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Assessing the Leadership and Management Skills of Senior VA Social Work Leaders by Internal Stakeholders

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Assessing the Leadership and Management Skills of Senior VA Social Work Leaders by Internal Stakeholders

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Leading experts in the field of social work advocate that social workers become expert leaders and managers able to bring business acumen, congruent with social work values to the human service industry (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti 2003; Rank & Hutchinson, 2000). Yet, no leadership or management content is required for Council on Social Work Education accreditation (2010); thus the adequacy of preparation for social work executives may be questioned. The purpose of this study is to explore the actual and preferred levels of leadership and management skills of Department of Veterans Affairs (VA) social work executives, as reported by the medical center director, the chief of staff, the social work executives and their social work subordinates. Specifically, are VA social work executives meeting the leadership and management expectations of their key internal stakeholders?

This study used the VA's High Performance Development Model (HPDM) 360 Degree Assessment Scale to assess perceived levels of actual and preferred management and leadership competencies. An independent t-test was used to explore the level of preferred management skills by subscale; each subscale, systems thinking, technical skills, and flexibility/adaptability, was statistically significant in terms of differences in mean scores. For all three subscales, the medical center directors and the chiefs of staff mean scores for preferred level of management skills were significantly higher than for the social work executives and the social workers mean scores for preferred level of management skills. An independent t-test was used to consider the subscales comprising

leadership skills; three subscales, customer service, personal mastery and organizational stewardship, were found to be statistically significant in terms of differences in mean scores between the two groups. Medical center directors and the chiefs of staff preferred higher levels of management *and* leadership skills than both the social work executives and the social workers. This is a call to action for the social work program at VHA. This study provides empirical support for the infusion of business and leadership theory and practice into social work education and practice.

This dissertation by Kristin Shanahan Day fulfills the dissertation requirement for the Doctor in Philosophy in Social Work approved by Karlynn BrintzenhofeSzoc, Ph.D., as Director, and by Joseph Shields, Ph.D., and James R. Zabora, Sc.D. as Readers.

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Dedication

To my forever love, Jim Day, who 18 years ago predicted this day would come. You are my daily dose of joy.

To my dad, Arthur J. Shanahan, PhD, for demonstrating to me every day that character counts, learning is fun and so is a robust argument.

Finally, to all the veterans it has been my honor to serve. From the greatest generation to the newest generation, you've modeled resilience, integrity, generosity, selflessness and duty. I thank you for our freedom, and I wish you peace.

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Chapter One

Introduction

Over the last several decades the American human services industry has moved toward a business model of management (Brilliant, 1986). Given the rising cost of social services in general, and the rising cost of health care in particular, as well as the demand for expedient positive outcomes, there is increasing pressure from funding sources to produce cost-effective and efficient results using traditional business methods such as strategic planning, data-driven resource management, outcome measurement, and continuous process improvement (Neuman, 2003). In response, leading experts in the field of social work advocate for a new emphasis related to leadership and management theory and practice within social work education that is congruent with social work values (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti, 1984, 1987, 2003; Rank & Hutchinson, 2000). While this need has been identified, there is little empirical evidence that social work education or social work practice has adequately responded to the environmental forces that continually demand increasing business acumen for social worker leaders in healthcare or in the broader social service industry (Patti, 1987, 2003). If social workers are going to be viable leaders in the human services, including health care, it is essential that the profession respond to the call to adapt to these environmental and institutional changes (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti, 1987, 2003).

Further exploration is required to identify the specific leadership and management skills social work executives need to succeed in the marketplace. What do taxpayers, board members, chief executive officers, and other key stakeholders expect of the social work executive in terms of leadership and management competencies to produce the desired outcomes? Understanding these stakeholder expectations will shed additional light on the educational requirements of social work executives. This project represents an effort to examine these issues in depth at the Department of Veterans Affairs (VA), the nation's largest integrated health care system and largest employer of Master's prepared social workers and social work interns (VA Handbook, 2007). Specifically, this project will explore the current level of leadership and management skills and the preferred level of leadership and management skills of social work executives within the Veterans Health Administration (VHA) at the VA as reported by the social work executive themselves, their social work subordinates, and their local VHA medical center directors and chiefs of staff.

This introductory chapter will provide a brief historical context for the changing landscape of the human service industry, including healthcare, over the last three decades. This background will establish the environmental climate that has resulted in the need for social work professionals in general, and social work executives in particular, to develop leadership and management competencies that will adequately meet the needs of key stakeholders within the human service industry. This discussion will be followed by a synopsis of the evolution of VHA social work over the last 15 years that has culminated in the demand for social work executives with stellar leadership and management skills.

Executives who can produce effective and efficient strategic business plans, in keeping with social work values, that result in maximizing positive patient outcomes while minimizing expenditures of scarce fiscal resources. Next, the chapter will review the purpose of the study and provide a brief explanation of the study. This section will identify the relationship between the variables to be analyzed including the research question and th

0e major hypotheses. The chapter will address the potential contributions of this research to the field of social work in terms of education, macro practice, and additional research. Finally, the chapter will note the highlights of the remaining chapters with emphasis on the content of the next chapter.

The American Human Service Industry

Over the last 100 years, the profession of social work in the United States has gone through several iterative identities, based largely on the social and political context of the day. The roots of the social work profession in America may be traced to the Industrial Revolution and the urbanization of America that saw the creation of charitable societies and ultimately social case work. With the advent of the Great Depression came a shift in the role of the federal government resulting in the creation of the modern welfare state and the beginning of wide spread human service organizations as part of the fabric of society. In response universities across the nation expanded the educational base of the profession and numerous professional organizations emerged. The next major era for the profession began during the Kennedy administration culminating in the Great Society programs during the Johnson presidency (Ehrenreich, 1985; White, 2008). During the

Reagan and Bush administrations there was a major shift to a business approach in the human services industry as evidenced by funding requirements that included rigorous financial accountability and robust outcome measures, as well as the introduction of degrees in non-profit business management in university schools of business (Brilliant, 1986; Neuman, 2003). This business model approach within the human service industry is still present today (Neuman, 2003).

The forthcoming literature review will clearly illustrate that social work leaders have been calling on the profession, both the academic component and the practice component, to integrate leadership and management theory and practice into the knowledge and skill set of all social workers (Austin, 1989; Brilliant, 1986; Hart, 1988; Patti, 1984). The literature review will also show that there is little empirical evidence that such integration has occurred (Brilliant, 1986; Patti, 1984). This holds for the general social work literature as well as the social work literature related to health care; though the social work health care literature has begun to explore these issues from an empirical perspective (Gellis, 2001; Mizrahi & Berger, 2005).

Brief Overview of the Department of Veterans Affairs

For the purposes of context, a brief overview of the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA) will be presented followed by a history of the growth of the social work profession within VHA. Many internal events, such as major systems reorganization in the mid 1990's as well as external factors, such as the wars in Afghanistan and Iraq, have significantly influenced the number of VHA

social workers as well as the roles held by social workers, including the role of social work executive, thus a brief overview of these influences will also be presented.

President Ronald Reagan signed an executive order in 1989 that replaced the Veterans Administration with the Department of Veterans Affairs (VA). The VA, lead by a Secretary who serves on the President's cabinet, is comprised of three administrations. First, is the Veterans Benefit Administration (VBA) which currently provides compensation and pension benefits to four million veterans and their family members. These benefits include monthly compensation payments to veterans who are injured or ill as a result of their military service, as well as pension benefits to those veterans who become totally disabled after discharge and are in need of financial assistance. VBA also manages education, training, home loan guarantee, and other benefits to eligible veterans. The second administration within VA is the National Cemetery Administration (NCA). All veterans receiving a general or honorable discharge from the military are eligible for burial in the one of NCA's 131 cemeteries located across the nation and in Puerto Rico. Most Americans associate the VA with the medical care provided to eligible veterans by the third administration called the Veterans Health Administration (VHA). VHA represents the single largest health care system in the United States and serves over 5.5 million veterans at over 1,400 sites of care which include hospitals, ambulatory care centers (includes mental health services), community-based outpatient clinics, nursing homes, rehabilitation treatment centers, and store front counseling centers called Vet Centers. In 2008, veterans made over 60 million registered outpatient visits to the outpatient clinics. VHA employs over 250,000 staff and through a

robust affiliation program with 107 medical schools, 55 schools of dentistry, and more than 1,200 allied health programs including over 100 schools of social work, trains over 100,000 future health care professionals annually. Fully half of the physicians practicing in the United States received some portion of their training in a VHA health care center. The number of veterans receiving care at VHA has grown at a rate of over 30% since 2001. By 2009 over 8 million veterans were enrolled for care at VHA (VA, 2009).

The Kizer Revolution at VHA

From January 1994 through October, 1999, Kenneth W. Kizer, MD, MPH, served as the VHA Under Secretary for Health. Dr. Kizer has been heralded as the master craftsman and chief architect of the transformation of VA health care (Longman, 2007). In his book *Best Care Anywhere,* Longman (2007) notes that by leveraging technology, including an entirely electronic medical record, and implementing a robust system of evidence-based performance measures, Dr. Kizer began achieving unprecedented results in providing veterans with safe, effective, and quality care. Longman writes that in 2003 the New England Journal of Medicine featured a study that concluded that under Dr. Kizer's leadership the VA healthcare system had significantly higher quality of care indicators than fee-for-service Medicare facilities. Further, in 2004 the RAND Corporation published an article noting that VA "outperforms all other sectors of American health care in 294 measures of quality" (as cited in Longman, 2007, p. 3). In 2006 the National Committee for Quality Assurance bestowed its 'gold standard' award to VA in recognition that "in every single category, the veteran's health care system outperforms the highest-rated non-VA hospitals" (Longman, 2007, p. 3). And finally, in

2006 the VA received the coveted John F. Kennedy School of Government's top prize for innovation by containing cost and virtually eliminating medication errors. The Harvard group concluded that VA is indeed leading the way in the delivery of quality care (Longman, 2007). These innovations produced exceptional results for veterans receiving health care from the VHA in addition had a significant impact on the profession of social work within VHA particularly in terms of social workers serving as leaders and program managers.

