



License Attainment Based on Degree Modality: Distance Education vs. Campus-based MSW Options

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Abstract

Little is known about the professional careers of social workers who graduated from distance education (DE)-delivered programs, particularly those in rural and remote areas. This brief study examined graduates of a traditional campus-based (CB) MSW program and a DE-delivered MSW program from the same university, comparing overall rates of licensure attainment and time from graduation to licensure. Results suggest that graduates of DE programs in rural areas attain licenses at similar rates as CB graduates, but opt to pursue clinical licensure at higher rates than CB students.

The use of distance education technology, and the offering of distance education degree programs, has grown significantly in social work education over the last 30 years. While the reasons for entering into distance education delivery are varied, one motivation for the increase in distance education program delivery cited in the social work literature is to address ongoing workforce shortages in rural and remote areas (Haga & Heitkamp, 2000; Stotzer, 2012). Distance education provides the ability for local people to be trained as social workers in underserved areas, with the hope that these new social workers will be more likely to stay in their home communities than people recruited to those communities (Raymond, 1988; Bowles & Duncombe, 2005). Preliminary research suggests that distance degree programs with a rural/remote focus are doing just that—helping address workforce issues in rural and remote communities (Haga & Heitkamp, 2000; Stotzer, 2012).

However, distance education degree program delivery is just the first step in developing a professional workforce to address workforce shortages in rural and remote areas. Besides degree completion, there are other barriers to professional development that rural or remote social workers may face, such as in pursuing required supervised hours for clinical licensure, taking licensure exams, professional advancement opportunities, or the ability to access

continuing education opportunities. One study of rural health care providers in Canada identified geographic isolation and subpar technology infrastructure, as well as cost of attendance and lack of funding for those additional travel costs, as barriers to accessing continuing education opportunities for rural social workers (Curran et al., 2006). Another study (Cunningham & Vande Merwe, 2009) described an innovative use of “virtual grand rounds” to deliver continuing education opportunities provided by three statewide nonprofit organizations in order to promote workforce retention in rural areas. While these studies have identified barriers, few studies have tracked what professional accomplishments or contributions distance-educated social workers achieve (for exceptions, see Haga & Heitkamp, 2000; Stotzer, 2012). Therefore, the purpose of this paper is to provide a comparison of the attainment of licensure among distance-educated and campus-based graduates of an MSW program in the West to examine how rural or remote social workers progress in the profession post-graduation.

Current Study

This study compiled a list of Master’s of Social Work (MSW) graduates, both campus-based and distance education graduates, from 2010 (the first year with distance education MSW graduates) until the graduating cohort from 2017, from a social work department accredited by CSWE at a western university that is a public land grant campus. The distance education delivery option is available to residents of the state who are considered rural/remote and who are geographically removed from the main campus. In those eight years, the six years that had both distance education and campus-based graduates were included in the analysis, yielding 588 graduates’ names. Each graduate was coded as being a distance education (DE) student or campus-based (CB) student. Their year of graduation was also obtained.

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The state in which the university resides provides a mechanism for the public to look up licensed social workers by name. Thus, researchers looked up each of the 588 graduates to determine if they were licensed in the state (coded as yes/no) as of August of 2019. The license look-up webpage also provides information about the type/s of licenses held, and in the state there are two levels of professional licensure for MSW graduates. First, a licensed social worker (LSW) must sit for an exam provided through ASWB after graduating from an accredited MSW program. An LSW does not provide additional practice protections but does provide title protection. Second, graduates of an accredited MSW program may also accrue 3,000 hours supervised by a licensed clinical social worker (LCSW), and then sit for an ASWB exam, in order to qualify for licensure at the LCSW level. Social workers may become LCSWs without first becoming LSWs. Clinical licensure provides title protection as well as some limited practice protections, such as allowing LCSWs to bill health insurance providers, privacy protections for some types of patient-provider communication, and some limited special functions such as evaluating people close to the end of life to determine their mental fitness to decide if they would like to legally and medically end their lives. To sit for the necessary exams, all applicants must travel to the capitol city. For CB students, this means a car ride or less, while for DE students this trip requires plane flights.

Based on licensure level information available in the licensure look-up site, license type was also extracted for each person and coded into three categories, LSW alone, first obtained an LSW and later obtained an LCSW, or LCSW alone.

A set of additional variables were created based on the information available from the licensing look-up page regarding the dates that licenses were officially filed. First, time since graduation to time of first license (regardless of category) was computed (time to first license). Second, for those graduates who attained LCSWs (including those who attained LSWs first), a new variable was computed (time to clinical licensure) to help capture the amount of time graduates took to progress through their supervised hours and get a clinical license.

There is no demographic information available for each individual student; however, the students

come from one of the most racially/ethnically diverse campuses in the United States, which serves a particularly high percentage of minority students.

Results

When looking at the graduates from these cohorts who attained licensure in the state, 36.1% of the DE graduates and 40.4% of the CB graduates attained a license, a difference that was not statistically significant in a chi-squared test. However, when looking more closely at the type of license, significant differences emerged between the DE and CB students. CB students were more likely to be licensed at the LSW level, while DE graduates were more likely to have attained clinical licensure, either directly or by attaining LSWs first ($\chi^2 = 19.75, p < .001$).

