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Continuing Education Practices and Interest of Nursing Home Social Services Staff

Kim Cassie

Introduction & Literature Review

The National Association of Social Workers Code of Ethics (2008) admonishes social workers to attain and maintain competence in their area of practice through participation in continuing education. For those with state licensure, continuing education is required in order to renew one's license on an ongoing basis. The number of continuing education hours required varies from state to state. However, no accountability is in place to ensure that social workers without licensure participate in continuing education, and very little research has been conducted to better understand the continuing education practices of unlicensed social work practitioners. The purpose of this paper is to examine the continuing education practices of social service staff in nursing homes.

Continuing education emerged in the 1960s as an optional way for professionals from various disciplines to maintain high standards of practice, usually through short courses, lectures, and conferences (Bliss, Smith, Cohen-Callow, & Dia, 2004). By the end of the 20th century, continuing education had become a mandatory means to maintaining competence in rapidly changing fields for many professionals and paraprofessionals (Bliss et al., 2004). With dramatic demographic changes among us, the fields of gerontology and geriatrics are perhaps two of the most rapidly changing fields with advances in our knowledge of older adults and how to best care for them emerging regularly. Despite the growing demand for qualified personnel, a survey of recent social worker graduates in two southeastern states found that 70% of respondents reported needing gerontological knowledge, and less than 30% indicated having exposure to aging-related classes or internships during their training (Cummings & Adler, 2007). Research on nursing home social service staff in particular has revealed that individuals in these positions often have little to no formal education or field instruction on the biopsychosocial needs of nursing home residents (Greene, Vourlekis, Gelfand, & Lewis, 1992). Given the lack of preparation at the graduate and undergraduate level to meet the specialized needs of older adults (Christ & Sormanti, 2000), many are left to learn the necessary skills to competently care for older adults through continuing education. Bliss et al. (2004) conducted a study on continuing education activities among a sample of 230 licensed social workers in Maryland to determine the extent to which participation in continuing education resulted in perceived change in practitioner practices. Respondents reported that participation in continuing education activities such as workshops and conferences resulted in a moderate level of change in practitioner knowledge, attitudes, and behaviors.

Very little research has been conducted on the perceived training needs of nursing home social workers, and much of what we know dates back to the 1990s. Greene et al. (1992) conducted a nationally representative sample of 152 nursing home and hospice social workers that were members of the National Association of Social Workers. Two open-ended questions were asked of respondents to assess their training and educational needs. Among the most commonly noted topics, participants desired more information on the aging process, pharmacology, neurological deficits, behavior management, family and group treatments, enhanced quality of life, working with HIV/AIDS patients, working with the mentally ill, crisis intervention, stress management, Medicare and Medicaid policies, Social Security, and legislative initiatives related to nursing homes. Gleason-Wynn (1996) conducted a similar study among a sample of 326 Texas nursing home social workers. Using open-ended questions to assess training needs, the following topics emerged

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as areas in which social workers perceived the need for additional training: medical aspects of aging, psychotropic medications, mental health needs, documentation, time management, interventions, problem behavior management, Medicare, and Medicaid.

While prior research is helpful in understanding perceived needs for continuing education, gaps in our knowledge remain. Do nursing home social workers, a workforce made up mostly of unlicensed social service staff from various disciplines, participate in continuing education? What topics tend to be the most important to furthering their knowledge and skills? Given the tremendous advances in technology, to what extent do nursing home social workers engage in continuing education through teleconferences and web-based seminars? Are social service staff interested in participating in continuing education, and if so, what are the barriers that prevent them from doing so? Finally, what characteristics are associated with those who participate in or have an interest in participating in continuing education? In this exploratory study, we seek to answer these research questions.

Methods

Sample

Three hundred twenty six nursing home social workers from a single southeastern state were invited to complete an electronic survey regarding continuing education activities and interests. A link to the electronic survey was sent to social workers along with three reminder emails. The survey was available for two weeks. As an incentive, five randomly selected participants received a gift card valued between $25 and $100. Surveys were completed by 120 nursing home social workers representing a response rate of 37%.