Dr. Kizer's quality revolution raised the bar of accountability with the implementation of data-driven performance measures (Longman, 2007). For the first time, senior executives were being held accountable for patient outcomes via targeted performance thresholds. The need for business acumen became increasingly more important for middle mangers and senior executives. Senior leaders who did not meet required performance outcomes were reassigned to lesser roles. To many business executives this may appear to be a standard business practice but to career VHA leaders this represented a major paradigm shift with regard to management. Successful senior leaders must have the ability to navigate VHA's data systems to mine data and to make business cases for continued or expanded funding.

Social Work Within the Veterans Health Administration

Social workers were first hired by the Veterans Bureau in 1926. A total of 36 masters prepared social workers were hired to serve psychiatric and tuberculosis patients. Over the following decades the number of social workers grew as the Bureau became the Veterans Administration and ultimately the Department of Veterans Affairs. By the year

2000, VHA social workers numbered over 4,000. With the advent of the wars in Iraq and Afghanistan this number has almost doubled, as of June 2009 there are over 7,600 masters prepared social worker serving in virtually every clinical arena across the VHA continuum of care (VA, 2010). In addition, VHA is affiliated with over 100 graduate schools of social work, operating the nation's largest clinical training program for social work students with over 700 masters level social work students per year (VA, 2007). The majority of VHA social workers, approximately 4,600 as of June 2009, serve as journeyman level clinical social workers, who are required by Public Law 106-419 to be licensed at the independent practice level. Other social workers are promoted into supervisory positions, while still others manage clinical programs across the continuum of care. All 153 VA facilities are required by VHA Handbook, *Social Work Professional Practice* (2007) to have a social work executive who serves as the senior leader for the profession and the practice of social work at the local level.

The VHA Handbook, *Social Work Professional Practice* (2007) outlines the purpose, mission, background, and scope of social work practice at VHA. Prior to 1994, each VA facility had the same administrative structure consisting of a chief of social work who had direct line authority over all social workers and social work resources. After 1994, and as a direct result of the Kizer revolution, many local VAs adapted a matrix management model in which clinical social workers were dispersed across major clinical services under the direction of a physician rather than a social worker. In response to this, the national Director of Social Work introduced the first social work practice policy to ensure that regardless of organizational structure, every VA facility

would have a social work leader who would ensure appropriate professional practice standards.

In the mid-1990's, Dr. Kizer eliminated all VHA discipline-specific leadership programs--in favor of general leadership training (Longman, 2007). This ended the long standing Social Work Administrative Leadership Training Program (SWALT) used for decades to develop senior leaders to manage social work resources. During the year long SWALT program, participants were assigned a senior VHA social work executive mentor, attended a total of four week-long training programs with their cohort of SWALT trainees, and lead a national level social work project. Selection for the SWALT Program and all subsequent job placements for SWALT graduates were made by the national Director of Social Work in Washington. The SWALT program did not specifically address leadership and management theory or practice; rather it focused on organizational structure and compliance with VA policy (VA, 1980).

After decades of stable social work practice across VHA, both the delivery model of services and the administrative expectations dramatically changed in the mid-1990s. The developmental opportunities for social workers were limited as was the opportunity to move beyond a clinical role and into a leadership role within the profession. Dr. Kizer's vision for VHA was to have clinical leaders, including social work executives, with the leadership and management skills to effectively utilize resources to reach the highest levels of quality care (Longman, 2007).

Leadership and Management Skills Become Critical for VHA Social Work Executive

Between 2004 and 2009 this writer served as the national VHA Deputy Director of Social Work and later as Chief Consultant for Care Management and Social Work. During this time period, the number of VHA masters prepared clinical social workers grew from 4,200 to over 7,600 largely in response to the wars in Iraq and Afghanistan. In 2004, many medical center directors contacted the national social work office to discuss the merits of recreating a traditional social work service at the local facility level. Many medical center directors stated that the increase in the numbers of social workers, as well as the management of social workers across the entire continuum of care, called for a return to the traditional social work service managed by a single social work executive with line authority over all social workers. Given that most social workers in the matrix model of management reported to a nurse or a physician, who often did not understand or appreciate the professional practice of social work, this trend toward a traditional service was seen throughout the VHA social work community as positive. Through e-mail inquiry, this writer determined that the percentage of VA medical centers across the nation with traditional social work services managed by a social work executive increased from a low of 35% by 2004 to over 65% by 2008. This trend within VHA to return to traditional social work services, brought with it major leadership challenges as many of the new social work executives did not have experience with traditional services and few mentors were available.

Given the new management paradigm of data driven results and outcome based performance measures, the medical center directors often stated the need for a seasoned social work executive who could build a 'second-generation' social work service based

on a strategic plan consistent with the local, regional and national strategic plans within VHA. Furthermore, the medical center directors were looking for experienced social work executives who could implement detailed business plans based on the strategic plan. The business plan must be data driven and demonstrate the optimal use of resources to achieve efficiency and effectiveness. Medical center directors expected these new leaders to have the leadership ability to create a powerful vision of a new era for social work and engage the social workers across the facility to embrace the new business model. They must inspire and motivate while holding staff accountable for productivity and quality care.

Purpose of the Study

The purpose of this study is to explore the current level of leadership and management skills and the preferred level of leadership and management skills of VA social work executives, as reported by the social work executive themselves, their social work subordinates, and their local senior leaders. Specifically, the aim is to determine if these key internal stakeholders, the medical center director (often called the chief executive officer in the private sector), the chief of staff (often called the chief medical officer in the private sector), and subordinate clinical staff social workers, are satisfied with the current level of leadership and management skills of the social work executives or would any of these key internal stakeholders prefer a significantly different level of leadership or management skills of the local social work executive.

Each VA medical center has one medical center director, who is ultimately responsible for all aspects of the facility including patient safety and quality of care as

well as management of all resource and adequate performance on required outcome measures. Clearly, the incumbent in this position should be highly invested in the success of the social work executive in leading and managing the facilities social work resources. Additionally, the chief of staff is accountable for the quality of care within the local medical center and often serves as the line supervisor of the social work executive; thus, this individual must also be highly invested in the performance of the social work executive. The third group of key stakeholders to be considered in this study is the journeyman level social workers. Per VHA Handbook 1110.02, *Social Work Professional Practice* (2007), journeyman level social workers have a masters degree from an accredited school of social work, at least one year post-masters experience in the health care field, and a license from any state in the nation to practice independently in an agency setting. These social workers serve in direct practice roles and do not supervise the work of others nor do they manage programs or have administrative duties beyond those required of all clinicians. As of August, 2009, there are 4,600 journeyman level social workers serving in VHA (VA, 2010). The final group in the study is the social work executive. Per VHA Handbook 1110.02, *Social Work Professional Practice* (2007), each VA facility has one social work executive with overall responsibility for the local social work program.

With five years of leadership service in the national VHA social work office this writer has spoken with numerous medical center directors, chiefs of staff, and social work executives about the need for VHA social workers in general, and social work executive specifically, to have exceptional leadership and management skills in order to

demonstrate via outcome measures the value of social work service to veterans and to the organization. In addition, many journeyman level VHA social workers have expressed interest in pursuing leadership roles and recognize the need to develop leadership and management skills as a prerequisite to applying for senior social work positions.

Research Question, Hypotheses, and Study Variables

The research question for the study is as follows: Are VA senior social work executives at the facility level meeting the leadership and management expectations of their key internal stakeholders?

The major hypotheses for this study are as follows:

Hypothesis One: Medical center directors and chiefs of staff will rate their preferred levels of management skills of social work executives, as indicated by systems thinking, technical skills, and flexibility/adaptability, higher than social work executives or social work subordinates will rate their preferred levels of management skills of social work executives.

Hypothesis Two: Social work executives and social work subordinates will rate their preferred levels of leadership skills of social work executives, as indicated by interpersonal effectiveness, customer service, creative thinking, personal mastery, and organizational stewardship, higher than medical center directors and chiefs of staff will rate their preferred levels of leadership skills of social work executives.

Again, these hypotheses are based on over five years of experience as a national social work leader in VHA. They reflect the general preferences expressed by the incumbents of these positions to members of the national VHA social work office.

The independent, or predictor, variable in the study is the role of the stakeholder within VHA. Drawing from Organizational Role Theory (ORT), a 'role' is defined as a set of recurring behaviors or activities that are performed within a specific position or job within an organization (Biddle, 1986; Kahn, Wolfe, Quinn & Snoek, 1964; Katz & Kahn, 1966). The two dependent variables within the main hypothesis of the study are preferred level of leadership skills and preferred level of management skills. For the purposes of this study, leadership is conceptually defined as the "process of influencing people to accomplish a mission, inspiring their commitment and improving the organization" (Government of Singapore, 2008, p. 1). Leaders emerge by demonstrating values and vision that inspire others to follow. Leaders provide direction and support to followers not based on formal authority but rather on the willingness by others who choose to follow (Armandi, Oppedivano, & Sherman, 2003; Campbell & Dardis, 2004). As a dependent variable 'management' is conceptualized as the "coordination and integration of all resources to accomplish various specific results…the four basic functions…are planning, organizing, directing and controlling" (Scanlan & Keys, 1987, p. 6). The manager is empowered to manage as a function of the role and may not inspire or present a vision to other employees as a leader would do (Armandi, Oppendisano, & Sherman, 2003).

This study has engaged VHA's High Performance Development Model (HPDM) (VA, 2010) as a vehicle for operationalizing management and leadership skills for social work executives. The HPDM offers eight core competencies as the keys to effective leadership and management development. The study will focus on Level III of the

HPDM which is for employees who are responsible for a major function at the facility level, such as a social work executive who manages the delivery of social work services across the facility. At this level, a social work executive should, for example, be able to lead collaborative projects across the organization and engage staff by explaining the context of the team's work and its importance to the mission. The HPDM 360 Degree Assessment Scale was developed to measure perception of current and perceived levels of competencies. For the purposes of this study the eight core competencies have been divided into those that pertain to leadership skills and those that pertain to management skills. The leadership competencies are; interpersonal effectiveness, customer service, creative thinking, personal mastery and organization stewardship. The management competencies are: technical skills, systems thinking and flexibility/adaptability (VA, 2010).