When looking at time from graduation to licensure among the students who attained licensure, DE students took longer overall ($M = 31$ months) than CB students ($M = 19$ months) to get to their first license (whichever license they attained), and that difference was statistically significant ($t = -3.76, p < .001$). However, this difference could be explained by the first finding—that more DE students were attaining LCSWs—because it takes a minimum of two years to acquire the required supervised hours.

To address this possibility, further analyses were conducted by breaking the license type into two categories, those who attained an LSW and those who attained an LCSW (regardless of whether they got an LSW first). DE students attained licensure at the LSW level at slower rates than CB students ($t = -2.02, p < .044$). However, this difference was not reflected in those who attained their LCSWs. Time from graduation to the attainment of their clinical licenses was not different at a statistically significant level ($t = -0.64$) for DE or CB students. Thus, the finding that DE students are getting from graduation to licensure at slower rates can be explained by the higher proportion of DE students who pursue clinical licensure and the slower pace of moving from graduation to the general licensure level for those who choose to pursue the general licensure.

Discussion

Overall, these findings suggest that DE students in rural and remote locations are actively pursuing and attaining licensure at rates similar to campus-based students, even though there are

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additional hardships such as having to fly to the testing center and fewer options for clinical supervision to accrue supervised hours. On one hand, these results are encouraging, since they imply a strong commitment of rural/remote social workers to pursue additional opportunities and credentials. However, these results do not indicate the additional burdens that these social workers bear in terms of time and travel costs to make the opportunities possible.

The second finding, that DE graduates were more likely to attain clinical licensure, the level with more requirements but the added benefit of being able to directly bill insurance for services, is also intriguing. An LSW does not have the opportunity to open a private practice or receive health insurance reimbursements in the western state where this study takes place. While these results do not specifically provide information for motivation to get an LSW vs. an LCSW, the additional ability to open a private practice and be reimbursed by health insurance companies may be a significant motivator for social workers in rural and remote areas with fewer social service organizations. The lag time for licensure among DE graduates with LSWs may also be related to the way the law is written, so that there are few additional legal protections attached to the basic licensure level. Given the paucity of social workers in rural/remote areas overall, anecdotal information suggests that few employers require licenses as a hiring condition in rural/remote areas in the state. Thus, there may be little motivation from the job market to get an LSW compared to an LCSW, particularly in rural/remote areas. While fascinating to hypothesize why DE graduates and CB graduates make different choices in licensure levels, more research is needed in this area.

In regard to timing of licensure acquisition, the logistics alone for taking the exam may be the most obvious barrier to taking the required exam in a timely fashion. Some organizations that provide testing preparation classes in the state capitol city offer discounts for rural/remote participants, knowing that they have additional travel costs. Multiple organizations in the state have also tried to support the rural/remote social workers by providing on-site supervision or flying rural/remote social workers to organizational trainings in the capitol, and then giving the social workers extra time to sit for their

exam after the training. Curran et al. (2006) cited this practice of employment-sponsored travel coordination and support as a “best practice” for rural/remote healthcare providers to ensure additional credentialing and education for their workforce. However, further research in this area is also critically needed.

Limitations to this simple study are numerous, including a lack of information about the demographics of the graduates. The use of names at the time of graduation to search for current license holders is limiting, since names can change over time. However, the look-up system provides every legal name that a licensed professional has had if the applicant submits those former legal names, reducing the likelihood of missing any licensed graduate. This study also did not examine whether graduates who left the state pursued licensure in their new homes, and can only address graduates who became licensed in the state where the university is located. The generalizability of the findings must also be cautiously extended, since each jurisdiction in the United States has a unique configuration to their licensure laws that may not replicate the same drives or barriers to difference licensure levels, or time between graduation and attaining licensure.

Despite these limitations, this small study of licensure patterns among DE and CB students of an accredited MSW program shows that DE degree programs are a first important step to increasing licensed social workers in rural and remote areas. The study demonstrates that similar rates of social work graduates attain licensure whether they are CB or DE students, although DE students from rural/remote areas may be doing so in a slightly slower timeframe. This study also suggests that there is much still to learn about how social work graduates attain additional credentialing in various geographic areas, and following different delivery modalities during their education. These results also hint at how attention needs to be focused on the additional burdens born by rural/remote graduates who are seeking licensure, while also being encouraging that many rural/remote practitioners still attain licensure at similar rates to students who are educated in more urban environments.

Table 1: Bivariate Analyses of License Types, and Time to Licensure

	DE Graduates (<i>n</i> = 133)	CB Graduates (<i>n</i> = 455)
Overall Licensure	48 (36.1%)	184 (40.4%)
License Type*		
LSW	23 (17.3%)	129 (28.4%)
LCSW	18 (13.5%)	20 (4.4%)
LSW to LCSW	7 (5.3%)	35 (7.7%)
Ave Months to First License (SD)*	30.73 (20.76)	18.67 (19.63)
Ave Months to LSW*	19.47 (14.81)	13.96 (13.31)
Ave Months to LCSW	48.80 (15.04)	51.75 (18.62)

* statistically significant at $p < .05$, ** statistically significant at $p < .001$

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