain their license. Over 81.8% of the respondents said that their state required them to take CE, while only 15.9% said that their state did not. The remainder (2.3%) was unsure.

States varied in terms of the number of hours of CE required per year. To make the numbers comparable, requirements were standardized to hours per year. The number of hours per year varied from 0 to 23. One fifth (20.5%) of respondents said that one or fewer hours were required per year. One third (34.5%) said that between 10 and 15 hours were required per year;

no one listed a number between 2 and 9. One quarter (24.1%) of respondents listed a number between 16 and 23. The rest (20.9%) did not list the number of required hours.

Workplaces were much less likely than states to require CE. Only about one quarter of workplaces required their employees to participate in CE.

CE Variables

There are three types of CE variables. These are: participation in CE, motivation for participating in CE, and perception of CE. The following sections describe these variables.

Participation in CE: Number of offerings. This variable measured how many different types of CE the respondent had participated in over the previous two years. It included different types of continuing education (seminars, conferences, lectures, workshops, site visits, supervised courses, non-degree courses, and online programs), as well as the number of times the respondent had participated in each type.

The number of offerings taken by the respondents over the two years before the study ranged from 0 to 30, with a mean of 9.5. A small number of respondents (4.1%) took no CE at all, one-fourth (25.6%) took between one and five offerings, and the remainder was divided between six and ten (36.1%) and eleven or more (34.2%). 16.4% took between 16 and 30 offerings.

Seminars and conferences were the most popular types of continuing education with 93.2% of respondents having taken at least one seminar or conference during the two years prior to taking the survey with a per respondent mean of 5.3 seminars or conferences. Other types of offerings included supervised practice (24.7%; $M = 1.5$); non-degreed courses (21.9%; $M = 0.8$), online courses (19.7%; $M = 1.0$), and various other offerings (16.9%; $M = 0.9$). Overall, 95.9%

of respondents took at least one offering during the two years before the study, with almost a 10 offerings over the past 10 years ($M = 9.5$) offerings per respondent.

Motivation for participating in CE. Individuals participated in CE for various reasons, including serving people better, job requirements, personal interest, professional advantage, and stimulation in life. The respondents were asked to rank these motivations from 1 to 5 (such *that for each respondent, there was one motivation for each ranking*).

Respondents were asked to rank their reasons for participating in CE. Serving people better was the highest rated reason, with almost half (45.9%, $n = 100$) of the respondents ranking it as number one, followed closely by personal interest. The lowest ranked reason was stimulation in life.

Perception of CE. Respondents were asked to evaluate CE in terms of educational needs, new skills, and sharpening existing skills. Each area had seven questions, each scored from 1 (always) to 5 (never). Of the seven questions, three related to quality, and two each to convenience and cost. Based on the responses, it was decided to group the questions not by type of skill learned, but in terms of quality, convenience, and cost. Nine questions concerned quality, six questions concerned convenience, and six questions concerned cost. Thus, there were three scales. The score on each scale was computed by summing the scores of the questions. Quality was scored from 9 to 45, and convenience and cost from 6 to 30.

No large differences existed among the scales in terms of overall score. The mean item score on all three scales was between 3.14 and 3.29, that is, between "often" and "sometimes", but closer to the former than to the latter.

Attitude toward Participation in CE Scale (APCES)

As stated in the Methodology chapter, the APCES consisted of 12 items, six positively worded and six negatively worded. Each item was scored from 1 (strongly agree) to 5 (strongly disagree). The APCES score was computed by reversing the scores on the negatively worded items and then summing all 12 items. Thus, the positive and negative subscales ranged from 6 to 30 and the combined APCES score ranged from 12 to 60.

Reliability Analysis

In order to test reliability, Cronbach's alpha coefficient was computed for the scales used in the study. In general, internal-consistency reliability means that a scale actually reflects the construct it is measuring (Spector, 1992). One measure of reliability, the split-half, consists of splitting the data in half and computing the correlation between the halves. If the scores from the two halves are highly correlated, the scale is considered to be reliable (Ary, Jacobs & Razavieh 1996). Cronbach's alpha is a measure that involves splitting the data in half in all possible ways, computing the correlation coefficient for each split, and taking the average of these values (Ary, Jacobs & Razavieh, 1996).

The four such scales used in this study were: (a) quality of CE (9 items), (b) convenience of CE (6 items), (c) cost of CE (6 items), and (d) APCES (12 items). All four scales had high values of Cronbach's alpha, ranging from .872 to .933 (see Table 1).

Investigation of the Research Questions

Having described the variables individually, the next step was to discern the relationships of the other variables with APCES, which measures satisfaction with CE. Initially, the relationships between individual variables or scales and APCES were explored. The variables

Table 1

Descriptive Statistics for Quality, Cost, Convenience, and Attitude toward Continuing Education

Scale	N	Number of Items	Mean Score ^a	Standard Deviation	Cronbach's Alpha (α)
Quality of CE	219	9	28.26	6.78	.933
Convenience of CE	218	6	19.51	4.75	.898
Cost of CE	219	6	19.74	4.62	.872
APCES	219	12	36.68	10.16	.927

^aEach item was scored from 1 (always) to 5 (never).

included the background variables, demographic background, professional background, setting of social work practice, and requirements for CE, and the CE variables, participation in CE, motivation for participation in CE, and perception of CE,. Depending on whether a variable was dichotomous, categorical, or continuous, the relationship was measured by t-test, ANOVA, or correlational analysis, respectively.

Relationship between Background Variables and APCES

As explained earlier, these background variables were originally grouped into demographic background variables and professional variables. However, the professional variables were subdivided into (a) professional background, (b) setting of social work practice, and (c) continuing education requirements. The first research question addressed demographic variables; the second research professional variables.

Demographic Background

The first research question concerned the relationship between the demographic variables and APCES. The three variables studied were gender, ethnicity, and age. Males had a slightly higher mean APCES score than females ($M_1 = 32.44$ versus $M_2 = 30.44$). This difference was not statistically significant at the .05 level of significance, $t_{(1,216)} = 1.050$, $p = .29$. Caucasians and Hispanics had slightly higher mean APCES scores than African-Americans ($M_1 = 30.49$, 30.73 , and 28.23 respectively). However, these differences were not statistically significant at .05, $F_{(3, 215)} = 1.812$, $p = .15$. This was perhaps due to the small size of the difference, combined with the very small sample sizes of Hispanics and African-Americans. The relationship of age to APCES was also tested. The Pearson's r was not significant. None of the demographic variables (gender, ethnicity, age) were statistically significantly related to the APCES scale $r = -.04$, $p = .53$.

Professional Background

This is the first of the three categories of professional variables, which includes professional background, setting of social work practice, and continuing education requirements. Although all three categories were included in one research question, they will be discussed separately.

There were various measures of professional background. These included salary, the highest social work degree held by the respondent, number of years of social work practice, local state requirements for licensure to practice social work and whether, the respondent had a license to practice social work. A one-way analysis of variance (ANOVA) was run to understand the differences between mean scores on the APACES score by salary range. However, there were no significant differences $F_{(6,212)} = 1.01$, $p = .42$. For almost all the respondents (89.0%), the highest social work degree was an MSW. Because the respondents were so uniform, it was clear that it

would be difficult to discern differences in mean APCES score by highest degree. In addition, the differences in mean APCES score by highest degree were found to be nonsignificant at $\alpha = .05$, $F_{(2,215)} = 171$, $p = .84$. Finally, years of practice correlated only weakly negatively and nonsignificantly with APCES score, $r = -.049$, $p = .47$. There was almost no difference in mean APCES score between those whose state required a license ($M_1 = 30.75$) and those whose state did not ($M_2 = 30.88$), $t_{(1,212)} = .514$, $p = .61$. Similarly, there was almost no difference in mean APCES score between those respondents who had a license ($M_1 = 30.83$) and those who did not have a license ($M_2 = 30.00$), $t_{(1,217)} = .365$, $p = .72$.

In summary, the professional background of the respondent was not related to APCES score, and none of these variables was included in the regression analysis.

Setting of Social Work Practice

The variables used to measure the setting of the respondent's social work practice were state and region of practice, type of location of practice, type of practice, social work field, primary social work function, and whether, the practice was full or part time.

State and region of practice. There were too few respondents in each state to study states individually. Because region was possibly more important, states were grouped, using US Census regions, into Northeast, Midwest, South, and West. Although there were some differences in APCES by region, with mean APCES scores ranging from 28.95 (West) to 32.87 (Northeast), these differences were not significant., $F_{(3,214)} = 1.408$, $p = .24$.

Type of social work setting. Differences in mean APCES score between respondents who worked in rural ($M_1 = 30.26$), suburban ($M_2 = 30.91$), and urban ($M_3 = 31.29$) settings were small and not significant, $F_{(2,216)} = 1.629$, $p = .20$.

Type of practice. Differences in mean APCES score between respondents in public practice ($M_1 = 31.52$), private practice ($M_2 = 30.00$), and non-profit private practice ($M_3 = 30.26$) were small and not significant, $F_{(3,212)} = 2.95$, $p = .83$.