Significance of the Study to Social Work Ethics

The Code of Ethics of the National Association of Social Workers (NASW) (2010) identifies "competence" as a core value for the profession and notes that the underlying ethical principle is the need for social workers to practice within their competence and to continue to develop competencies throughout their professional career. This study is predicated on the notion that over time VHA has evolved into a data-driven organization that requires management and leadership skills at the social work executive level. These skills may not have been learned when the senior leaders were obtaining their formal graduate education but as the Social Work Code of Ethics indicates, social workers have an ethical obligation to develop and maintain competencies throughout their professional

life span. One of the values of this study may be in identifying those management skills and leadership competencies that are rated relatively high in terms of preferred skill level but relatively low in terms of perceived skill level. Once identified, targeted efforts can be made to improve the skill sets of current VHA social work executive and future social work leaders. If, as Mor Borak, Travis, and Bess (2004) suggest, 80% of the social work managers in their study completed micro or micro/macro concentrations in their MSW program, then clearly there is a need for clinical and administrative MSW students to develop leadership and management competencies as part of their professional development. Again, should this study empirically validate this notion, then management and leadership training should be part of the career life cycle development of all VHA social workers.

The VHA Handbook 1110.02, *Social Work Professional Practice* (2007) requires that all VHA social workers, particularly the social work executive, must have competencies related to business acumen and leadership ability. Given this requirement, the study should show that social work executives do indeed have competencies in these areas. Yet, given the many conversations this writer has had with senior VHA officials regarding their desire for social work executives with stronger management skills, the study may show the need for competency development.

The NASW Code of Ethics (2010) outlines ethical standards and responsibilities relating to clients, colleagues, practice settings, and to the profession. These ethical standards and responsibilities are prefaced with the statement that "the standards apply to *all* (emphasis added) social workers" (p. 1.). While some standards address enforceable

guidelines, others reflect inspirational intent. Given the VHA business climate in which workers practice, one might argue it is an ethical imperative that VHA social work executives develop and maintain competencies in leadership and management. Again, this study should add empirical clarity to the current state of VHA social work executive business and leadership skills; as well as identify a case for additional staff development as necessary,

Ethical Standards, Section 1.04, of the NASW Code of Ethics (NASW, 2010) addresses the professional's responsibility to clients in terms of emerging areas of practice and indicates that the social worker should take responsibility to gain competency in developing areas, especially when there are no known or generally accepted standards of practice. The social work literature is replete with articles that identify the need to develop leadership skills and management competences, and yet even after decades of arguments in favor of this addition to our professional skill and knowledge base no clearly defined or agreed upon set of standards exist in this area (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti 2003; Rank & Hutchinson, 2000). If, as the CSWE suggests, the purpose of social work education is to develop leaders for the human service industry, then these future social work leaders have a responsibility to their clients to be skilled leaders with business acumen in order to provide their clients with optimal programming and services (CSWE, 2004). VHA Social workers at all levels, especially social work executives, must have command of leadership and management skills in the rapidly evolving culture of accountability and data-driven business planning that is expected of all senior leaders. Social work

executives will be held accountable for their program areas in terms of meeting national performance measures and efficient management of internal resource. If not, clinical programs managed by these executives are in jeopardy of being eliminated as ineffective or reorganized to be managed by another discipline. Simply stated, VHA social work executives have an ethical obligation to veterans to be highly skilled in business acumen in order to make a stellar case for program development. This study will add much needed clarity to the current state of competencies and will ideally result in the addition of educational opportunities as needed.

Ethical Standards, Section 2.01, of the NASW Code of Ethics addresses the professional's responsibility toward colleagues and begins with the requirement to treat colleagues with respect, which includes a fair and accurate representation of one's qualifications. Further, Section 2.03 promotes collaboration among members of interdisciplinary teams on behalf of the clients being served (NASW, 2010). Applying this requirement to VHA social work would require all VHA social workers to have both leadership and business acumen to assist, and possibly lead, the team in evaluating practice and program effectiveness. They should also understand and participate in the development of a business plan for actions such as improving existing programming, developing new models of treatment, or designing and implementing new programming. VHA social work supervisors, program managers, and executives need to be competent in these skills in order to assist staff in understanding the importance of these skills and in executing the skills when needed. This study will specifically address the social work executive's responsibility to meet the needs of key internal stakeholders and answer

questions such as; do the medical center directors and chiefs of staff, who represent the most senior local leaders, view social work executives as being highly competent and effective? Do VHA social workers themselves perceive their social work executives as being effective mangers and leaders? What can be done to close the gap, should one be found, between preferred and perceived levels of management and leadership ability?

Ethical Standards, Section 4.01, of the NASW Code of Ethics (2010) addresses the social worker's responsibility as a professional. Specifically, each social worker must have the competencies, or a specific plan for gaining competencies, required for any professional activity, including a new position, accepted by the worker. Again the standard requires that the social worker stay abreast of applicable emergent knowledge through the literature or through continuing education. Again, this is true for all VHA social workers. Each worker, along with his or her supervisor, is expected to identify, learn, and integrate new knowledge, skills, and abilities. Social work executive must model this behavior and lead subordinate social workers in being lifelong learners. Given the current focus on data-driven decision making and performance measures that are outcome based, social work executives, as a function of their responsibility to the profession, must have leadership and management skills (Longman, 2007).

Ethical Standards, Section 5.01, of the NASW Code of Ethics (2010) addresses the ethical responsibility every social worker has to the social work profession and calls on all social workers to promote the highest standards of practice and to continually maintain these high standards. Again, the notion that social workers must continue to grow is evident here as in earlier standards. Each social worker is called to share their

continuing development with colleagues in the interest of maintaining the highest standards of practice. VHA social workers are in a unique position to create new models of social work practice, both administratively and clinically. It is the hope of this writer that this study will highlight opportunities for growth for VHA social workers and will inspire them, at all levels of the organization, to continue to strive for the highest leadership and management practice standards so that these standards will be exported across the social work profession.

Significance of This Study to Social Work Education

If, as anticipated, this national study empirically validates the need for VHA social work leaders, and thus VHA social workers in general, to have increased business acumen and leadership competencies it will represent the largest empirical effort to validate the need for these issues to be addressed in social work education. VHA is affiliated with over 100 accredited schools of social work across the nation and has over 700 second year social work MSW students are engaged in VHA field placements annually. As such, VHA is uniquely positioned to engage with the social work academic community and move beyond the training role to explore ways of integrating leadership and management theory and practice into the classroom to mirror the activity in the field. Currently these students are exposed to VHA social workers using VHA specific business tools related to workload, staffing, program development, and performance and outcome measurements. Yet the students are typically not exposed to leadership or management theory or generic business practice. This study will be empirically informative in terms

of specific expectations of key stakeholders regarding business acumen and leadership skills.

Significance to Practice

For decades the social work literature has called for the integration of leadership and business theory and practice as essential to the success of the profession to continue to serve effectively as senior executives in the human services industry (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti 2003). This study is an attempt to empirically reflect these same needs for VHA social work executive. Consistent with the literature, the VHA Handbook 1110.02, *Social Work Professional Practice* (2007), requires that all VHA social workers, particularly the social work executive, must have competencies related to business acumen and leadership ability. Given this requirement, the study should show that social work executives do indeed have competencies in these areas. Yet, given the many conversations this writer has had with senior VHA officials regarding their desire for social work executives with stronger management skills the study may show the need for competency development. Specifically, social work executives must understand and contribute to the success of performance measures associated with positive patient outcomes. Further, these executives, as well as all VHA social workers, are held accountable for personal productivity and should the individual aspire to become a senior social work leader than leadership competencies and business acumen are essential. Each VHA social work executive must exercise these skills on a daily basis while providing an atmosphere of learning that engages all VHA social workers to master these skill sets.

The purpose of this study is to further reinforce, through empirical evidence, the compelling need for social workers, especially those that aspire to executive leadership roles, to gain the appropriate leadership and business skills in order to better enhance the delivery of health care and social services. Ultimately, the leader of a group has the distinct privilege of setting the vision, the strategic plan, and the business plan to move the team forward (Bass & Avolio, 1980; Bass & Riggio, 2006). Thus, it is essential that social workers are prepared to serve as senior leaders in order to lead while preserving the values, knowledge, and commitment to service that are at the core of the social work profession.

Chapter Summary

This study was initiated primary to empirically validate the need for VHA social work executives to develop and maintain high levels of leadership and management skills in order for social work services to thrive in the evidence-based, business approach to the delivery of health care to veterans at the VA. Specifically, the study seeks to identify gaps between the perceived level of management and leadership skills and the preferred level of management and leadership skills by key business and clinical senior leaders, the social work executive themselves, and their subordinate social work staff members. Management and leadership skills will be operationalized using the HPDM core competencies (VA, 2010). The researcher anticipates that a gap between preferred and actual levels of management and leadership skills between the groups will indeed be present; that gap should then provide critical information in the formulation of an educational approach to improving the executive social worker's skills in these

two key areas.

Over thirty years of social work literature supports the need for social work as a profession, and social work leaders as good stewards of the profession, to develop these skills in order to optimize the ability to provide effective and well funded social services (Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti, 1984, 1987, 2003; Rank & Hutchinson, 2000). The literature is primarily theoretical in nature and only a few efforts have been made to empirically validate this need (Gellis, 2001; Mizrahi & Berger, 2005). There is no evidence in the social work literature that any effort has been made thus far to empirically validate *with key stakeholders such as funding sources*, the need for human service leaders, including social work leaders in health care, for fiscal and evidenced-based management and leadership competencies. This study is an effort to both validate the need to enhance VHA social work executive leadership skill sets and to specifically identify the skills required by external funding sources as well as VHA social work executives and VHA social workers.