Measurements

To measure continuing education activities, social workers were asked to report the number of hours in which they participated in continuing education in the past 12 months along with how they received continuing education. Possible responses included face-to-face workshops at their facility, face-to-face workshops outside of their facility, podcasts/YouTube videos, interactive teleconferences, interactive webinars, or videos/DVDs. Respondents were also given the opportunity to write in additional methods of receiving continuing education. Participants were then provided with a list of continuing education topics and asked to indicate which they attended. The list of continuing education topics was derived from interpretive guidelines provided by the Centers for Medicare and Medicaid that detail the many responsibilities of social workers. Experts further expanded and solidified the list, and respondents were provided with the opportunity to write in additional topics not included on the list of continuing education topics. Travel, financial, and time constraints were assessed to determine if they served as barriers to continuing education for respondents. Possible responses for each constraint were all of the time, some of the time, and none of the time.

To measure future continuing education interests, respondents were asked if they were interested in participating in continuing education in the future. Possible responses included yes, maybe, or no. Respondents were asked to indicate how they would like to receive continuing education in the future. Possible responses included face-to-face workshops at their facility, face-to-face workshops outside of their facility, podcasts/YouTube videos, interactive teleconferences, interactive webinars, videos/DVDs, and other. The list of continuing education topics was again provided and respondents were asked to indicate which they were interested in learning more about in the future.

Several other variables were also considered. Sex and race were coded as dichotomous variables with one indicating female and white. Education was coded as an interval variable on a three point scale with one indicating less than bachelor's education, two indicating bachelor-level education, and three indicating master's degree or higher. Respondents were also asked to report the number of years they had worked at their facility.

Analysis

Little's MCR revealed no statistically significant relationships involving missing data. As such we can conclude that data is missing completely at random. Missing data were managed with mode substitution, mean substitution, and multiple impu-

tation. While the reason for these missing values is unknown, it may be attributed to participant fatigue, as this study was part of a larger project and greater numbers of missing data were observed as participants proceeded through the survey. Despite assurances of anonymity, participants may have feared their identities could have been deduced from responses to these items. Regression analysis was used to assess characteristics associated with participating in continuing education and future interest in continuing education. SPSS 21 was used for all data analysis.

Results

As outlined in Table 1, the majority of the sample was female (n = 108, 90%) and white (n = 101, 84.2%). Most held a bachelor's degree (n = 74, 61.7%). About a quarter of the sample held a master's degree or greater (n = 31, 25.8%). The average age of participants was 40.91 (SD = 10.98). The number of years in which a respondent had worked at the current facility ranged from 0-36 years. The average was 6.51 years (SD = 7.07). Participants reported participating in an average of 18.31 continuing education hours in the past twelve months (SD = 15.50). The majority of the sample indicated a definitive interest in participating in future continuing education (n = 83, 69.2%), while about one in five indicated they might be interested (n = 26, 21.7%). Financial constraints prohibited participants from participating in continuing education some of the time (n = 57, 47.5%). Distance constraints prohibited about half of the sample some of the time (n = 64, 53.3%), but time constraints was the largest barrier, prohibiting over half of the sample from participating in continuing education (n = 81, 67.5%). About a third of the sample reported financial constraints and distance constraints never prohibited them from participating in continuing education, and only 14% reported time constraints never prohibited them from participating in continuing education.

Participants engaged in a variety of continuing

Table 1. Sample Characteristics

Characteristic	N	%
Sex		
Female	108	90
Male	10	8.3
Prefer Not to Answer	2	1.7
Race		
White	101	84.2
NonWhite	2	10
Prefer Not to Answer	7	5.8
Education		
Less than Bachelor's	12	10
Bachelor's Degree	74	61.7
Master's Degree or More	31	25.8
Prefer Not to Answer	3	2.5
Future Interest in Continuing Education		
Yes	83	69.2
Maybe	26	21.7
No	5	4.2
Prefer Not to Answer	6	5

Table 1. Sample Characteristics Continued

Characteristic	N	%
Financial Constraints		
All of the Time	8	6.7
Some of the Time	57	47.5
None of the Time	45	37.5
Prefer Not to Answer	10	8.3
Distance Constraints		
All of the Time	7	5.8
Some of the Time	64	53.3
None of the Time	38	31.7
Prefer Not to Answer	11	9.2
Time Constraints		
All of the Time	13	10.8
Some of the Time	81	67.5
None of the Time	17	14.2
Prefer Not to Answer	9	7.5

education methods over the past month. The most common method of receiving continuing education was attending face-to-face training outside of the facility (n = 73, 61%), followed by face-to-face in-facility training (n = 54, 45%) and interactive webinars (n = 38, 32%). Less common methods of continuing education included watching podcasts or YouTube videos (n = 5, 4%), videos or DVDs (n = 15, 13%), and participating in interactive teleconferences (n = 18, 15%).