Field of practice. Mean APCES scores varied across social work field, but the overall difference was not significant, $F_{(6,212)} = 2.205$, $p = .04$.

Primary social work function. Social work function was divided into clinical practice, administrative work, and other (employment-related, research, policy, advocacy, and training). Clinical social workers had the lowest mean APCES score ($M_1 = 29.59$), followed by "other" social workers ($M_2 = 31.47$) and administrative social workers ($M_3 = 33.48$). Because the "other" group was a mixed group, and because both administrative and "other" social workers are non-clinical primary social work function was reduced to a two group case: clinical and non-clinical. As a result, a t -test was performed as well. The results were significant, $t_{(1,217)} = 2.236$; $p = .026$. It was therefore decided to include the dichotomous variable (primarily clinical versus non-clinical work) in the regression.

Full- or part time practice. There was almost no difference in mean APCES score between those who worked full time ($M_1 = 30.81$) and those who worked part time ($M_2 = 30.50$), $t_{(1,217)} = .183$, $p = .61$.

In summary, the only social work setting variable that was found to be significantly related to APCES score was clinical function, in particular, the difference between clinical and non-clinical social workers, $t_{(1,217)} = 2.236$, $p = .03$. This variable was included in the regression analysis.

Continuing Education Requirements

Requirements for CE could be on a statewide level or at a workplace level.

State requirement for CE. There was no significant difference in mean APCES score between those with states that did ($M_1 = 30.89$) and did not ($M_2 = 29.91$) require CE, $t_{(1,212)} = .514$, $p = .61$

Hours of CE required by state. Since this is a continuous variable, it was correlated with APCES. The Pearson correlation coefficient was low and nonsignificant, $r = .024$; $p = .76$.

Workplace requirements for CE. There was a difference in mean APCES scores between respondents in workplaces that did ($M_1 = 29.36$) and did not ($M_2 = 33$) require participation in CE, but this difference did not reach statistical significance, $r = -.010$, $p = .89$.

In summary, continuing education requirements were not related to APCES score, and none of these variables was included in the regression analysis.

Research Question 2. Of the professional variables, only primary social work function was significantly related to APCES.

Summary

The only variable that reached significance for inclusion in the regression equation was primary social work function (clinical versus non-clinical). Gender was also included, because there was some evidence that it also had an effect on APCES.

Relationships between CE Variables and APCES Score

As explained in the Descriptive Statistics section, these variables are of three types: participation in CE, motivation for participating in CE, and perception of CE. It was decided in advance that all these variables related to CE would be included in the regression equation. The bivariate relation of each with APCES will be examined in the following sections.

Participation in CE

Participation in CE was measured in two ways: the total frequency of participation, and the types of CE activities.

Number of offerings.

The number of offerings was negatively correlated with APCES, $r = -.04$ (see Table 2), meaning that there was a tendency for those who had taken more CE to evaluate CE less well. However, the correlation was weak and nonsignificant, $p = .518$, $r = -.044$.

Table 2

Correlation between Number of Offerings and APCES Score^a

Measure of Participation	Correlation (r) with APCES Score
Number of Offerings	-.044
Type of Offering	
Seminars or conferences	-.167*
Supervised practice	-.072
Non-degreed courses	.024
Online courses	.071

^aAll Ns are between 215 and 218.

* $p < .01$.

As can be seen in Table 2, the number of seminars or conferences attended was significantly negatively related to APCES score, $r = -.167$, $p = .014$. That is, the more seminars or conferences attended, the lower the mean APCES score. The other types of offerings were only

weakly and nonsignificantly correlated with APCES score (see Table 2). As a result, each type of offering was separately included in the regression analysis.

Research Question 3. Overall frequency of attending CE was not significantly related to APCES. However, number of seminars or conferences was significantly negatively related to APCES score.

Motivation for Participating in CE

Individuals participated in CE for various reasons, including serving people better, job requirements, personal interest, professional advantage, and stimulation in life.

Relationship between motivation and APCES score. Motivation measures were rank ordered. Because motivation was not a continuous variable, it was very likely that assumptions of normal distribution were not met. Spearman's correlation is an appropriate statistic to measure rank ordered correlations. Pearson's r , which is more widely recognized, was also calculated. Both statistics produced exactly the same correlations. Pearson's r is reported below because it is more widely recognized.

Two of the motivations for participating in CE were significantly correlated with APCES. Serving people better was very significantly positively correlated with APCES, $r = .249, p = .000$. That is, the more important serving people was as a motivation for participating in CE, the more satisfied the respondent was likely to be with CE. Professional advantage was significantly negatively correlated with APCES, $r = -.167, p = .014$.

The other motivations were very weakly correlated with APCES score (all of the p values were greater than .3). Job requirement was negatively correlated, while personal interest and stimulation in life were positively correlated.

Table 3

Correlations between Motivation for Participating in CE and APCES Score^a

Motivation	Correlation (<i>r</i>) with APCES Score
Serve people better	.249**
Job requirement	-.010
Personal interest	.065
Professional advantage	-.167*
Stimulation in life	.028

^aAll Ns are between 215 and 218.

* $p < .05$.

** $p < .01$.

Motivation was related to APCES score. In particular, having the motivation to serve people better was positively correlated with APCES score, while having the motivation to gain professional advantage was negatively related with APCES score.

Perception of CE

Perception of CE was measured in terms of quality, convenience, and cost.

Quality, Convenience and Cost. As Table 4 makes clear, each of these were strongly significantly positively correlated with APCES, Pearson correlation coefficients were between .39 and .53. That is, the more the respondent thought that CE programs were of high quality, convenient, and reasonably priced (in terms of both money and time), the more likely the respondent was to highly evaluate CE.

Table 4

Correlation between Perception of CE and APCES Score^a

Type of Perception	Correlation (<i>r</i>) with APCES Score
Quality	.53*
Convenience	.39*
Cost	.39*

^aAll Ns are either 217 or 218.

* $p < .01$.

Research Questions 5, 6, and 7. Perception of the quality, convenience, and cost of CE are all significantly related to APCES at the .05 level (See Table 4).

Intercorrelations among the Predictor Variables

One of the requirements of multiple regression is that the predictor variables are not too highly intercorrelated, a problem called multicollinearity. Therefore, a correlation table was created, including bivariate correlations among all the continuous or interval predictor variables. In general, these correlations were low. The exceptions were the variables measuring motivation for participating in CE and the three scales measuring perception of CE. The intercorrelations in these two sets of variables will be discussed in the following sections.

Motivation for Participating In CE

Since the variables related to motivation to participate in CE were created by a rank ordering, such that one variable each had values 1, 2, 3, 4, and 5, they were mostly negatively correlated with one another (see Table 5). Most of these correlations were highly significant ($p < .01$). Nonetheless, they were not very high, with the largest (the correlation between CE as a job

requirement and CE as a stimulation in life) only $-.405$, and all but one of the others between $-.3$ and 0 .

Table 5

Intercorrelations among Variables Measuring Motivation for Participation in Continuing Education^a

Motivation for Participating	Serve people better	Job requirement	Personal interest	Professional advantage	Stimulation in life
Serve people better	-	$-.235^*$	$.029$	$-.283^*$	$-.044$
Job requirement		-	$-.350^*$	$-.261^*$	$-.405^*$
Personal interest			-	$-.242^*$	$.068$
Professional advantage				-	$-.200^*$
Stimulation in life					-

^aAll N's are between 215 and 218.

* $p < .01$ (2-tailed).

Perception of CE

More problematic are the variables measuring perception of CE. As Table 6 clearly shows, these three scales were very highly correlated with one another (r 's of $.70$ or higher). This could make it somewhat difficult to distinguish the separate relationships of each of quality, cost, and convenience and APCES.

Table 6

Intercorrelations among Quality, Cost, and Convenience^a

Scale	Quality	Convenience	Cost
Quality	-	.75*	.70*
Convenience		-	.82*
Cost			-

^aAll Ns are between 217 and 219.

* $p < .01$ (2-tailed).

Summary

Of all the correlations between these two sets of variables, only one was statistically significant. This was the correlation between professional advantage as a motivation for participating in CE and perception of CE as being of high quality. The Pearson correlation coefficient was negative and statistically significant at the .05 level, but not strong, $r = -.140$; $p = .04$.

Multiple Regression Analysis

Since multiple regression requires that the errors be normally distributed, a Kolmogorov-Smirnov test was run on the residuals. The result was $D_{(212)} = .069$, $p = .012$. This would mean rejecting normality. However, if the two cases with the largest outliers are eliminated, the Kolmogorov-Smirnov statistic decreases to $D(210) = .059$, $p = .076$, suggesting that the results are sufficiently normal. A visual inspection of the standardized residuals (with all cases included; see *Figure 2*) also suggests sufficient normality.