As noted above there is an ethical imperative within the profession to provide our clients with the highest quality services available. If the government entities and agencies that serve social work clients require an evidence-based business approach to the delivery of services than it is incumbent on our profession to embrace these skills as part of our obligation to the clients we serve. Following this ethical imperative then, is the need for social work education, through research, theory, and practice programming, to embrace business acumen and leadership ability as a fundamental component of social work education and practice.

The following chapters will reveal the details of the material presented above. Chapter Two will delve into the theoretical underpinnings of the study which rest in symbolic interactionism, Weber's analysis of Bureaucracy, Organizational Role Theory, and VHA's High Performance Development Model. These theories will be explored to the extent they inform the conceptual relationships between the variables. Chapter Two will also contain a thorough literature review covering both theoretical and empirical literature as it relates to the study. This review will reveal over thirty years of publications supporting the including management and leadership theory and practice into social work education and community practice. Yet it will also reveal that the Council of Social Work Education has recognized the need to address this need but has yet to do so relative to setting educational standards at the bachelors or masters levels.

Chapters Three and Four focus specifically on the study. In Chapter Three attention will be given to the study methodology, with emphasis on the design, research question, and hypotheses to be explored. An overview of the population studied will be followed by an explanation of the sample and the sampling plan. The variables will be conceptually and operationally defined and the data collection instrument, namely the VHA High Performance Development Model 360 Degree Assessment tool, will be presented including information on reliability and validity. A detailed account of both data collection and data analysis will complete the chapter. Chapter Four will present the findings of the study in terms of the sample characteristics, the findings as they relate to the hypotheses and further discussion of significant findings that further illuminate the discussion. This dissertation will conclude with Chapter Five by briefly providing a

summary overview of the study followed by a discussion noting conclusions, study limitations, contributions, and recommendations.

Chapter Two

Literature Review

As noted in the introductory chapter, the intent of Chapter Two is to present a theoretical foundation for the study which centers on Symbolic Interactionism, Weber's model of Bureaucracy, Organizational Role Theory and finally, the VHA's High Performance Development Model. Key concepts from each of these works will provide a theoretical underpinning for the purpose of the study, an explanation of the relationships between the variables in the study, and an understanding of the assumptions made in predicting the findings of the study. The next section will provide a literature review summarizing all publications with specific relevance to the study. It begins by outlining over thirty years of articles that call for increased integration of management and leadership theory and practice into social work academia and continuing education. This is followed by a brief review of the Council on Social Work Education's position in 2004 on the importance of this topic as evidenced by the significance placed on developing leaders for the human service industry and the apparent change in this position in 2008. Finally, the literature review becomes narrower as it focuses on management and eadership publications specifically related to social work in health care and ends with a review of the current VHA Handbook, *Social Work Professional Practice* (2007). This handbook *requires* that social work executives have the skills to execute an evidence-based and fiscally responsible social work program that maximizes both efficiency and effectiveness related to care and cost. The final section of this chapter compares and contrasts the two major contemporary social work competency models related to

management and leadership with the VHA HPDM. This chapter sets the foundation for a discussion of the study itself in terms of methodology, findings and conclusions.

Theoretical Framework for the Study

This study is grounded in multiple theoretical frameworks, consisting of key elements from Symbolic Interactionism, Max Weber's Model of Bureaucracy, and Organizational Role Theory that together suggest an explanation for the connection between the concepts and variables used in this study. The intent of this discussion is to link essential aspects of these works as they relate to the study. To begin, the focus will be on Symbolic Interactionism as a major sociological framework that attempts to understand human behavior in society. From this broad perspective, the notion of how people relate to the environment and make judgments that influence their actions will be linked to the key stakeholders within the study. Using the Symbolic Interactionism framework, the notion of how key stakeholders might influence the VHA social work executives to continue to develop leadership and management skills will be explored. Weber's model of Bureaucracy will narrow the focus of the theoretical review and address how the key VHA stakeholders in the study related to one another as members of a hierarchical organization with traditional bureaucratic lines of authority and leadership. Elements of Organizational Role Theory are used to discuss the relationship between the VHA key stakeholders based on their roles within VHA. This will be followed by a discussion of the social work literature regarding management and leadership as it relates to this study. Finally, the VA's High Performance Development Model (HPDM) will be presented as the vehicle for operationalizing the dependent variables. Taken together,

these frameworks will provide an explanation for the relationships of the variables included in the major hypothesis.

Symbolic Interactionism

As a major sociological perspective Symbolic Interactionism differs fundamentally from other major approaches to understanding human behavior in the social environment based on the premise that both the individual and society are in a constant state of emergence, or becoming, as a function of interactions with self and with others (Blumer, 1969; Charon, 2004; Mead, 1934). Building on the notion of pragmatism, Symbolic Interactionists hold that individuals determine what is real, what is useful, and how they will act based on interactions with the environment (Charon, 2004). This is in stark contrast to behavioral perspectives that suggest one's personality is shaped or conditioned by the environment (Blumer, 1969). From the Symbolic Interactionism perspective, the individual interacts with self and others, evaluates the environment, and then acts based upon the evaluation of these activities. Thus, both the individual and society are in a constant state of becoming or emerging (Blumer, 1969; Charon, 2004; Mead, 1934). For the purposes of this study, one would expect that the individuals serving in various roles of key stakeholders would experience ever evolving relationships with the social work executive, complete with changing expectations over time. This would explain, for example, the expectation that the activities of each key stakeholder, including the social work executive, would naturally change over time based on: interactions within the environment; judgments about those interactions; and choices to act based on the interactions. Since the expectations of the key stakeholders toward one another would be

continuously evolving, this study will attempt to document current levels of preferred leadership and management skills which are most likely different then historical expectations.

More specifically, the symbolic interaction framework rests on the notion of symbols, words being the most critical symbols, used to intentionally express one's reality to another. The other then interrupts this symbol in an effort to find shared meaning. Charon (2004) notes that the "environment is no longer a physical stimulus for us; instead it is interpreted through symbols that we apply to it" (p. 61). This type of symbolic communication is the vehicle through which people cooperate with one another. In terms of the study, this is how a key stakeholder and a social work executive would convey to each other what is desired in terms of action. Through these symbolic interactions the leaders, medical center directors and chiefs of staff, can convey to social work executives what the organization's goals are and what is expected of the social work executive to achieve these goals. The same notion would hold for the journeyman level social workers as well; these workers would convey their expectations, including leadership and management expectations, of the social work executive. This will require an ongoing pattern of symbolic communication over time.

Mead developed three social stages of self development that culminate with 'the adult self' in the game stage. In this final stage, the adult has the ability to develop a 'generalized' other or a sense of self that includes an internalized aspect of 'them' or 'society' (Blumer, 1969; Mead, 1934). The symbolic interactionist would suggest that socialization has occurred for the individual when s/he, who once experienced others as

outside the self, now has a generalized view of the other that comes from within as part of the self (Charon, 2004). Charon (2004) credits Shibutani with the development of a fourth group stage termed the 'reference group stage.' This stage is most associated with industrial societies in which the individual is able to maintain multiple perspectives based on exposure to many reference groups. The individual may relate to multiple reference groups in a rather fluid fashion depending on the situation at hand (Charon, 2004). For social work executives, this may result in complex challenges as various reference groups hold conflicting or opposing priorities for action. The social work executive may be challenged by key stakeholders who have different expectations of the executive based on the other's role within the organization. This phenomenon would explain the variability of the preferred levels of management and leadership skills of the social work executive among the key stakeholders in VHA. The study will show, by role what expectations others hold of the social work executive; it is anticipated that these preferred expectations will indeed be different based on role.

Mead (1943) and others write extensively about the self, specifically the need to communicate symbolically with one's self, referred to as "Mind." One envisions the self in social situations and makes an internal decision as to how to act based on self concept, self judgment, and identity. Of central importance to the self concept is one's identity (Blumer, 1969; Charon, 2004; Mead, 1934). According to the framework, the self has internal symbolic communication as well as the ability to picture the self in social situations. Using self-judgment one develops a stable view of self called 'identify' (Charon, 2004). "Identity is the name we call ourselves, and usually it is the name we

announce to others that tells them who we are as we are in situations" (p. 85). Charon (2004) quotes Berger who states identities are "socially bestowed, socially maintained, and social world transformed" (p. 85). The identity of the various key stakeholders as medical center director, chief of staff, social work executive, or social worker in this study is keenly important; the assumption is made that the stakeholder role is indeed a salient identity for each participant. The study is predicting that the identity of the stakeholder will be highly influential regarding the expectations of performance of the social work executive.

Another key concept within Symbolic Interactionism that is central to this study is the ability to take the role of the other. Charon (2004) concluded that "taking the role of the other is a quality of the human being that accompanies symbols, self, and mind in making up the core of what it means to be human" (p. 115). This is fundamental to the ability to operate as a team to achieve results, clearly the ability to take the role of the other is vital for the social work executive to understand and act on the needs of key stakeholders. By 'taking the role' of medical center director, chief of staff, or journeyman level social worker, the social work executive can determine which actions to take after having considered the thoughts, statements, or actions of others. Having communicated with one's self and taken the role of the other the individual will consider action. Mead suggests there are four stages related to human action: impulse, perception, manipulation, and consummation (Charon, 2004; Mead 1934). The impulse or impetus to act stems from some level of discomfort or something in the environment that compels one to act; this supports the symbolic interactionism notion that people act in order to

solve a problem, reach a goal, or achieve a desired outcome. The individual then looks to the environment for tools or objects that may be useful to resolving the impulse. Having defined their current situation, the individual begins to evaluate options and potential actions. During the manipulation stage, the individual actively engages the environment, including others for the purpose of achieving the desired end state. Ultimately in the final stage of consummation the act is resolved; or the act remains unresolved and another series of actions may be initiated. Of course this process happens many times over and often simultaneously. Acts are caused then by the individual's evaluation of the situation and the decisions one concludes based on continuous interaction with the self as well as others (Blumer, 1969; Charon, 2004; Mead 1934). This constant stream of acts that represents the ever evolving individual as well as others is the essence of social interaction, or in the case of this study, the behavior of all the participants as a function of their role within VHA. It is this process that drives change. It is anticipated that the study will show a stronger preference for management skills that focus on data-driven decision making on the part of medical center directors and chiefs of staff as this is a relatively new expectation yet it has rapidly become the cornerstone of VHA management due to the high level of accountability placed on outcome data.