Table 2 lists topics covered in continuing education over the past twelve months. The most common topics that social workers attended were Alzheimer's disease or dementia (65.8%), behavior management (50%), advanced directives (48.3%), elder abuse and neglect (45%), and the MDS 3.0 (40.8%). The least common topics were diabetes (3.3%), motivational interviewing (3.3%), resident support groups (3.3%), gay, lesbian, bisexual, transgender and queer issues (2.5%), health disparities (2.5%), and obesity or eating disorders (1.7%).

When asked how they preferred to receive continuing education in the future, the majority of respondents preferred face-to-face training outside of their facility (n = 84, 73%), face-to-face training within their facility (n = 64, 55.7%), or interactive webinars (n = 42, 36.5%). Less preferred methods included podcasts and YouTube videos (n = 14, 12.2%), videos or DVDs (n = 19, 15.8%), and interactive teleconferences (n = 20, 17.4%).

Preferred continuing education topics are outlined in Table 3. The most commonly requested topics were behavior management (51.3%), depression (34.8%), Alzheimer's disease or dementia (33%), advanced directives (32.2%), and mental illness (31.3%). Topics that garnered the least interest were restraints and fall prevention (7.8%), sexuality (7.8%), Eden Alternative (7%), gay, lesbian, bisexual and transgender issues (5.2%), diabetes (4.3%), and health disparities (4.3%).

Regression analysis of conditions associated with participating in continuing education in the past year (outlined in Table 4) revealed two significant relationships. Those who had worked more years at a given facility were more likely to have participated in continuing education over the past year ($p = .006$), and those who reported no time barriers were more likely to have participated in

continuing education over the past year (p = .001).

Table 5 outlines the regression analysis of conditions associated with a desire to participate in continuing education in the future. Two conditions were statistically significant. Those with lower levels of education (p = .047) and those who did not perceive distance as a barrier (p = .016) were more likely to express an interest in continuing education.

Discussion & Conclusion

Continuing education is an important aspect of

Table 2. Continuing Education Topics in Past 12 Months, Rank Order by Percent

Topic	%
Alzheimer's Disease/Dementia	65.8
Behavior Management	50.0
Advanced Directives	48.3
Elder Abuse/Neglect	45.0
MDS 3.0	40.8
Depression	38.3
Resident Rights	38.3
End of Life	35.0
Hospice/Palliative Care	34.2
Medicare	34.2
Medicaid	29.2
Assessment/Care Planning	25.8
Grief/Bereavement	25.8
State Survey Process	25.0
Communicating with Residents/Families	20.8
Culture Change	17.5
Discharge Planning	17.5
Wandering/Elopement	15.8
Advocacy	15.0
Interdisciplinary Care	15.0
Mental Illness	13.3
Restraints/Fall Prevention	13.3
Cognitive Behavioral Therapy	12.5
PHQ-9	11.7
Suicidal Ideation	11.7
Family Support Groups	10.0
Guardianship/Conservatorship	10.0
Resident Councils	10.0
Eden Alternative	8.3
Family Caregiving	8.3
Spirituality	8.3
Professional Development	7.5
Evidence Based Practices	4.2
Sexuality	4.2
Substance Abuse	4.2
Diabetes	3.3
Motivational Interviewing	3.3
Resident Support Groups	3.3
Gay, Lesbian, Bisexual, Transgender, Queer Issues	2.5
Health Disparities	2.5
Obesity/Eating Disorders	1.7

gerontological social work practice without which the credibility of the profession may suffer (Kent, 2006). This research sheds light on the continuing education practices of nursing home social workers and suggests that sampled social workers on average participate in continuing education at a rate that is comparable to many state requirements for licensure. However, there remains a group of social workers that do not participate in continuing education at a sufficient rate. Our findings sug-

