The social worker self-efficacy in client-centeredness questionnaire (SWSECCQ) - a psychometric validation study among practitioners
Background

Widespread notion within social-work literature (w. children and families):

- That the worker-client relationship determines both quality and outcome of social care...
- BUT we don’t know this in terms of large scale quantitative studies! (Bold statement)

That is...

- At least when comparing with research on psychotherapy
- Lack of RCT studies, that could actually test this
RESEARCH ARTICLE

The self-efficacy in patient-centeredness questionnaire – a new measure of medical student and physician confidence in exhibiting patient-centered behaviors

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Abstract

**Background:** Patient-centered communication is a core competency in modern health care and associated with higher levels of patient satisfaction, improved patient health outcomes, and lower levels of burnout among physicians. The objective of the present study was to develop a questionnaire assessing medical student and physician self-efficacy in patient-centeredness (SEPCQ) and explore its psychometric properties.
Two traditions merged!

**Self-efficacy:**
- Experienced social-worker self-efficacy
- Social-cognitive theory (Bandura, 1977)

**Client-centeredness:**
- Client-centered communication skills
- Humanistic psychology (Rogers, 1959)
Method; SWSECCQ-27
I am confident that I am able to [...] 0 - very low degree to 4 - very high degree scale!

**Exploring the client perspective (10 items):**
(mean=33.3, SD=4.9; alpha reliability=.89)
- “Make the client feel, that he/she can talk with me about confidential, personal issues”

**Sharing information and power (10 items):**
(mean=30.0, SD=5.4; alpha reliability=.87)
- “Reach agreement with the client about which plan for social care should be implemented”

**Dealing with communicative challenges (7 items):**
(mean=20.9, SD=12.3; alpha reliability=.74)
- “To maintain the relationship with the client when he/she is angry”
When analyzing inter-correlations between subscales results show expected, large and positive relationships (r’s range=.63 – .74)

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*N=348

* Correlation is significant at the 0.01 level (2-tailed).
Essential variable!
Sample descriptive statistics

Practitioners/Internship supervisors (705) w. VIA and KP university colleges:
- 348 of them completed (49.4%)
- 301 were women (86.5%); Age mean=41.8, SD=10.8
- SQRT (combined years of; target group experience & years since degree) (mean=10.5; SD=7.6)

- 3 broad target groups:
  105 worked w. vulnerable children and families (33.0%)
  90 worked w. vulnerable adults (25.9%)
  117 worked w. RTW, illness and education (33.6%)
  26 worked with "Other" (e.g., integration) (7.5%)

- Danish welfare state context:
  244 working with authority (70.1%}; 68 w. Care/Intervention (19.5%)
  36 w. Private/NGO and "other" (10.3%)
Other measures [...] all of them likert scale
Worth noticing in the hierarchical multiple regression to come!

**Level 1:**
SQRT (combined experience)

**Level 2:**
**Personality traits** of Conscientiousness, Extraversion and Agreeableness
(i.e., brief version of IPIP-120; Johnson, 2014; Olesen & Friis, 2012)

**Level 3:**
**Work environment,** generic scale (6 items):
(mean=24.7, SD=5.5; alfa reliability=.89)
- “Do you believe, that there is a correspondence between your work assignments and your weekly hours?”

**Level 4:**
**Intrinsic continuance motivation** for practicing social work:
(i.e., adaptation of SDT measure; Leveqsque, Williams & Elliot, 2006)
- “Because I personally believe that being a social worker is the right thing for me”
Other measures [...] all of them likert scale
Worth NOT noticing in the hierarchical multiple regression to come!

Level 1:
SEX

Level 2:
Personality traits of Openness to experience and Neuroticism
(i.e., brief version of IPIP-120; Johnson, 2014; Olesen & Friis, 2012)

Level 3:
Case-load and Part/Full time position

Level 4:
Client Autonomy support (i.e., adaptation of SDT measure; William et al., 1996)
Well-being at work (i.e., adaptation of WHO-5; Bech, Olesen, Kjoller & Rasmussen, 2003)
Results; Hierarchical, multiple regression...
4 levels; forward procedure

**Level 1:** F(1)=3.98, (p<.05); adj. R square=.01
**Level 2:** F(4)=16.02, (p<.01); adj. R square=.15
**Level 3:** F(5)=15.34, (p<.01); adj. R square=.18
**Level 4:** F(6)=15.62, (p<.01); adj. R square=.19

- sBeta SQRT of (combined experience)=.10*
- sBeta Conscientiousness, Extraversion and Agreeableness=.20**, .17**, .12*
- sBeta WorkEnvironment=.16**
- sBeta Intrinsic motivation=.11*

*p<.05, **p<.01

Almost 20% of variance in mastery of client-centeredness
Discussion

New self-report measure of Social worker self-efficacy in client-centeredness!
- Psychometrically reliable and valid
- Workers who report client-centered practice are more experienced (years); they have more conscientious, out-going and warm/empathic personality; they report reasonable correspondence between assignments and workhours; they continue to practice due to intrinsic motives
- Could inform us on the importance of the social worker-client relationship
- Both in further correlational and in experimental studies

But...
- These data are correlational (no causality can be inferred)
- Lacking a specific client/outcome perspective (i.e., vulnerable, children, youth and their families)
Practical implications

Take-home message:

- If you don’t experience mastery of client-centered communication skills; These are skills that can be improved through clinical training
- But one needs to consider the possible interaction effect between
  1 – Experience
  2 – Personality traits
  3 – Work environment
  4 – Your motivation for being a social worker
- And of course; await studies that document the importance of worker-client relationships pertaining to social care outcomes (e.g., engagement); more to come with specific respect to vulnerable children, youth and their families
References