In summary, Charon (2004) defines symbolic interactionism as "the study of human beings interacting symbolically with themselves and with one another, and in the process of that symbolic interacting making decisions and directing their streams of action" (p. 20). Thus, the evolution of VHA, which is based on the decisions of its leaders, can be viewed as 'a stream of actions' across the organization on an ongoing basis. This study

assumes that the role one holds within VHA is considered a salient part of the identity of the holder and that s/he is significantly influenced by the symbolic interaction with other key stakeholders.

Max Weber on Bureaucracy and Leadership

Weber's model of Bureaucracy accurately describes VHA as a rational organization, with respect to VHA's administrative structure, type of leadership, and hierarchical lines of authority. Weber's model of Bureaucracy is considered a rational system approach to an organization in that the organization is a system of collective components, each with separate goals and objectives, that must ultimately work together to achieve overall goals. Organizations like VHA that meet the basic elements of a rational system also have a highly formal social structure that is intended to maximize efficiency and effectiveness (Scott, 2003). Weber's notion of 'rational-legal' leadership forms the basis of the model of bureaucracy he observed in Western culture in the early twentieth century. Leadership is based, not on charisma or position in society, but on competency and skill sets associated with the concepts of modern leadership and management (Roth & Wittich, 1978). While the specifics of these skill sets may change over time the overall expectations of VHA leaders is that they are skilled leaders able to execute the President's agenda for veterans health care and other benefits. Weber notes that rational-legal leaders in bureaucracies are typically salaried careerists who have specialized training that allows them to respond to the demands of superiors while ensuring that subordinates produce the leader's expected outcomes; this holds true for all VHA leaders, as well (Hughes, Sharrock, & Martin, 2004; Roth & Wittich, 1978). This study

will empirically evaluate the role expectations of social work executives by VHA key stakeholders. Any conclusions drawn about the results of the study must be understood in the context of the bureaucratic structure.

Weber's definition of a bureaucracy describes the current state of VA and VHA as an administrative organization in which authority is based on the rational-legal authority (authority based on technical qualifications) and functions via a hierarchical office structure with fixed divisions of labor, extensive written policies, practices, and performance rules, whereby individuals are selected based on the knowledge, skills, and abilities (Hughes, Sharrock, & Martin, 2004; Roth & Wittich, 1978; Scott, 2003). VA is the second largest bureaucratic organization within the Federal government and is indeed highly structured, with extensive written policies based on both legislative initiatives and regulatory mandates (VA, 2009). Every employee, from the Secretary down the chain of command, has a superior within the organization that instructs the subordinate in terms of mission, goals, and performance expectations. The VA is required by the Office of Personnel Management, to select the best qualified candidate for each position and that the selected official's work be subject to impersonal regulation and evaluation by one's superiors in the hierarchy (B. Dunlop, personal communication, February 5, 2010). The study, therefore, is based in part on the notion that it is both reasonable and expected that senior leaders would dictate the performance requirements and expectations of the social work executives; in turn, the social work executives would be expected to comply. The results of the study will show whether or not there is a gap between the performance expectations of the senior leaders and the social work executives.

Weber's notion of 'instrumental rational action,' one of four categories of social action, refers to actions that are based on logic and intended to maximize efficiency and effectiveness. Weber, as edited by Roth and Wittich (1978), postulates that instrumental rational action is indeed 'rational' in that "it involves the search for effective means to a relevant end" (p. 24). This management ability to pick the best course of action and achieve the desired end is considered a key component of Weber's model and is applicable to all VHA employees who serve as clinicians, managers, or leaders--which includes all the individuals serving as medical center directors, chiefs of staff, social work executives, and journeyman level social workers. The study will show the key stakeholder's perception of the effectiveness of the social work executive; that, coupled with the social work executives' assessment of their ability, should draw a clearer image of the learning needs of social work executives.

Organizational Role Theory

The independent, or predictor, variable in the study is the role of the stakeholder within VHA. The four roles included in this study are: medical center director, chief of staff, social work executive, and journeyman social worker. Drawing from Organizational Role Theory (ORT), a 'role' is defined as a set of recurring behaviors or activities that are performed within a specific position or job within an organization (Biddle, 1986; Kahn, Wolfe, Quinn, & Snoek, 1964; Katz & Kahn, 1966). The major purpose of ORT is to explore the impact of roles within a hierarchical organization such as VHA. ORT focuses on individual roles within the organization as well as the

interaction and impact of roles across the organization; this exploration will in turn shed light on the potential for the organization to achieve its goals (Katz & Kahn, 1966).

The ORT concept of role taking is defined as the set of expectations, behaviors, and responsibilities developed by the employer to inform the employee of specific role expectations (Katz & Kahn, 1966). The notion of evolving role expectations is termed a 'role episode' in ORT in recognition of the continuous cycling of sent and received communication about evolving expectations between and among various roles within the organization (Katz & Kahn, 1966). VHA social work executive role-taking expectations are behaviorally set forth in the VHA Handbook, *Social Work Professional Practice* (2007). The Handbook is revised periodically to reflect changes in organizational expectations and demands. When compared to previous iterations of VHA policy related to the role of the social work executives, the current version of the handbook has an increased emphasis on business acumen related to data driven management skills and resource management. *The VHA Social Work Administrative Leadership Training (SWALT) Core Curriculum Guidelines Program Guide* (1980) used into the early 1990's emphasizes leadership skills over management skills and does not reference the use of data systems or workload analysis, for example, as a required skill. On the other hand, the current VHA Handbook, *Social Work Professional Practice (2007),* clearly states the new expectation that social work executives will use data to manage program evaluation, resource allocation and distribution, and continuous quality and performance improvement measures. These new duties, which require new skill sets, represent a significant change in role expectations for the social work executive as well as the

expectations by medical center directors and chiefs of staff as to what they can and should expect from social work executives.

In ORT terms, role-compliance is achieved when expectations are clear and well defined and the incumbent performs as expected. When both the organization and the incumbent are in agreement, resulting in the high performance of the incumbent, then role-consensus is said to be in operation (Katz & Kahn, 1966). Thus, one would expect that if a social work executive was successfully completing all the requirements of the current Social Work Practice Handbook, then role consensus would exist and one would anticipate that the null hypothesis in this study would be rejected and there would be no significant difference between the perceived and preferred levels of management and leadership skills between medical center directors, chiefs of staff, or social work executives. However, if this is not the case and there is a significant difference between the perceived and preferred levels of management and leadership skills between medical center directors, chiefs of staff, or social work executives, then one might conclude there is some role-discrepancy in operation whereby the expectations are not agreed upon and role-consensus has not yet been achieved (Biddle, 1986; Kahn et al., 1964; Katz & Kahn, 1966). The study will indicate whether or not there is role consensus and role-compliance among and between the participants. If the major hypothesis is confirmed and medical center directors and chiefs of staff do indeed report a significant negative gap between preferred and actual levels of management or leadership skills on the part of the social work executive, then this might suggest lack of role consensus or lack of role compliance. Ultimately, the purpose of the study is to identify any significant differences

in role consensus or compliance in order to map out a meaningful strategy to reduce these differences. The notion that social workers in general, and social worker executives in particular, should develop business management and leadership skills is supported in the following literature review.

VHA High Performance Model

The final portion of this theoretical overview will be devoted to presenting the VHA High Performance Development Model (2010) that has been in place for well over a decade. It serves to delineate organizational competency expectations for all VHA employees. This well entrenched model is not only the basis of this study in terms of operationalizing the dependent variables, but also provides the HPDM 360 Degree Assessment tool that serves as the study instrument.

In 1996, at the instruction of then Under Secretary of Health Dr. Kenneth Kizer, a task force of VHA Senior Executive Service members created the VHA High Performance Development Model (HDPM) (2010). The model was created to establish a new method of identifying, developing, and selecting VHA leaders at all levels of the organization. The task force did an extensive literature review and collaborated with over a dozen major corporations including Mercedes Benz, Delta Airlines, General Electric, and Kaiser Permanente. The HPDM, largely based on Peter Senge's (1990) notion of a learning organization, consists of five components: eight core competencies; continuous learning opportunities (the workplace as laboratory); availability of coaches and mentors; continuous self and other assessments; and performance-based interviewing. Of interest to this study are the eight core competencies which are applied to all employees using a

four-tiered approach. The term "competency" refers to a set of skills or behaviors that indicate one has basic mastery of the elements of a particular competency. The eight VHA HPDM (2010) core competencies are as follows; interpersonal effectiveness, customer service, systems thinking, flexibility/adaptability, creative thinking, organizational stewardship, personal mastery, and technical skills. Every employee, depending on one's position, should meet the skills set of each competency at their appropriate level within the organization. The skill sets associated with the eight core competencies at Level I are for all employees. Level II core competencies relate to those who serve as unit level workers and front line supervisors. Core competency skill sets at Level III are more complex and are intended to reflect the skill sets needed for service chiefs, product line leaders, and other more senior managers including social work executives. Level IV core competency skill sets relate to the requirements for those in the Senior Executive Service, beginning with medical center directors and region directors through national program leaders in Washington, DC.

In applying the core competency component of HPDM, it is reasonable to expect that all social work executives would be competent at Level III. This study is an empirical attempt to explore this assumption. Do VHA social work executives actually have adequate levels of leadership and management skills at Level III as expected within the HPDM framework? Do key stakeholders, specifically the financial and clinical leaders, also believe social work executives have the leadership and management skills to perform their duties? Should the study determine that a deficit exists in these skill sets, what corrective action should be taken to improve or resolve the problems?