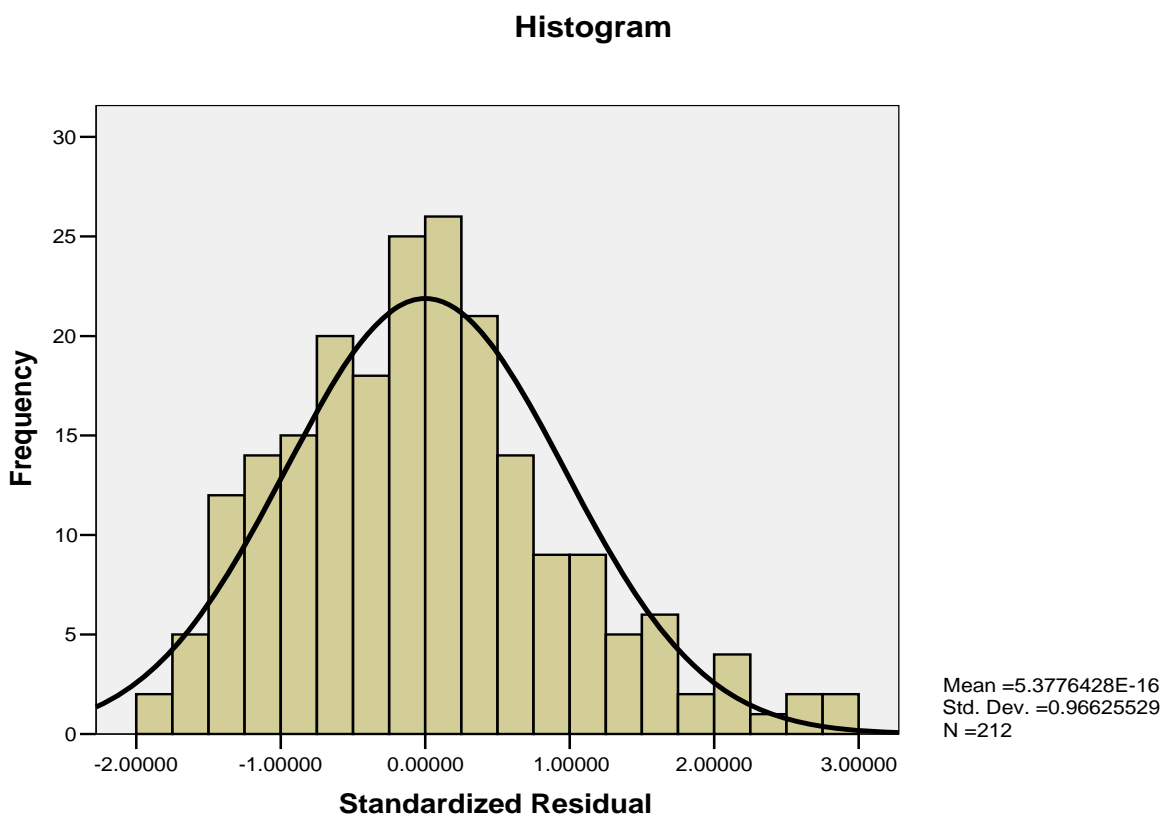


Figure 2. Histogram of the standardized residuals of regression analysis, with overlay of a normal curve.

In this stage of the analysis, a multiple regression was run. There are various ways to choose which variables will enter a regression analysis and in what form. Sometimes one method of choosing variables and their forms can result in a very different model than a different method. Originally, this was done as a two-step regression which separated the demographic and professional background variables and grouped them as one set. However, since the background variables explained very little of the dependent variable ($R^2 = .029$), the results of the first step had little relationship to the final outcome. In addition, it had been decided to enter all qualifying demographic and professional background variables, all the participation, motivation, and

perception variables into the regression. Therefore, it was decided to redo the regression as a one-step regression. The results are presented in Table 7.

Table 7

Summary of Regression Analysis^a for Variables Related to APCES Score (N = 211)

Variable ^a	B	SE(B)	β	t	Significance (p)	Tolerance
Quality	.776	.142	.512	5.463	<.001	.368
Serve people better	1.643	.657	.185	2.501	.013	.593
Seminars or conferences	-.454	.197	-.133	-2.299	.023	.966
Gender	3.063	1.659	.107	1.846	.066	.954
Primary social work function	1.501	1.272	.070	1.181	.239	.923
Supervised practice	-.191	.188	-.059	-1.016	.311	.963
Convenience	-.182	.244	-.084	-.748	.456	.254
Cost	.155	.228	.070	.678	.498	.306
Online courses	.142	.288	.029	.402	.623	.944
Professional advantage	.142	.288	.029	.402	.623	.944
Non-degree courses	.091	.298	.018	.304	.761	.950
Personal interest	-.136	.691	-.015	-.197	.844	.581
Job requirement	.083	.649	.012	.129	.898	.351
Stimulation in life	.002	.671	.000	.002	.998	.522

^aNote: $R^2 = .364$. Variables are ordered by their beta values.

In the final regression, the only variables that were clearly significantly related to APCES score at the .05 level were perceived quality of offerings, motivation to serve people better, $p = .013$, and going to seminars or conferences, $p = .023$, with gender having borderline significance, $p = .066$. All other p values were greater than .200, and most were greater than .400. This was true despite the high bivariate correlations of many of the other variables with APCES. A model including only quality, service, seminars or conferences, and gender would do slightly better ($R^2 = .389$) than the 14-variable model. (A model with fewer variables can have a higher R^2 because R^2 depends in part on the number of degrees of freedom; a 4-variable model uses up ten fewer degrees of freedom than does a 14-variable model.)

Many researchers would argue that it is better to enter all variables rather than to choose some variables using liberal standards for significance before adding them to the regression. While other researchers argue, there is no point in using up degrees of freedom for variables that add little or nothing to the overall analysis. Additionally, adding too many variables can create false positive. Nonetheless, the simultaneous regression has been widely applied (Crank, 1999). The researcher was interested in reviewing the results of this method and subsequently reran all of the data as one simultaneous regression

Despite various arguments for one type of regression analysis over another, both analysis provided similar results. In the simultaneous analysis, the same three variables were found to be significant; i.e., quality of offerings $p = .000$, motivation to serve people better, $p = .032$, and going to seminars or conferences, $p = .005$. Gender, however, which had only borderline significance in the hierarchical regression, was found to be very significant $p = .023$.

CHAPTER V

DISCUSSION, IMPLICATIONS AND CONCLUSIONS

The major findings are summarized in the first section followed by an interpretation and discussion of these findings that explores more deeply the extent to which these findings support or challenge corresponding views as presented in social work literature. Next a review of the literature contextually related to the study and a comparative analysis of this review relative to study findings is presented. Limitations of the study are then discussed. In conclusion implications of the study are discussed and recommendations for future research are presented.

Summary of Major Findings

Gender had some effect on satisfaction with CE, in that males had higher mean APCES scores than do females. This fact, however, may be due to the unequal number of males and females in this study. The other background variables had no significant effects on satisfaction with CE. In the regression model, gender indicated borderline significance ($p = .066$). In the simultaneous regression gender was significant ($p = .023$). None of the professional background variables has a significant effect on satisfaction with CE.

Primary social work function (clinical versus non-clinical) had some impact on satisfaction with CE, in that non-clinical social workers have higher mean APCES scores than did clinical social workers. However, this effect was not significant in the final regression.

The number of seminars or conferences attended had a significant negative effect on satisfaction with CE: the more such seminars or conferences were attended, the lower the mean

value of APCES. However, none of the other type of offerings had such an effect, nor did the total number of offerings attended.

In the bivariate analyses, both the desire to serve people better and the hope of professional advantage had an effect on satisfaction with CE. The former was positive (that is, more desire to serve people is associated with higher mean APCES scores), while the latter was negative (more desire for professional advantage is associated with lower mean APCES scores). However, in the final regression model, only desire to serve people was significant.

In the bivariate analyses, quality, convenience, and cost were all significantly positively correlated with CE. However, in the final regression analysis, only quality was significantly related to satisfaction with CE: the higher the evaluation of CE quality, the higher the mean APCES score. In fact, quality of CE was by far the most important variable in the analysis, with a beta of approximately .5 (half a standard deviation), while none of the other variables had a beta value over .2.

Discussion and SW Literature

The first research question concerned the relationship between the demographic variables and APCES. The three variables studied were gender, ethnicity, and age. Males had a slightly higher mean APCES score than females. While there was no previous social work research on the relationship between satisfaction with CE and gender, study results from research by Khan & Khan (2007) reported higher mean scores in academic satisfaction for females than males in research evaluating distance education for teacher education. Therefore, the finding that males, in this study, had higher mean scores than females stood diametrically opposed to Khan & Khan's research, which indicated just the opposite.

In the t test, the relationship between gender and satisfaction (APCES) was not significant. In the hierarchical regression analysis gender was borderline significant but did not contribute any statistically significant influence on satisfaction at the .05 level. In the simultaneous analysis however, gender was significant $t = 2.298$, $p = .023$ with Beta at .185. Perhaps there is some combination of variables that interact to explain this difference.