Table 3. Preferred Continuing Education Topics, Rank Order by Percent

Topic	%
Behavior Management	51.3
Depression	34.8
Alzheimer's/Dementia	33
Advanced Directives	32.2
Mental Illness	31.3
Grief/Bereavement	30.4
Medicaid	28.7
Cognitive Behavioral Therapy (CBT)	27.8
Discharge Planning	27.8
MDS	27.0
Communicating with Residents/Families	26.1
Medicare	26.1
State Survey Process	25.2
Assessment/Careplanning	24.3
Suicidal Ideation	24.3
Guardianship/Conservatorship	22.6
Wandering/Elopement	21.7
Advocacy	17.4
Interdisciplinary Care/Relations	16.5
Resident Rights	16.5
Culture Change	15.7
Hospice/Palliative Care	15.7
Family Support Groups	14.8
Motivational Interviewing	14.8
Elder Abuse/Neglect	13.9
Family Caregivers	13.0
Resident Support Groups	13.0
PHQ-9	12.2
Professional Development	12.2
Spirituality	12.2
Evidence Based Practices	11.3
Resident Council	9.6
Obesity/Eating Disorders	8.7
Substance Abuse	8.7
Restraints/Fall Prevention	7.8
Sexuality	7.8
Eden Alternative	7
Gay, Lesbian, Bisexual, Transgender Issues	5.2
Diabetes	4.3
Health Disparities	4.3

Table 4. Regression Analysis of Characteristics Associated with Continuing Education Past 12 Months

Characteristics	B	Std. Error	t	sig.
Constant	-.387	12.102	-.032	.975
Female	3.903	5.555	.703	.484
White	6.563	5.160	1.272	.207
Age	-.116	.148	-.782	.436
Education	-1.121	2.829	-.396	.693
Years at Facility	.648	.228	2.843	.006**
Financial Constraints	-2.240	2.724	-.822	.413
Distance Constraints	-.255	2.511	-.102	.919
Time Constraints	8.184	2.426	3.373	.001***

**p = .010; ***p = .001

gest that those in more stable work environments, as evidenced by greater employment longevity and the absence of time constraints, are more likely to engage in continuing education. More research is needed to understand the hesitancy of others to practice continuing education and to motivate these individuals to engage in continuing education for the benefit of the profession's credibility, and to ensure that clients are receiving the best possible services from gerontological social work practitioners.

Findings also revealed that sampled nursing home social workers utilized a variety of traditional and nontraditional methods to access con-

Table 5. Regression Analysis of Characteristics Associated with Future Continuing Education Interest

Characteristics	B	Std. Error	t	sig.
Constant	1.055	.628	1.681	.096
Female	-.041	.275	-.150	.881
White	.031	.272	.115	.909
Age	-.001	.007	-.076	.939
Education	-.289	.143	-2.017	.047*
Years at Facility	-.002	.012	-.169	.866
Financial Constraints	-.003	.139	-.024	.981
Distance Constraints	.314	.128	2.461	.016*
Time Constraints	.138	.122	1.125	.264

*p = .05

tinuing education both within and outside of their work places. The fact that social workers preferred face-to-face training may be indicative of the fact that in many instances a single social service provider is employed at a facility. Face-to-face trainings provide individuals in these isolated positions an opportunity to network and commiserate with others who share their job responsibilities in a way that web-based training does not permit.

While the preferred method of continuing education is traditional face-to-face training, there are a growing number of individuals in this and other fields that are embracing web-based seminars. The growth of such nontraditional methods of delivering continuing education may be an answer for allowing those with severe time constraints or those in more isolated areas to participate in brief educational workshops, particularly if they are recorded so that social workers may listen to them a time that is most convenient.

While half of participants had attended some training on behavior management, it remained the number one topic that participants expressed a desire to learn more about in the future. Alzheimer's disease or related dementias and advanced directives were also areas in which a good percentage of participants had attended training on the topics, yet they remained areas in which participants wanted more training. More research is needed to better understand what aspects of these broad areas are of interest to nursing home social service providers.

In comparing these findings with prior research, several areas have remained important areas over the years. The mental health needs of residents, problem behavior management, neurological deficits, and Medicare/Medicaid guidelines remain important areas of interest for social service staff in nursing homes (Greene et al., 1992; Gleason-Wynn, 1996). However, with advances in nursing home care, new areas have emerged as important as well. Advanced directives, elder abuse and neglect, and the MDS 3.0 now top the list of topics of importance.

Finally, research is needed on the effectiveness of the continuing education training programs provided to nursing home social service staff. Intuitively, we believe that continuing education is important for professional development of individuals and the reputation of our field, but very little research is available to back up this claim. Does attendance at a traditional face-to-face training on behavior management lead to a change in practice back at the facility? Is change long lasting or temporary? Are some training methods more effective at changing poor practices than others? All of these are questions worthy of further investigation.

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