In 2008, a group of VHA social work executives, along with staff from the VHA Social Work Program Office, participated in a focus group and reviewed the eight HPDM core competences. Using the definitions of 'leadership' and 'management' provided to them by the author of this study, the group divided the competencies into leadership and management categories. *Leadership* is conceptually defined as the "process of influencing people to accomplish the mission, inspiring their commitment and improving the organisation [*sic*]" (Government of Singapore, 2008, p. 1). *Management* is conceptually defined as (Scanlan & Keys, 1987) "the coordination and integration of all resources to accomplish various specific results….the four basic functions…are planning, organizing, directing and controlling" (p. 6). Both leadership and management will be operationalized by using key elements of competencies from the HPDM (2010) as follows in Table 2.1

Table 2.1

Defining Leadership and Management Competencies and Skill Sets Using HPDM Core

Leadership Competencies	**Management Competencies**
Interpersonal Effectiveness:	**Systems Thinking:**
Builds and sustains relationships	Understands pieces as a whole
Resolves conflict	Appreciates consequence of actions
Negotiates effectively	Thinks in context
Maintains collaborative relationship	Demonstrates awareness of processes
Displays empathy	Outcomes focused
Empowers others	
Has written and oral communication skills	
Leverages diversity	

Table 2.1 (con't)

Leadership Competencies	**Management Competencies**
Interpersonal Effectiveness:	**Systems Thinking:**
Personal Mastery:	**Technical Skills:**
Assumes responsibility for learning	Has knowledge and skills to perform well
Responsible for self development	Displays business acumen and savvy
Manages self	Understand processes and procedures
Takes charge of own career	Uses new technologies appropriately
Responsible for self	Measures results of work
Demonstrates willingness to take action	Demonstrates functional and technical literacy
Creative Thinking	**Flexibility and Adaptability**
Appreciates new ideas and approaches	Accepts change quickly
Thinks and acts in innovative ways	Handles multiple tasks simultaneously
Looks beyond current reality	Welcomes diversity of ideas
Demonstrates willingness to take risks	Works well with others at all level
Challenges assumptions	Accommodates new situations and realities
Solves problems creatively	Maximizes limited resources
Demonstrates resourcefulness	
Customer Service	
Dedicated to mission	
Recognizes being customer driven is key	
Understands customer service	
Understands customer diversity	
Promotes customer satisfaction	
Resolves customer complaints	
Models commitment to customer service	
Uses customer feedback in planning	
Organizational Stewardship	
Serves individuals and the organization	
Demonstrates sensitivity toward others	
Demonstrates commitment to people	
Empowers and trusts others	
Assumes accountability for self, others and the organization	

Literature Review

The aim of this exploratory research is to highlight the perceptions and expectations of key stakeholders and social work executives with regard to social work leadership and management skills. Ultimately, this avenue of exploration may help guide the course of social work education in terms of enhancing executive knowledge, theory, and skill sets for optimal leadership in the human service industry. This study is unique in that it targets medical center directors and chiefs of staff who make the resource decisions at the local VHA facility level. They have the authority to approve social work programs and other resources. Thus, it is imperative that the social work executive meet their expectations for leadership and management ability. An extensive literature review has revealed several avenues of both opinion-based and empirical articles that relate to this study. Before proceeding further it is important to note that the social work literature does not yet have consensus, nor does it have a common language, for discretely distinguishing management skills from leadership skills. The literature review that follows will show evidence of this throughout. There is often overlap and indeed some suggest that leadership is a skill within the management arena (Menefee & Thompson, 1994). From the 1970's forward, one can find social work leaders opining the need for social work academia to prepare social workers to become leaders with the business acumen to lead the human services industry at the executive level (Austin, 1989; Brilliant, 1986; Hart, 1988; Patti, 1984). This desire has clearly been echoed by VHA senior leaders. Unfortunately, this body of literature also suggests that neither academia nor the profession at large has yet responded to this critical need (Austin, 1989; Brilliant,

1986; Hart, 1988; Patti, 1984). However, some attempts have been made to define the skill sets or competencies of the social work manager and to link the social work manager's skill level to worker satisfaction and program outcomes (Gellis, 2001; Menefee & Thompson, 1994; Wimpfheimer, 2004). This study is an effort to build on this foundational work by further exploring the executive skills of social work leaders from the perspective of multiple positions including, as others have done, the social work leader and the subordinate social workers, but adding the position of funding stakeholder as well.

This study is concerned with the need for VHA social work executives to have solid leadership and management skills that meet the needs of the funding sources and the profession. This notion has been supported in the social work literature for decades. Patti (1986) writes that despite a rather robust heyday in the 1960's and early 1970's that by the end of the 1970's fewer social work executives can be found "at top administrative cadres at all governmental levels" (p. 18). He suggests that social workers could not compete for executive positions because their expertise in program knowledge was less desirable to the hiring influences that developed a strong preference for a deep understanding of management principles such as fiscal and political maneuvering. Both Brilliant (1986) and Patti (1984) note that leadership and business acumen became more the domain of the executive, while service delivery became the focus of lower level supervisors and service providers and that social workers increasingly assumed the latter role. This shift in the human service industry was solidified by the conservative movement of the Reagan and Bush eras (Patti, 1984; Patti, 2003). Many prominent

schools of business began offering courses and eventually degrees in management for non-profit human service organizations, while schools of social work did not change to meet this environmental demand (Brilliant, 1986). Leading authors in the social work literature began to champion the need for the profession to use leadership and business skills, congruent with social work values, as a means of fostering efficient and effective management as well as leadership skills for general administration (Austin, 1989; Brilliant, 1986; Hart, 1988; Patti, 1984).

By the end of the 1980's, social work authors began to note the need for social work executives to have specific leadership skills such as strategic visioning and the ability to form relationships with external stakeholders and funding sources who are demanding increasing levels of accountability (Austin, 1989; Brilliant 1986; Hart, 1988). Hart (1988), as well as Bargal and Schmid (1989), call for social work executives to take significant high stake risks to be able to adapt to rapid environmental fluctuations. Patti (1984) cautions that whatever discipline serves in the role of executive leader that leader will set the vision for the enterprise. If one is not the leader than one is a follower of the executive, who is increasingly a colleague with a business background rather than a social work background. Executive leaders in human service organizations must now pay careful attention to the financial performance of the organization (Neuman, 2003). In sum, the social work executive must deliver quality services within the financial expectations of the funding source (Neuman, 2003; Patti 1987).

Throughout the 1990s, the general themes regarding the integration of leadership and management skills into the social work profession still contain the warning that these

issues are disregarded at the expense of the social work profession (Edward, Cooke, & Reid, 1996; Harris, 1998; Perlman, 1998). Perlman (1998) advises that change is rapidly accelerating and thus all leaders must become visionary "change leaders" (p. 29) who can demonstrate positive program outcomes. Edward, Cooke, and Reid (1996) emphasize that social work leaders must answer to many internal and external stakeholders who often have conflicting priorities and expectations. Clearly, this is in keeping with the underpinnings of this study. Edward, Cooke, and Reid (1996) argue that social work leaders must embrace new roles as entrepreneurs, strategic planners, and masters of internal operations. They conclude there is no longer a distinct split between for-profit and non-profit organizations and given this reality social work leaders must accept the market-oriented nature of the environment and adapt accordingly.

This same change in executive skill requirements occurred at VHA in the early 1990's with Dr. Kizer's introduction of performance-based outcome measures. For the first time clinical executives were held accountable based on data-driven financial and clinical results (Longman, 2007). Yet little was done at VHA in the area of training to help the clinical leaders, and specifically the social work executives, to gain these critical skills (C.J. Sheets, personal communication, February 4, 2010). This study was initiated in part to determine if a gap in skills and expectations currently exists and if it does exists how to target interventions for skill development.

The most current literature relative to social work leadership practices and the integration of business tools continues to call for increased emphasis on leadership development (Lawler, 2007; Mizrahi & Berger, 2005; Patti, 2003). Again recognition is

given to the influences of politics, economic conditions, and social and cultural changes as social realties continue to shape our social institutions, including human services and health care (Lawler, 2007, Mazrahi & Berger). By way of summary, Franklin (2001) writes that social workers are "expected to solve psychosocial problems in a time-limited fashion, in a cost-effective manner with as few resources as possible" (p. 237). This is certainly the expectation of VHA social workers as evidenced by policy outlined in the VHA Handbook, *Social Work Professional Practice* (2007) and conversations by medical center directors with the national VHA Social Work office (C.J. Sheets, personal communication, February 4, 2010). Clearly, the consistent message to be found in the social work literature is the call for integrating leadership and management theory and practice into the social work professional knowledge base. Not to do so relegates social workers to the role of followers. This threat is viable at VHA as well, if social work executives do not demonstrate levels of management and leadership skills that meet the expectations of key stakeholders than other disciplines who do meet those expectations will be placed in charge of patient programming and patient care. The results of this study should form the basis of a strong data-driven argument in favor of innovative executive skill training for VHA social work leaders.

With the need for the professional development of social workers as leaders with business acumen clearly established in the current literature, it is worth noting the position of the Council on Social Work Education (CSWE) with regard to leadership development. In October 2004, CSWE revised its *Educational Policy and Accreditation Standards* (EPAS). This policy articulates the required curricular content that all

accredited schools of social work must offer to obtain and retain accreditation from CSWE (2004) and to graduate professional social workers at the baccalaureate and master's levels. The EPAS outlines the purpose of the social work profession as well as the purpose of social work education. It then details the specific program objectives that must be achieved to ensure that the purposes of the profession and social work education are met by each accredited school (CSWE, 2004).