Further, with respect to ethnicity, like the McEwen results that reported some relationship between ethnicity and evaluations of CE; this study similarly found some relationship between ethnicity and levels of satisfaction. Caucasians and Hispanics had slightly higher mean scores on the APCES than did African Americans. Unlike the McEwen results, however, these relationships were non-significant and did not account for variations in satisfaction levels. Finally, the relationship of age to APCES was also tested. The Pearson's r was not significant.

While these results suggest some possible areas of potential interest, in both cases the subgroups were disproportionately represented. (only 16% were male, only 5.9% were African American). A stratified sample may have provided more trustworthy information about gender and ethnicity and their relationship to satisfaction scores.

Research question 2 was intended to provide information relative to the professional background of the practitioner. Social work literature indicates issues and concerns the goodness of fit between CE services and one's field of practice, work practice type, social work function, and level of need. One might expect that at least some professional background variables would have a relationship to satisfaction scores on the APCES. Findings did not provide much support for a connection between professional background variables and satisfaction scores on the APCES with the one exception of the professional background

variable, social work function. This variable when divided into clinical and non-clinical was statistically significant showing clinical social workers less satisfied.

This finding lends some preliminary support for investigating whether or not CE programs fit the population for whom they are created. It also brings into focus a reminder that many schools of social work provide different tracks for clinical vs. non-clinical students during their pre-service education. Perhaps, an argument can be made that two different tracks of CE should be offered also in continuing professional education. Yet, those who are concerned about the fragmentation of the profession and promote CE as a vehicle for unifying social workers from different areas of practice might disagree. This issue will need future research to determine first if there is enough support for making a distinction between what is needed for clinical vs non clinical social workers.

Research questions 3 and 4 were aimed at providing information about type of offering chosen for CE participation, frequency of participation in CE offerings and satisfaction scores on the APCES. Interestingly, the frequency of seminars or conferences attended was significantly negatively related to APCES score. That is, the more seminars or conferences attended, the lower the mean APCES score. The other types of offerings were only weakly and nonsignificantly correlated with APCES score. Social work literature highlights severe complaints against the seminar/workshop as a type of CE offering. Study findings, here, provide strong support for the criticisms directed at the seminar/workshop/conference mode of CE offering. Very little is found critiquing or even referencing the other forms of CE participation in social work literature. This is an important finding as it lends some empirical support for the claims made in the literature concerning the ineffectiveness of the seminar/conference as mode of CE service delivery.

While the frequency of seminars attended correlated negatively with satisfaction scores, the overall frequency of attendance in all CE programs combined was unrelated to satisfaction levels. The research findings of Triandis's (1977) and Yang, Blunt, and Butler (1994) test of Triandis model, discussed earlier, that found a positive relationship between prior participation, attitudes toward CE, and habit were therefore not strongly supported by this study. The number of offerings taken was negatively correlated with APCES, $r = -.04$ (see

Table), meaning that there was a tendency for those who had taken more CE to evaluate CE less well. However, the correlation was weak and nonsignificant, $p = .518$, $r = -.044$.

Research question 5 investigated the relationship between motivation to participate in CE and satisfaction with CE. Social work authors and scholars have noted a number of purposes that continuing education should satisfy. Numerous social work authors such as Apps, 1989; Davenport & Davenport, 1983; Doelker & Lynett, 1983; Barker, 1992; Kane et al., 2001; Strom-Gottfried & Green, 1995 have emphasized the importance of continuing education in helping practitioners serve their clients better. Serving clients better was the most popular motivation for participating in CE with 45.9% (N=100) of participants identifying this motivation as their most important reason for participating in CE. This is an important finding especially in light of the standard set by NASW that asserts that the basis for social worker's participation in CE is the "belief in the client's right to have knowledgeable and skillful assistance".(NASW, 2002) least between the

Professional advantage was significantly negatively correlated with the APCES. To the extent that those who contribute to the literature assign to CE practices the explicit purpose of promoting a professional image and helping practitioners advance their career (Edwards & Green, 1983; McMichael, 2000; and Karpiac, 1997), this also is an important finding. A review

of the literature, in this case, indicates professional advancement and development of a professional image are reasons for the importance of CE. Little criticism appears in the literature claiming that this purpose is not being fulfilled. Unlike the criticisms on the seminar/conference, the lack of CE providing support for professional advancement has not been highlighted as a serious issue or important unmet goal. Therefore, despite the lack of statistical significance in the final regression, due to the importance awarded to CE in the literature as a means to help social workers advance in their careers, this variable warrants for further investigation in future studies. Another interesting finding in the variable of motivation is that job requirement (which Boshier would view as a coercive influence) was weakly but negatively correlated with satisfaction while personal interest and stimulation in life were positively correlated with satisfaction. Apparently, social workers, at least these involved in the study are most motivated by intrinsic desire to improve practice, not coercive factors such as licensure or work requirements.

Research questions 6, 7, and 8 were directed at collecting data relative to practitioner views of quality, convenience, and cost. In the bivariate analysis, each of these was strongly significantly positively correlated with APCES. That is, the more the respondent was able to find CE offerings that he or she thought were of high quality, convenient, and reasonably priced (in terms of both money and time), the more likely the respondent to be satisfied with CE. In the final, regression, only quality was significant. This is an important finding. First, it says something to the profession, providers of CE services, and developers of programs. Social work practitioners are interested in being provided quality services. Yet, as noted earlier, there have been studies that indicate that the relationship of quality to satisfaction levels may be influenced by disparate factors not target or collected here. Perhaps, factors, not identified in this study are having interactive affects. Nonetheless, in this study quality was definitely an important factor

related to satisfaction levels in the final regression. Cost and convenience were not. This finding suggests that cost and convenience appear to be less of a burden for social work practitioners that one might conclude after reading the charges attributed to these factors in social work literature on CE.

Limitations of the Analysis

Methodological Limitations

Generalizability

The purpose of this study was to report practitioners' views that were empirically supported. Findings from this study indicated some discrepancies between practitioner views as documented in social work literature and the views presented in this study. The sample population was a random sample of NASW members, all of whom were currently working in the field of social work at the time of the study. Study participants were largely representative of the larger NASW and therefore generalizable to that group. The population of social workers represented by social work literature far exceeds the population represented by the study sample. Results cannot be generalized to the larger profession.

Demographic Background of the Sample and of the NASW

To the extent that the sample demographics are different from those of the NASW population as a whole, it is hard to generalize from the sample to NASW. However, since only gender turned out to be significant in the model, and that was fairly similar to the NASW population, this is not problematic.

Distribution of the Sample

For some of the variables (in particular, ethnicity, state of practice, highest social work degree, field of practice, and primary social work function), some of the values had too few

respondents to be able to judge their effects. In some cases, it was possible to merge categories, but this was not always possible. In addition, the effectiveness of merging categories depends on the similarity of the merged values, which cannot always be determined when each value has so few cases.

Number of Offerings

As already noted, zero was not listed as an option in number of offerings. This meant that zero had to be inferred based on the respondent not circling any other value. In certain cases, it is possible that this was an incorrect inference.

Regression Analysis

Choice of Variables

There are various ways to choose which variables will enter a regression analysis and in what form (continuous, dichotomous, categorical, dummy variables, etc.). Sometimes one method of choosing variables and their forms can result in a very different model than a different method. For instance, whereas one particular type of CE (seminars) was significantly related to APCES, the overall number of offerings was not. Therefore, a regression including the individual types of offerings will have different parameters than one involving only total number of offerings. On the one hand trying out too many different methods can produce statistically significant results by chance when in reality, the results are not significant.

Interpretation of Results

In the case of variables that are clearly background variables, one can assume that the direction of the relationship between the variable and APCES is from the background variable to APCES. Yet there could be intervening variables. For instance, it is possible that respondent's gender affects a professional variable, which in turn affects APCES.

More problematic, though, is the relationship between the participation and perception variables and APCES. Since all of them (with the partial exception of number of offerings) were subjective and measured at the same time, it is difficult to determine the direction of the effect. For instance, it is possible that rather than a high perception of quality leading to satisfaction with CE (high APCES score), in fact, the direction of the relationship is such that satisfaction with CE leads one to perceive the CE offerings as having been of high quality. It is also possible that some other variable (e.g., a salary increase or enjoying the time off) leads one to give high scores to both quality of and satisfaction with CE. It is necessary to consider these possibilities when interpreting the results of the study.

Practitioner Views vs. Social Work Literature

Practitioner Views Contrast the Literature

Notwithstanding the above limitations, as an exploratory study, study results did provide some interesting general information about practitioner views. First, given the rather strong criticisms of current systems of continuing education as noted in the literature, one would expect practitioners to be extremely dissatisfied with the experiences they have had. The study participants, however, did not express extreme dissatisfaction. With an average of 2.56 on positive items and 2.57 on negative items, participants were neither very satisfied nor very dissatisfied with the experiences they have had with existing services. To the extent that the APCES is a valid measure of participant satisfaction, this stands in stark contrast the prevailing view given by social work authors in social work literature.