The CSWE Educational Policy, 1.0 Purpose, defines the primary purpose of the social work profession as the principal profession responsible for the provision of public and private social services (2004): "Professional social workers are *leaders* in a variety of organizational settings and service delivery systems within a global context" (p. 4, emphasis added). In CSWE Educational Policy, 1.1, Purpose of Social Work Education, the principal purpose of social work education is defined as the preparation of (2004) "competent and effective professionals, to develop social work knowledge, and to provide *leadership* in the development of service delivery systems" (p. 4, emphasis added). In both statements of purpose and in the EPAS Educational Policy statement, the document clearly articulates the provision of "leadership" as a fundamental intent of the profession and of social work education. Clearly, leadership was highlighted by CSWE as a foundational element of the profession in terms of purpose and education. Unfortunately, the standards that follow the educational policy statement do not require content specifically relating to leadership or management theory or practice. *The concept of leadership, so central to the purpose of the profession and social work education, is not operationalized in the CSWE standards.* The 2008 Educational Policy in the CSWE

Accreditation Handbook (2010) drops the reference to leadership in the purpose section of the document and continues to ignore the area in the standards. Thus, it appears that the call in the literature for social workers to become expert leaders and managers has not yet been addressed in a substantive way by the CSWE and subsequently by social work academia. A general assumption of this study is that VHA social Work executives do not learn leadership and management theory or skills as part of their masters in social work training; thus any skills they may have in these areas have been learned via other academic programs, formal continuing education, on the job training, or in VHA leadership programs.

In conducting this study, the researcher hopes to highlight the expectation of key stakeholders that social work executives must have these skills and that social work executives may need additional training to meet these key stakeholder expectations. The literature review above provides compelling arguments for the integration of leadership and management skills into social work practice, especially at the executive level. While the arguments appear to have face validity within VHA and possibly other settings, there is little supporting empirical evidence presented in the general social work literature. The literature specifically related to social work leadership and management skills in the health care areas does provide some preliminary studies addressing these needs. Ezell, Menefee, and Patti (1989) conducted the first empirical study by surveying 72 hospital social work directors to determine the percentage of time spent on specific management activities. Ezell, Menefee, and Patti (1989) hypothesized that status and structure would be positively correlated with scope and sufficiency of services. The path

model used in the study supported the hypothesis. The more structured and supported the social work service, the broader the scope and sufficiency, resulted in greater status and influence in the hospital setting. The authors conclude that building a strong management infrastructure for a social work service in a hospital setting will help to broaden the scope of the social work services offered. Further, the authors conclude that the social work director should give careful attention to strategic planning and building positive working relationships with hospital senior official and other managers.

In 2001, Gellis links leadership performance of hospital based social work managers and the performance of their subordinate social workers. The study evaluated two types of leadership styles, transactional and transformative, to determine if either or both of these leadership styles significantly correlated with key leadership outcomes, namely effectiveness, satisfaction, and extra effort. Using Bass and Avolio's (1990) Multifactor Leadership Questionnaire, Gellis (2001) determined that transformative leadership practices did promote increased levels of effort on the part of the subordinate. The more transformational the leader, the more likely subordinates were to respond to the requests of the leader. This study is significant as it represents the first effort to empirically address leadership theory and social work outcomes in the hospital setting.

Mizrahi and Berger (2005) conducted a longitudinal study of hospital based social work executives over an eight year period from 1992 to 2000. Using an exploratory-descriptive survey, their focus was on the impact on social work leadership in the hospital setting given the changing health care environment. The terms 'leader' and 'leadership' appeared with increasing frequency over time, with one third of the 1998 cohort

identifying themselves as leaders with a positive outlook for the future as evidenced by their ability to influence decision making among senior management. These social work executives believed their increasing influence was manifested by obtaining a position at the leadership table where hospital-wide strategic planning was accomplished. Despite this expanded role and optimism by a significant number of leaders, a significant decline was apparent over time in terms of a continuing decrease in the development of new programming. Further, many reported significant downsizing and increased coverage with few additional resources. Though the focus of Mizrahi and Berger's (2005) study is on leadership, further exploration of level of management skills on the part of the social work executive might have shed additional light on these latter findings.

The final piece of social work literature to be reviewed is the VHA Handbook, *Social Work Professional Practice* (2007), which outlines the responsibilities of the social work executive in terms of managing the practice of VHA social work including: social work functions; case management duties; psychosocial screening, assessment, planning, and intervention; discharge planning; diversion from admission services; referral and coordination to community resources; outreach services; patient and family education; counseling services; crisis intervention; family support services; and case finding activities. With regard to standards of practice the social work executive must: develop and monitor the quality of practice, documentation, and service delivery as well as data entry and reasonable workload distribution. Further, the executive will collaborate with human resources service to ensure that all social workers are properly credentialed, privileged, and licensed according to VA policy as well as state and federal law. The

handbook also notes the social work executive's responsibilities in relation to recruitment and retention; staff continuing education and career development opportunities; competency and performance management; and risk management.

Finally, VHA Handbook, *Social Work Professional Practice* (2007) outlines the social work executive's duty to effectively and efficiently manage all social work related resources by establishing and monitoring workload and productivity standards for all social workers. Specifically, the social work executive must have the technical ability to validate data from the VHA Decision Support System. This data should be used by the executive to make informed decisions regarding the deployment and possibly the redeployment of social workers throughout the facility. This requires expert knowledge and skill in planning optimal use of social worker's time and expertise in all program areas. Additionally, the social work executive must establish and maintain performance improvement instruments and quantifiable outcome measures. These technical skills, often referred to in VHA nomenclature as "business acumen" are of critical importance not only to the practice of social work but to the entire organization as well. Performance measures, adopted from evidence-based best practices, are the foundation upon which VA has established itself as the best and safest care anywhere (Longman, 2007). Clearly, the expectations of leadership and management skills of the VHA social work executive, outlined in the handbook are in keeping with the expectations put forth in the recent social work literature on these topics. But the question remains: do the social work executives have these skills? Are key stakeholders within the organization satisfied with

the social work executive's levels of management and leadership skills? And if not, what should be done to resolve a gap?

Given the paradigm shift that occurred in the late 1980's calling for senior executives at human service organizations to utilize business practices, this section will focus only on social work management and leadership competency models developed within the last twenty years (Lawler, 2007, Mizrahi & Berger, 2005; Patti, 2003). Two major efforts have been attempted to define these skills: first, by Menefee and Thompson (1994) and Thompson (1998), and later by Wimpfheimer (2004), who presented the model developed by the National Network for Social Work Managers (NNSWM).

Based on focus groups followed by a national survey of NNSWM members, Menefee and Thompson (1994) published a set of management dimensions with corresponding competencies; the study was later replicated by Menefee (1998) with strikingly similar results. Menefee and Thompson (1994) presented the list of competencies to social work managers who were asked to identify the amount of time spent engaged in each activity and how important each activity is in achieving goals. As a result, Menefee and Thompson (1994) suggested there are management dimensions with multiple competencies were identified and are described in Table 2.2.

Table 2.2

Menefee and Thompson's Management Dimensions & Competencies

No.	Dimension	Competencies
1	Boundary Spanning	Managing relationships with stakeholders; Networking internally and externally; Influencing others to achieve outcomes
2	Futuring	Reading the environment and adapting; Strategic planning; Creating innovative solutions; Developing new programs
3	Facilitating	Empowering others to carry out mission; Developing educational opportunities for others Modeling means to carry out mission
4	Managing Resources	Analyzing and Managing finances efficiency and effectively; Managing physical and material resources; Managing information; Develop and implement marketing and public relations
5	Teaming	Organizing cooperative groups to achieve mission and leading community action
6	Evaluating	Conducting needs assessments; Determining capacity to provide services; Assessing costs and benefit of programming;
7	Evaluating	Conducting needs assessments; Supporting learning and well-being of employees; Consulting and advising with senior

Table 2.2 (cont'd)

		management
8	Aligning	Organizing process to get work done; Delegating tasks and responsibilities to staff; Serving as conduit between management and staff
9	Advocating	Representing and lobbying on behalf of clients or agency with stakeholders; Explaining various points of view among stakeholders Contacting government officials to influence outcomes
10	Leveraging Resources	Developing requests for, securing and allocating resources; Crafting proposals and contracts Collaborating and sharing resources with other agencies
11	Communicating	Exchanging information, oral and written, with all stakeholders
12	Policy Practice	Developing, interpreting, and complying with local, state and federal government policies; Translating government policy into agency policy and procedures

(Taken from Menefee and Thompson, 1994, p. 13; Menefee, 1998, p.62-63)

Over the course of their longitudinal study, Menefee and Thompson (1994) note a significant increase in boundary spanning; futuring which relates to strategic planning and promoting innovation; as well as, evaluating the effectiveness and efficiency of resources. However, despite the increase in these more technical skill sets, the authors note that most managers engage more often in activities that are interpersonal rather than

technical. So even with the addition of technical skill sets such as evaluation, strategic planning, and leveraging resources, the focus, and possibly, the comfort level of the manager's remains on the interpersonal. Menefee (1998) replicated the study above using social work managers from one large urban public sector population with "almost identical" (p. 56) results for each dimension. This effort is to be applauded for attempting to identify skill sets and competencies of social work managers as it focuses on skills and competencies that represent the current state of practice at the time. Though, it does not address the possibility that these managers have the right skill sets needed to get the job done to the satisfaction of key stakeholders, specifically the funding sources. This study is the first to directly address the expectations of these key stakeholders, in the persons of the medical center director and chief of staff, with the expectation that these stakeholders are seeking greater emphasis on technical skills associated with management rather than interpersonal skills associated with leadership.

In 2004 Wimpfheimer published a paper outlining the ten leadership and management competencies defined by the NNSWM. This set of competencies was developed by a committee made of up NNSWM members and approved by the NNSWM Board of Directors in 2002. This list is presented below in Table 2.3. Worth noting, as it relates to this dissertation, is the emphasis placed on staff development for the manager; Wimpfheimer (2004) suggests that this is often overlooked. She added that managers are often exceptional clinicians and supervisors who are promoted into leadership and management roles without recognizing the need to develop new skill sets. After discussing each competency in depth, Wimpfheimer (2004) concludes with the comment

that social work managers must understand their role in the organization not just from within their service but from the expectation of the organization as well. This understanding would include knowing the culture of the organization, the nature of the environment in which the organization must exist, the values and priorities of the organization, and finally the fiscal condition of the organization These comments mirror the expectations set out by policy for VHA for social work executives in the VHA Handbook Social Work Professional Practice (2007). This dissertation study serves to empirically test these same conclusions with emphasis on the expectations of internal stakeholders.