Second, with respect to cost, convenience, and quality, practitioners also indicated more satisfaction than would be expected from reports in the literature. In fact, rather than reporting extreme difficulty in finding programs that provided the information that they need (i.e., that

were conveniently located, well taught, reasonably priced, of high quality, and not unreasonably demanding of time) participant mean item scores were between 3.14 and 3.29. These scores are more middle of the road than extreme. While still sort of middle of the road on these items, these reported scores are closer to often able to rather than only sometimes. Therefore, contrary to what one might expect from reading the literature, practitioner scores were slightly on the positive side of the center with respect to convenience, cost, and quality. Additionally while quality convenience and cost were significantly related in the initial bivariate analysis, the fact that quality alone was significant in the final regression suggests that cost and convenience were not significant issues for practitioners despite what has been reported in the literature.

Finally, neither licensing requirements for CE nor state requirements for licensing, appeared to be an issue related to social work satisfaction with services. Even in states where licenses were not required, most social workers elected to get one and related CEU requirements were still unrelated to practitioner satisfaction levels. While much has been written about the pros and cons of mandatory licensing requirements for obtaining CEU's, findings from this study do not suggest that licensure or requirements for CEU have any negative effect on level of satisfaction with their participation in CE. There is some indication, however, that frequency in attendance at seminar/conference is related to practitioners reports that of less satisfaction with course offerings.

Practitioner Views Support the Literature

The seminar was significant and negatively correlated. Despite the fact that practitioner views of current services may not be as bleak as noted in social work literature, this outcome lends some support for charges made against the seminar as the primary mode of service delivery. In fact, the results of this study indicate that while the seminar is the most frequently

engaged in type of offering, the number of seminars attended was significantly correlated with lower satisfaction levels. The negative relationship between the practitioners satisfaction levels and their participation in seminars coupled with the fact that it is the most frequently attended type of offering indicates some strong support for extended investigation and future research on the seminar as a mode of service delivery. Additionally, while quality was positively correlated with satisfaction, overall satisfaction levels remained just slightly above neutral. In light of the central significance awarded by the profession to continuing educational services, these satisfaction levels are well below what they should be.

Third, with regard to motivation, professional advancement was negatively correlated with satisfaction levels. Given the fact that social work authors and scholars highlight the survival of the profession as one central role assigned to continuing education, it would seem important for the profession to provide avenues for the professional advancement of its members. More investigation into practitioner needs relative to professional advancement and possible shortcomings associated with current systems of continuing education is needed

Fourth, serving people better was positively correlated. Again, to help raise practitioner satisfaction to more respectable levels, more research is needed to build on what is being provided that is positively associated with satisfaction levels. For example future studies might be directed towards determining whether certain CE experiences influence one to choose serving individuals better as a motivating factor or whether the motivating factor of serving others influences one to be more selective in offering choice and therefore more satisfied with that participation.

Theory, Research, Policy and Practice

Ideally, the profession of social work would be better off if their member practitioners were extremely satisfied with their continuing educational services. Yet, there is still little well developed theory to guide research in CE programming. Additionally, policy practices regarding CE are largely evolving and determined by “the dominant ideologies and interest of social cultural and political institutions” (Cervero and Wilson, 1994 p.27). Some researchers insist that developing theory needs a great deal of data not only on demographics common to all professionals, such as sex, income level and age were collected as well as descriptive data specific to the professional (years in practice, practice setting, type of practice and area of specialization) and that the research base should accumulate knowledge about how professionals differ in their motivations to participate in CE.

Perhaps best said by Cervero and Wilson (1994) : “It is simply impossible to plan an educational program without attending to the interest of the institution or its relationship to power. Negotiating between these interests, along with the planner, the potential learners, those teaching the program, and the affected public is fundamentally a political act....Planners should be focused on practices that allow all people affected by an educational program to have a substantive role.”

Summary and Conclusion

The purpose of the study is to document practitioner views of the continuing educational offerings they are receiving. Specifically this study sought to provide data relative to the practitioner’s participation in continuing education and levels of satisfaction or dissatisfaction with current systems of CE. This study also aimed at collecting data relative to practitioners’ views of the quality, convenience, and cost of accessible offerings.

There were five reasons given for the significance of this study.

1. NASW's assertion that it is through CE that social workers are able to provide the knowledgeable and skillful assistance that has been asserted as a client's right. If CE systems are failing this intended goal, there is no basis for a social worker to partake in CE.
2. A review of the literature suggested that social work practitioners' are victims of nebulous program programming, ineffective services and that practitioner participation in CE was impeding was than supporting the delivery of quality services.
3. By social work standards, social work practitioners should be consulted about the services they receive.
4. To the extent that each profession has a responsibility to monitor and support the delivery of effective programs of CE, the social work profession also has an obligation address current challenges surrounding the creation and delivery of CE services to its professionals. The first step in that process, from a social work perspective, is to consult with the target population.

The results of this study produced responsive information regarding each reason given for the significance of the study. For the first reason with regard to the NASW assertion that the basis of CE is to help the social worker be able to provide knowledgeable and skillful assistance to their clients, outcome data indicated that social workers are in accord with the NASW. Social workers chose serving clients better as their number one reason for participating in CE. Additionally, for all three educative needs, (when they needed information update, skill building and reviewing of

old skills) social workers reported being more satisfied with their experiences when they were able to find services that were of high quality.

With respect to the second reason for the significance of the study, which claimed that existing services might be impeding rather than supporting their efforts to serve their clients, outcome data did not support that the situation for practitioners was as bleak as the literature reported. In general, social workers reported being middle of the road on their satisfaction levels. They did not report significant problems dealing with ineffective services, inconvenient services, or cost in terms of financial cost or time costs.

With respect to the third reason for the significance of this study, i.e. that by social work standards, social work practitioners should be consulted about the services they receive, this study documented some of practitioner views relative to the CE services they are receiving. A first step in the assessment process has been provided by this study. At least, now there is some empirical documentation that reports how satisfied practitioners are with the services they are receiving. When one looks at the views provided in social work literature, the fact that there seems to be some discrepancy between the views presented in the literature and those reported by the practitioners indicates that more studies need to be done to determine with some accuracy how well existing systems of CE are working.

Finally, the fourth reason for the significance of this study was that the social work profession has an obligation to address current challenges surrounding the creation and delivery of CE, services to its professionals. Social work as well as many other professions is apparently a long way from developing a complete and integrated model for the creation, organization, and delivery of CE services. Developing theory will take many more studies that provide descriptive demographic data and professional background information. This is needed so that CE educators

can respond to the diversity of professional expectations and variety of educative needs. Second, with regard to policy, a review of the literature indicates that the profession has done a good job identifying objectives for CE. Twelve reasons for the importance of CE in social work fulfill that goal. Future research is needed, however, to know if these objectives are consistent with those targeted by program planners and those held by practitioners. If CE educators are to provide CE programs that are responsive to the needs of practitioners, more research is needed to identify and define these needs. Subsequent policy can then reflect a vision of CE practices in social work as a complete and integrated whole.

In conclusion, the focus of this dissertation has been the contribution of the social work practitioner's views on CE services. The need to collect this data was based on the person-in-environment approach to assessment and intervention. To be sure, there will be those who do not believe it is appropriate or necessary to focus so much attention on a practitioner driven development of services. Nonetheless, given the fact that current systems of CE have been widely criticized in the literature, a practitioner driven approach to the development and delivery of services offers an alternative approach.

REFERENCES

- Akabas, S. H., & Kurzman, P. A. (1982). *Work, workers, and work organizations: A view from social work*. Englewood Cliffs, NJ: Prentice-Hall.
- Allan, J., Pease, B., & Briskman, L. (2003). *Critical social work: An introduction to theories and practices*. Crows Nest, NSW, Australia: Allen & Unwin.
- Apps, J. W. (1981). Continuing education trends and human service training. *Journal of Continuing Social Work Education, 17*(3), 25-28.
- Apps, J. W. (1989). What should the future focus be for adult and continuing education? *New Directions for Adult and Continuing Education, 44*, 23-30.
- Ary, D., Jacobs, L. C., & Razavieh, A. (1996). *Introduction to research in education* (5th ed.). Fort Worth: Harcourt Brace College Publishers.
- Barker, R. L. (1990). Continuing education: A neglected component of competent practice. *Journal of Independent Social Work, 4*(3), 1-5.
- Barker, R. L. (1992). *Social work in private practice* (2nd ed.). Washington, DC: NASW Press.
- Boshier, R. (1977). Motivational orientations revisited: Life space motives and the education participation scale. *Adult Education Quarterly, 27*(2), 89-115.
- Browne, C. V., Smith, M., Ewalt, P. L., & Walker, D. D. (1996). Advancing social work practice in health care settings: A collaborative partnership for continuing education. *Health & Social Work, 21*(4), 267-276.

- Browning, N. (1984). *Manual for school psychology internship programs*. Springfield, IL: Illinois State Board of Education. (ERIC Document Reproduction Service No. ED248452)
- Browning, R. L. (1987). Continuing interprofessional education. *Theory into Practice*, 26(2), 110-115.
- Brueggemann, W. G. (2002). *The practice of macro social work*. Belmont, CA: Brooks/Cole.
- U.S. Department of Labor, Bureau of Labor Statistics. (2004). *Social workers*. Retrieved 19 August, 2005, from <http://www.bls.gov/oco/ocos060.htm>
- Callahan, J. J. J., & Merrick, E. L. (1997). Designing public-sector managed-care systems. In K. Minkoff & D. Pollack (Eds.), *Managed mental health care in the public sector: A survival manual* (Vol. 4, pp. 45-58). Amsterdam: Harwood Academic Publishers.
- Cervero, R. M. (1988). *Effective continuing education for professionals*. San Francisco: Jossey-Bass.
- Cervero, R. M. (2001). Continuing professional education in transition, 1981-2000. *International Journal of Lifelong Education*, 20(1-2), 16-30.
- Cervero, R. M., & Azzaretto, J. F. (1990). *Visions for the future of continuing professional education*. Athens, Ga: University of Georgia, Dept. of Adult Education, College of Education, Georgia Center for Continuing Education.
- Christ, G. W. (1996). School and agency collaboration in a cost conscious health care environment. In M. Mailick & C. Caroff (Eds.), *Professional social work education and health care: Challenges for the future*. New York: Haworth Press.

- Christ, S. E. (1994). *The meaning of leadership to women in higher education administration*. Unpublished doctoral dissertation, The Pennsylvania State University, State College, PA. (UMI Order No. AAD94-28077).
- Clay, R. J., & Clay, J. M. (2000, May). Continuing education or mandatory hours? *The CPA Journal*, 34-37.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Cohen, M. B., & Deri, R. (1992). The dilemma of “grandparenting” in state licensure: Confronting the training needs of nondegreed workers. *Social Work*, 37(2), 155-158.
- Cyphert, F. R., & Cunningham, L. L. (1987). Interprofessional education and practice: A future agenda. *Theory into Practice*, 26(2), 153-156.
- Daley, B. J. (1999). Novice to expert: An exploration of how professionals learn. *Adult Education Quarterly*, 49(4), 133-147.
- Daley, B. J. (2001). Learning and professional practice: A study of four professions. *Adult Education Quarterly*, 52(1), 39-54.
- Dane, E. & Epstein, I. (1985). A dark horse in continuing education programming at the post-master’s level: Monitoring and evaluation skills for social workers in middle management. *Journal of Continuing Social Work Education*. 3(4), 3-8.
- Dattalo, P. (1994). Perceived continuing education needs of licensed clinical social workers. *Journal of Social Work Education*, 30(2), 217-227.
- Davenport, J., III. (1992). Continuing social work education: The empirical base and practice guidelines. *Journal of Continuing Social Work Education*, 5(3), 27-30.

- Davenport, J., III, & Davenport, J. A. (1983). Continuing education in an age of uncertainty: Meeting human service needs in impacted communities. *Social Development Issues*, 7(1), 74-86.
- Davenport, J., III, & Davenport, J. A. (1986). Andragogy: Another bandwagon or a legitimate tool in the continuing education armamentarium? *Journal of Continuing Social Work Education*, 22(4), 33-39.
- Davenport, J., III, & Woodarski, J. S. (1989). Social work continuing education: An historical description. *Arete*, 14, 32-41.
- Dietz, T. (1998). Incorporating follow-up to evaluate the impact of continuing professional education programs on social work practice. *Professional Development: The International Journal of Continuing Social Work Education*, 1(1), 16-21.
- Dillman, D. A. (1972). Increasing mailed questionnaire response in large samples of the general public. *Public Opinion Quarterly*, 36(2), 254-257.
- Doelker, R. E., Jr., & Lynett, P. A. (1983). Strategies in staff development: An ecological approach. *Social Work*, 28, 380-384.
- DuBois, B., & Miley, K. K. (2002). *Social work: An empowering profession* (4th ed.). Boston: Allyn and Bacon.
- Edwards, R. L., & Green, R. K. (1983). Mandatory continuing education: Time for reevaluation. *Social Work*, 28, 43-48.
- Fellin, P. (1994). Evaluating continuing education programs for mental health professionals. *Journal of Continuing Social Work Education*. 6(1), 15-20.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior*. Reading, PA: Addison-Wesley.

- Gambrill, E. (2001). Evaluating the quality of social work education: Options galore. *Journal of Social Work Education, 37*(3), 418-430.
- Germain, C. B., & Bloom, M. (1999). *Human behavior in the social environment: An ecological view* (2nd ed.). New York: Columbia University Press.
- Gibleman, M., & Humphreys, N. A. (1979). Consumer's guide to continuing education. *Social Work, 24*, 401-405.
- Ginsburg, C. L. (1998). Looking ahead for professional development. *Information Outlook, 2*(1), 39-40.
- Gitterman, A. (1977). Social work in the public school system. *Social Casework, 58*(2), 111-118.
- Goldstein, M. L. (1983). *Utilization of program evaluation in decision making at community mental health centers*. University of Texas, Austin, TX. (UMI Order No. AAD82-27652).
- Greene, R. R. (1994). *Human behavior theory: A diversity framework*. New York: Aldine de Gruyter.
- Griffith, W. S. (1985). Persistent problems and promising prospects in continuing professional education. *New Directions for Continuing Education, 27*, 101-108.
- Gullerud, E. N., & Itzin, F. H. (1979). Continuing education as an effective linkage between schools of social work and the practice community. *Journal of Education for Social Work, 15*(3), 81-87.
- Guzzetta, C. (1978). Continuing education and social work education. *Journal of Sociology and Social Welfare, 5*, 263-272.
- Haffey, M. F. (1984). Social work's role in high school work-study programs. *Social Work in Education, 7*(1), 49-62.

- Headrick, L. A., Wilcox, P. M., & Batalden, P. B. (1998). Interprofessional working and continuing medical education. *British Medical Journal (International ed.)*, 316, 771-774.
- Herie, M., & Martin, G. W. (2002). Knowledge diffusion in social work: A new approach to bridging the gap. *Social Work*, 47(1), 85-96.
- Hirsch, B. J., Engel-Levy, A., DuBois, D. L., & Hardesty, P. H. (1990). The role of social environments in social support. In B. R. Sarason & I. G. Sarason (Eds.), *Social support: An interactional view* (pp. 367-393). Oxford, England: John Wiley & Sons.
- Holm, H. A. (1998). Quality issues in continuing medical education. *British Medical Journal (International ed.)*, 316, 621-624.
- Houle, C. O. (1961). *The inquiring mind*. Madison, WI: University of Wisconsin Press.
- Houle, C. O. (1980). *Continuing learning in the professions*. San Francisco, CA: Jossey-Bass Publishers.
- Houle, C. O. (1987). Education for the professions. *Theory into Practice*, 26(2), 87-93.
- Kadushin, G. (2001). Ethical dilemmas in home health care: A social work perspective. *Health & Social Work*, 26(3), 136-149.
- Kane, M. N., Hamlin, E. R., II, & Green, D. (2001). Perceptions of responsibility for the acquisition of skills and knowledge in current service environments. *Professional Development: The International Journal of Continuing Social Work Education*, 4(1), 14-22.
- Karpiak, I. E. (1997). Change, evolution, and global vision-logic: A gentle challenge for adult development. *Canadian Journal of University Continuing Education*, 23(1) 81-95.
- Keenan, C. (2000). Continuing education sets lawyers on course. *Crain's New York Business*. 16 (41), 20-21.

- Knowles, M. S. (1973). *The adult learner: A neglected species*. Houston, TX: Gulf Publishing Co.
- Knox, A. (1981). Proficiencies needed to administer continuing social work education. *Journal of Continuing Social Work Education*, 17, 3-6.
- Koch, W. H. & Sancier, B. (1988). Continuing education for school social workers: A learner-friendly model. *Social Work in Education* 10(2), 122-132.
- Laufer, Z., & Sharon, N. (1985). Social work job satisfaction and participation in continuing education: Implications for administrators of social services. *Journal of Continuing Social Work Education*, 20(3), 3-7.
- Laufer, Z., & Sharon, N. (1993). Continuing education programs (CEP), an image of the professions: The case of social work. *Higher Education*, 26(3), 267-274.
- Livneh, C., & Livneh, H. (1999). The continuing professional education among educators: Predictors of participation in learning activities. *Adult Education Quarterly*, 49(2), 91-105.
- Lowenthal, W. (1981). Continuing education for the professions: Voluntary or mandatory. *Journal of Higher Education*, 52(5), 519-538.
- Maslach, C. (2003). *Burnout: The cost of caring*. Cambridge, MA: Malor Books.
- Maslow, A. H. (1954). *Motivation and personality*. New York: Harper.
- McDonald, C. (2001). A review of continuing professional education. *Journal of Continuing Higher Education*, 49(1), 29-40.
- McMichael, A. (2000). Professional identity in continuing education: The study of hospital workers in hospital settings. *Social Work Education*, 19(2), 175-184.

- Miley, K. K., O'Melia, M., & DuBois, B. (2004). *Generalist social work practice: An empowering approach* (4th ed.). Boston: Pearson A and B.
- Miller, B., Shireman, J., Burke, P., & Brown, H. F. (1982). System response walls to initial reports of child abuse and neglect cases. *Journal of Social Service Research*, 5(3-4), 95-111.
- Miller, D. (1980). *Expanding the boundaries: Continuing education in the community mental health system*. New York: Council on Social Work Education.
- Munson, C. E. (1996). Autonomy and managed care in clinical social work practice. *Smith College Studies in Social Work*, 66(3), 241-260.
- Nash, M., Munford, R., & O'Donoghue, K. (2005). *Social work theories in action*. Philadelphia: Jessica Kingsley Publishers.
- National Association of Social Workers. (1999). *Code of ethics*. Retrieved 18 August, 2005, from <http://www.naswdc.org/pubs/code/code.asp>.
- National Association of Social Workers. *Encyclopedia of social work*. New York: National Association of Social Workers
- National Association of Social Workers. (2002). NASW standards for continuing professional education. Retrieved 12 August, 2005, from http://www.naswdc.org/practice/standards/cont_professional_ed.asp#intro.
- Njoku, E. M. (1998). Educating professionals: A case for social workers. *Adult Learning*, 9(3), 31-33.
- Nowlen, P. M. (1988). *A new approach to continuing education for business and the professions: The performance model*. New York: NUCEA.

- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.
- Palimiere, D. (1981). Specialization in medicine and nursing: Implications for social work. *Health & Social Work, 6*, 13S-21S.
- Pardeck, J. T. (2005). Social work education in the United States: A critical analysis. *International Journal of Adolescence & Youth, 12*(1-2), 107-129.
- Rea, L. M., & Parker, R. A. (2005). *Designing and conducting survey research: A comprehensive guide* (3rd ed.). San Francisco: Jossey-Bass.
- Rooney, R. H., & Bibus, A. A., III. (1996). Multiple lenses: Ethnically sensitive practices with involuntary clients who are having difficulties with drugs or alcohol. *Journal of Multicultural Social Work, 4*(2), 59-73.
- Rubin, A., & Babbie, E. R. (2005). *Research methods for social work* (5th ed.). Belmont, CA: Thomson/Brooks/Cole.
- Ryan, M. (1996). *Social work and debt problems*. Aldershot, Hants, England; Brookfield, Vt.: Avebury.
- Ryan, M. & Martyn, R. (1996). Writing about social work education: A content analysis of Australian journal articles from 1983 to 1993. *Australian Social Work 49*(4), 19-23.
- Sandau-Beckler, P. A., Salcido, R., & Ronnau, J. (1993). Culturally competent family preservation services: An approach for first-generation Hispanic families in an international border community. *Family Journal: Counseling & Therapy for Couples & Families, 1*(4), 313-323.
- Saulnier, C. F. (1996). *Feminist theories and social work: Approaches and applications*. New York: Haworth Press.

- Shatz, E., & Frey, L. (1977). Principles and application of the cooperative model in continuing education. *Journal of Education for Social Work, 13*(3), 91-98.
- Shatz, E., & Frey, L. (1981). Fitting education to staff development needs. *Journal of Continuing Social Work Education, 17*(4), 18-21.
- Singleton, R. A., Jr., & Straits, B. C. (2005). *Approaches to social research* (4th ed.). New York: Oxford University Press.
- Siporin, M. (1992). Tough economic times require innovation and flexibility in social work education and practice. *Journal of Continuing Social Work Education, 22*, 2.
- Sternberg, R. J. (1997). Introduction to the special issue on intelligence and lifelong learning. *American Psychologist, 52*(10), 1029-1038.
- Strom-Gottfried, K. (1998). Is “ethical managed care” an oxymoron? *Families in Society, 79*(3), 297-307.
- Strom-Gottfried, K., & Green, R. K. (1995). *Continuing education encyclopedia*. Washington, DC: NASW Press.
- Strom-Gottfried, K., & Green, R. K. (1998). If you offer it they will come: Continuing education programs on poverty. *Journal of Continuing Social Work Education, 28*(4), 47-56.
- Swack, L. G. (1975). Continuing education and changing needs. *Social Work, 20*(6) 474-480.
- Toghill, P. (1998). Continuing medical education: Where next?. *British Medical Journal (International ed.)*, 316, 721-722.
- Toseland, R. W., & Rivas, R. F. (2001). *An introduction to group work practice* (4th ed.). Boston: Allyn and Bacon.

- Traub-Werner, B. (2000). Continuing education across boundaries: Exploring the international exchange of social work knowledge and practice. *Journal of Continuing Social Work Education, 30*(3), 5-8.
- Triandis, H. C. (1977). *Interpersonal behavior*. Monterey, CA: Brooks/Cole.
- Walz, T. H. (1973). A continuing education curriculum for the graduate social worker. *Journal of Education for Social Work, 9*(1), 68-78.
- Watkins, C. (1997). Chapter report: Continuing education today is practical and sexy. *American Libraries, 28*(1), 11.
- Weinbach, R. W., & Kuehner, K. M. (1981). Trainer or academician: Who shall provide? *Journal of Continuing Social Work Education, 17*, 30-55.
- Whittington, R. (1991). Who's running the shop? *Journal of Independent Social Work, 5*(2), 73-76.
- Yang, B., Blunt, A., & Butler, R. S. (1994). Prediction of participation in continuing professional education: A test of two behavioral intention models. *Adult Education Quarterly, 44*(2), 83-96.
- Zimmerman, S. L. (1978). Continuing social work education: Why do social workers participate in continuing education programs? *Journal of Education for Social Work, 14*(2), 111-116.

APPENDICES

APPENDIX A: FIRST COVER LETTER

Dear Fellow Social Worker:

Enclosed you will find a packet of materials that includes a short questionnaire and a stamped, self-addressed envelope for its return. The survey focuses on your experiences with continuing education (CE) in social work. You will be asked to describe your experience in CE and your evaluation of those experiences. You will also be asked several questions about your background and professional experience. Continuing education is a growing problem in social work. However, before we can address the problem, we need to understand its nature.

As a participant in a scientific study, you are entitled to the rights of confidentiality, refusal without fear of retribution, and access to the findings of the study. In order to protect your right of confidentiality, all data will be collected anonymously and all lists of study participants will be destroyed after data are collected. If you wish a summary of the findings of the study, please e-mail me at the address below and put "Request for Study Findings" in the subject line. When the study is completed, I will send you a summary.

Please take a few minutes of your time to complete the survey and return it. This study is part of the requirements to complete my doctorate in the Graduate School of Social Work at the University of Georgia. The research is being supervised by Professor Margaret Robinson.

If you have any questions about the study, feel free to call me at (404)-580-7964 or e-mail me at joaniefunk@hotmail.com or Professor Robinson at (706)-542-5464 or e-mail him at mmrobins@uga.edu. If you require further information, please contact the Institutional Review Board at the University of Georgia at (706)-542-3199 or by e-mail at IRB@uga.edu.

Thank you very much for your time and participation. Your response is very important to me. When you get your packet of materials, please fill them out at your first opportunity. As you are probably aware, CE in social work has been a serious problem for social workers. The profession needs to know more about social workers' CE experiences and how they feel about them. Your contribution will help increase awareness and knowledge in the profession.

Sincerely,

Joan R. Funk,

Principal Investigator

APPENDIX B: SECOND COVER LETTER

Dear Fellow Social Worker:

Several weeks ago you received a survey questionnaire on your experiences with continuing education (CE) in social work to complete and return to me. If you have not completed it, please take a few minutes of your time to complete the enclosed survey and return it. Information from every social worker is important in order for us to have the best information about continuing education in social work.

If you have any questions about the study, feel free to call me at (404)-580-7964 or e-mail me at joaniefunk@hotmail.com or Professor Robinson at (706)-542-5464 or e-mail him at mmrobin@uga.edu. If you require further information, please contact the Institutional Review Board at the University of Georgia at (706)-542-3199 or by e-mail at IRB@uga.edu.

If you wish a summary of the findings of the study, please e-mail me at the above address and put "Request for Study Findings" in the subject line. When the study is completed, I will send you a summary.

Thank you very much for your time and participation. Your response is very important to me. When you get your packet of materials, please fill them out at your first opportunity. As you are probably aware, CE in social work has been a serious problem for social workers. The

profession needs to know more about social workers' CE experiences and how they feel about them. Your contribution will help increase awareness and knowledge in the profession.

Sincerely,

Joan R. Funk,

Principal Investigator

APPENDIX C: A SURVEY OF PRACTITIONERS' VIEWS ON CE IN SOCIAL WORK

Are there any additional thoughts that you have about Continuing Education for Social Workers? If so, please include them in the space below. Also, any comments you wish to make that will help me in my future efforts to explore CE for social workers, please make in the space below or in a separate letter.

CONTINUING EDUCATION IN SOCIAL WORK: DOES IT MEET PRACTITIONER NEEDS?

You have been selected to participate in a study of practitioner views about continuing education for social workers. Your responses will be anonymous. All information will be reported in aggregate fashion without any identifying data. Your participation in the survey is voluntary. However, your participation is important so that the information will be as complete as possible and representative of social work practitioners across the United States.



Please read the directions for each section very carefully. There are no right or wrong answers. Your initial response is your best response. Completion of the survey should take between 10-15 minutes of your time. **Please complete this survey at your earliest convenience and return it in the stamped self-addressed envelope.**

Your cooperation is greatly appreciated. If you would like a copy of the results, please include your name and address on the back of the return envelope (not on the questionnaire). I will see that you get them!

Joanie Baurimd Funk
School of Social Work
212 Tucker Hall
University of Georgia
Athens, GA 30602



Individual Professional Information

Please circle the number of the appropriate response.

1. *What is your highest social work degree?*
 1. BSW
 2. MSW
 3. Doctorate (eg. DSW, PhD)
 4. Other, please specify: _____

2. *What is your primary social work field of practice?*
 1. Mental Health
 2. Health
 3. Developmental Disabilities
 4. Corrections
 5. Public Welfare
 6. Military
 7. Death and Dying
 8. Palliative Care
 9. Aging
 10. School Social Work
 11. Other, please specify: _____

3. *What is your social work practice type?*
 1. Public
 2. Private, For Profit
 3. Private, Nonprofit

4. *What is your social work setting?*
 1. Rural
 2. Suburban
 3. Urban

PERSONAL INFORMATION (Please circle your answer)

1. *Gender*
 1. Female
 2. Male

2. *Yearly Salary (from Social Work employment)*
 1. Below \$24,999
 2. \$25,000 to \$34,999
 3. \$35,000 to \$44,999
 4. \$45,000 to \$54,999
 5. \$55,000 to \$64,999
 6. \$65,000 to \$74,999
 7. \$75,000 or more

3. *Racial/Ethnic Group*
 1. American Indian/Eskimo
 2. Black/African American
 3. Hispanic
 4. Caucasian, not of Hispanic Origin
 5. Other, please specify:

4. *Age:*

5. *Number of years practicing social work:*

CONTINUING EDUCATION PARTICIPATION

Below is a listing of the various forms of CE for social workers. In the spaces to the right of each kind, please indicate how many you have attend over *the past two years* by circling the appropriate number(s). Please include only those activities directly related to the field of social work.

TYPE OF CE	NUMBER OF TIMES OVER THE PAST 2 YRS
	(Circle one number for each type)
1. Seminars/ conferences	1 2 3 4 5 6 7 8 9 10
2. Lectures	1 2 3 4 5 6 7 8 9 10
3. Workshops	1 2 3 4 5 6 7 8 9 10
4. Site visits	1 2 3 4 5 6 7 8 9 10
5. Supervised practice	1 2 3 4 5 6 7 8 9 10
6. Courses (non-degree)	1 2 3 4 5 6 7 8 9 10
7. On-line	1 2 3 4 5 6 7 8 9 10
8. Other, please specify _____	1 2 3 4 5 6 7 8 9 10

Please circle the correct number

5. *How many years have you practiced in the field of social work?* _____ years
6. *What is your primary social work function?*
 1. Administrative
 2. Employment Related (eg. EPA)
 3. Research/Policy
 4. Clinical
 5. Communication Organization/Advocacy
 6. Training
 7. Other, please specify _____
7. *Do you work:*
 1. Full-time
 2. Part-time
8. *In what state is your social work practice?* _____
(Please use USPO initials, eg. MD, CA, MI)
9. *Does your state require you to be licensed to practice in your current job area?*
 1. Yes
 2. No
10. *Are you licensed to practice in your state?*
 1. Yes
 2. No

11. If you answered yes to Question 10, please indicate your license type:

1. LMSW
2. LCSW
3. Other, please indicate _____

For the purposes of this study, please refer to the following definition: **Continuing Education (CE)** is defined as efforts to obtain learning for active professionals **excluding** instructional learning activities leading to a formal degree (eg. BSW, MSW, PhD). In this survey, CE refers to formal programs, seminars, lectures, excursions or site visits, and supervised practice specifically arranged as time set aside for learning, updating or skill building. It does not include stopping a colleague in the hall to ask a question, reading a journal article, surfing the net, and/or other informal means of soliciting information or training.

12. Does your state require you to get CEU's in order to maintain your license?

1. Yes
 2. No
- If yes, I am required to get _____ CEU hours every _____ years in order to renew my license.

13. Does your workplace require you to go to any formally organized CE program?

1. Yes
2. No

CONTINUING EDUCATION OFFERINGS

The questions in this section refer to **formally developed CE programs**. Please **CIRCLE** the number of your response in the space provided to the right of the question using the coding system below.

When you have a specific *educative* need, such as learning about advances in your field, how often are you able to find a **FORMAL** CE program that:

1	2	3	4	5
Always	Almost Always	Often	Sometimes	Never

1. Provides you with the information you need?	1	2	3	4	5
2. Is conveniently located to your work or home?	1	2	3	4	5
3. Is well taught?	1	2	3	4	5
4. Is reasonably priced?	1	2	3	4	5
5. Is offered at convenient times?	1	2	3	4	5
6. Is of high quality?	1	2	3	4	5
7. Does not make unreasonable demands of time?	1	2	3	4	5

When you would like to develop a new skill, how often are you able to find a **FORMAL** program that:

	1	2	3	4	5		
	Always	Almost Always	Often	Sometimes	Never		
1. Provides you with the skill building sufficient to allow you to competently implement that skill?			1	2	3	4	5
2. Is conveniently located to your work or home?			1	2	3	4	5
3. Is well taught?			1	2	3	4	5
4. Is reasonably priced?			1	2	3	4	5
5. Is offered at convenient times?			1	2	3	4	5
6. Is of high quality?			1	2	3	4	5
7. Does not make unreasonable demands of time?			1	2	3	4	5

.....

When you feel you need to sharpen or hone skills that have been learned previously but need to be perfected, how often are you able to find a **FORMAL** program that:

	1	2	3	4	5		
	Always	Almost Always	Often	Sometimes	Never		
1. Provides you with the skill building sufficient to allow you to adequately improve your skills?			1	2	3	4	5
2. Is conveniently located to your work or home?			1	2	3	4	5
3. Is well taught?			1	2	3	4	5
4. Is reasonably priced?			1	2	3	4	5
5. Is offered at convenient times?			1	2	3	4	5
6. Is of high quality?			1	2	3	4	5
7. Does not make unreasonable demands of time?			1	2	3	4	5

The following is a set of statements about CE for social workers. Please read each statement and indicate the extent to which you agree or disagree with each one.

1	2	3	4	5
Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree

- | | | | | | |
|---|---|---|---|---|---|
| 5. CE has not helped me with my job | 1 | 2 | 3 | 4 | 5 |
| 7. I am not very excited about the CE experiences I have had | 1 | 2 | 3 | 4 | 5 |
| 8. The CE I have received has not been very good | 1 | 2 | 3 | 4 | 5 |
| 9. I enjoy CE because I have learned a lot | 1 | 2 | 3 | 4 | 5 |
| 10. CE has not done enough to prepare me for the changing environment in which social work is practiced | 1 | 2 | 3 | 4 | 5 |
| 11. Most CE experiences I have had were boring | 1 | 2 | 3 | 4 | 5 |
| 12. Much of what I have learned through CE has had direct application to my work | 1 | 2 | 3 | 4 | 5 |

PERSONAL INFORMATION
(Please circle your answer)

1. *Gender*
 1. Female
 2. Male
2. *Yearly Salary (from Social Work employment)*
 1. Below \$24,999
 2. \$25,000 to \$34,999
 3. \$35,000 to \$44,999
 4. \$45,000 to \$54,999
 5. \$55,000 to \$64,999
 6. \$65,000 to \$74,999
 7. \$75,000 or more
3. *Racial/Ethnic Group*
 1. American Indian/Eskimo
 2. Black/African American
 3. Hispanic
 4. Caucasian, not of Hispanic Origin
 5. Other, please specify: _____
4. *Age:* _____
5. *Number of years practicing social work:* _____

Below are five common reasons for participation in Continuing Education. Please **RANK** them in order of their importance to you in your participation in CE. Rank the most important reason "1" and the least important reason "5."

- Allow me to better serve people
- Job requirements
- Personal interest
- Professional advancement
- Provide stimulation in my life

The following is a set of statements about CE for social workers. Please read each statement and indicate the extent to which you agree or disagree with each one.

	1	2	3	4	5		
	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree		
1. A great deal that is being taught in CE is useful for me as a social worker			1	2	3	4	5
2. I have learned a lot from CE			1	2	3	4	5
3. My experiences in CE have not really helped me as a social worker			1	2	3	4	5
4. Most of the CE I have taken has been useful			1	2	3	4	5
5. Some of the ideas I have gotten from CE have helped me develop interests in new areas			1	2	3	4	5