NNSWM (2010) later produced a list of 16 competency areas to serve as practice standards based on a "basic framework of knowledge and skills that define effective and sound social work management"(p. 1). These standards represent the only current list of social work leadership and management competencies in the current social work literature. Table 2.3 conveys the NNSWM competencies as presented by Wimpfheimer (2004) and by the NNSWM (2010)

Table 2.3

National Network of Social Work Managers

(NNSWM) Leadership and Management Competencies

Number	2004 NNSWM Competencies	2010 NNSWM Competencies
1	**Understanding of contemporary Social and public policy issues** (knowledge of newest thinking in	**Public policy** (knowledge of local state and national policies impacting clients and services; active in

Table 2.3 (cont'd)

	clinical and policy arenas including technologies for population served)	political process)
2	**Advocacy** (serve as an activist on behalf of others in need; inspire Staff; share mission in Compassionate way; generate Visibility)	**Advocacy** (knowledge of theory of political change; serve as an activist on behalf of others in need)
3	**Public relations and marketing** (ability to inform public about services; promote visibility and recognition)	**Public/Community relations and marketing** (knowledge of community demographics and issues; collaborate as part of a coalition; locate potential clients and serve them)
4	**Governance** (understand agency Governance, i.e. role of board of Directors and educate them as Needed)	**Governance** (knowledge of policies governing agency operations; expert in organizational structure; work effectively with governing Bodies)
5	**Planning** (monitor environment for change; maintain a quality control program; gather data and analyze; engage in strategic planning)	**Planning** (organizational assessment skills; can use multiple strategic models; can develop goals and objectives for organization)
6	**Program development and Management** (must be committed to program and align with mission; analyze program quality and hire specialist to create programming if needed)	**Program development and organizational management** (knowledge of agency service delivery and organizational theory related to behavior, development and operations)
7	**Financial Development (**ability to recognize financial markers; analyze reports; align with treasurer on the board of directors)	**Financial development** (ability to propose and develop contracts; identify and obtain new resources from diverse sources)
8	**Evaluation** (acknowledge value to evaluation and skilled in selecting a vendor to conduct evaluation;	**Evaluation** (can design and conduct assessments, including statistical data, using multiple models and

Table 2.3 (cont'd)

	need to be able to use data to promote effective change)	scientific methods)
9	**Human resource management**(not defined in this version; discussion relates to boundaries around the supervisory role)	**Human resource management and development (includes staff development)** ability to hire, train and place staff; apply appropriate personal practices; comply with laws and regulations related to personnel and employers)
10	**Staff development** (ability to access developmental needs of staff and obtain appropriate opportunities to build staff skills)	
11		**Collaboration** (ability to work with diverse individuals and groups achieve desired results)
12		**Communication and interpersonal Relationships** (achieve outcomes through effective oral and written communication, can achieve goals informally through relationships; can guide a group to desired results)
13		**Culturally responsive management Practices** (promotes, appreciates and respects diversity; hires people with diverse backgrounds; relates respectfully to others with diverse backgrounds)
14		**Ethics** (loyalty to mission; commitment transcends personal desires; commitment to social work values)
15		**Financial management** (knowledge of effective systems and procedure managing resources; ability to interpret and respond to data and

Table 2.3 (cont'd)

	reports to change practice)
16	**Information technology** (serves as informed consumer of data systems and the internet; ensures agency as necessary computerized infrastructure)
17	**Leadership**(ability to inspire excellent and engage others to collaborate to achieve agency goals; ability to make decisions and take risks; ability to work with diverse individuals and groups to achieve goals)

It must be noted that the NNSWM competencies were not developed using an empirical method nor have they been empirically tested to date. Both sets were developed by relatively few in number who were most likely of a similar mind set and practice. The team that created these competencies all joined NNSWM and took on an active role in the organization either as a committee member or as a member of the board of directors. While the titles of the competencies remain fairly constant, the verbiage used to describe the competencies changed over the four years. For example, the 1994 version focus on financial management is limited to working with a board of directors and does not directly address financial expertise but rather alignment with the Treasurer on the Board; while the 1998 version clearly sets the expectation that the manager will personally hold skills related to finance. Clearly, technology and data are given greater emphasis in the 1998 version, as is the need for the use of models for assessments and evaluation.

Table 2.4 below compares the three competency models presented above. Both Menefee and Thompson's (1994) model and the NNSWM (2010) model were both developed as discipline specific. Table 2.4 clearly shows that the two models are fairly similar; however, the NNSWM model was created after the Menefee and Thompson model (1994) and reflects more recent developments and areas of increasing interest as reflected by the inclusion of competencies related to ethics, information technology, and cultural responsibility. The NNSWM (2010) model identifies leadership as a specific competency area separate from management skills while the earlier Menefee and Thompson (1994) model does not specifically address leadership. The HPDM model is not social work specific, thus the competencies within the model are more generic. In Table 2.4 each of the competencies from the Menefee (1998) Model and the NNSWM (2010) Model have been presented in full. The final column presents the competencies from the HPDM model that most accurately correlates to the other two models; thus, several HPDM competencies have been used multiple times.

Table 2.4

Comparing Competencies Within Three Models

Models		
Thompson & Menefee (1994)	**National network of SW Managers (2010)**	**VHA High Performance Development (2010)**
Policy Practice	Policy	Technical Skills
Advocating	Policy	Technical Skills Interpersonal Effectiveness Customer Service

Table 2.4 (cont'd)

Futuring	Planning	Flexibility and Adaptability Systems Thinking
Supervising	Human Resource Management	Interpersonal Effectiveness Technical Skills
Facilitating	Staff Development	Interpersonal Effectiveness Flexibility and Adaptability Systems Thinking
Boundary Spanning	Collaboration	System Thinking Interpersonal Effectiveness
Aligning	Collaboration	System Thinking Interpersonal Effectiveness
Evaluation	Evaluation	Technical Skills
Managing Resources	Financial and Organizational Management, Public Relations	Interpersonal Effectiveness Technical Skills, Flexibility and Adaptability Systems Thinking
Leveraging Resources	Financial Development	Technical Skills Flexibility Adaptability Systems Thinking
Communicating	Communication	Interpersonal Effectiveness
	Information Technology	Technical Skills
	Ethics	Interpersonal Effectiveness Technical Skills Flexibility and Adaptability Systems Thinking
	Leadership	Interpersonal Effectiveness Customer Service Creative Thinking Personal mastery

	Cultural Responsiveness	Interpersonal Effectiveness Customer Service Creative Thinking Personal Mastery
Teaming		Interpersonal Effectiveness Flexibility and Adaptability Systems Thinking Organizational Stewardship

It is possible that the NNSWM (2010) model reflects emerging themes that were not as prevalent in the early 1990's. More specifically, one can see the addition of information technology, cultural responsiveness, ethics and leadership as a separate competency. Within the boarder perspective of the HPDM model there appears to be a fairly balanced representation in the social work models of both management oriented and leadership oriented competencies; however, the challenge of variable definitions remains. Most of the social work specific competencies fit appropriately under the larger umbrella of the HPDM model. The exception appears to be the HPDM competency of organizational stewardship which speaks directly to one's attachment and commitment to the growth and development of the VA as an organization. One is challenged to be an organizational steward when out in the community as a representative of the Department but internally as well, in terms of going the extra mile, to get involved on an interpersonal level and mentor others through modeling personal commitment. While this notion clearly reflected social work values, these values are not clearly reflected in the two social work competency models presented above.

Summary

The intent of this chapter was to provide theoretical support for the study in terms of understanding human interaction from the Symbolic Interactionism perspective and to further clarify the notion of role and role expectation as postulated by Organizational Role Theory. Weber's model of Bureaucracy closely approximates the VA as an organization especially in terms of the traditional organizational hierarchy and the requirement that one will meet the professional expectations of one's boss as well as the organization. Finally, the VHA HPDM model was outlined to specifically illuminate the model used by VHA to promote leadership and evidence-based management competency for all members of the organization. The next portion of this chapter outlined the last thirty years of relevant social work literature that continues to call for the profession to embrace the tools of business and to excel in leadership as means to continue to assist those in need by being leaders in the human service industry (Austin, 1989; Brilliant, 1986; Hart, 1988; Patti, 1984). Not to do so relegates social workers to the role of follower rather than leader. This literature review is rather short on empirical support for these arguments which appear to have such strong face validity. This study is an effort to promote empirical evidence to support the integration of training in management and leadership competencies within social work practice at the VA. Finally, this chapter reviewed the two major social work models of administrative competencies as well as the VHA's HPDM model. A comparison revealed that the two social work models were fairly consistent and discipline specific while the VHA model has a broader perspective

yet covers the content of the two social work models. The next chapter will present the study methodology.

Chapter Three

Methodology

The previous chapter presented the theoretical foundation for the study as well as a comprehensive social work literature review pertaining to the development of management and leadership skills within the profession. Further, it offered the two most recent efforts made within the profession toward a management and leadership model specifically designed for social work leaders (Menefee and Thompson 1994; NNSWM, 2010). These two models were compared with the VHA HPDM (2010) which presented many of the same concepts from a broader perspective. The focus of this chapter turns to the methodology of the study and outlines in detail the study design, the research question and the hypotheses. Both the study population and the sampling plan will be explained. Conceptual and operational definitions of the variables will be presented followed by reliability and validity data for the HPDM 360 Degree Assessment Scale (HPDM 360) survey instrument. The data collection plan and the data analysis complete this chapter.

This quantitative study utilized an exploratory cross-sectional survey design. The purpose of the study was to examine the question: Are VHA social work executives at the facility level meeting the management and leadership expectations of their key internal stakeholders? The unit of analysis was the group level based on the role of the participant. Data were collected over a six week period through an e-mail survey administered by the VHA National Center for Organizational Development (NCOD). The data were sent to the investigator via e-mail and contained no identifying

personal nformation of the respondents. Given the exploratory nature of this study and the intent to discern any possible training or education gaps in the management and leadership competencies of social work executives, the analysis focused on examining the significant differences between preferred and actual levels of perceived management and leadership skills. Various methods of comparing means were used to empirically investigate the impact of perceived management and leadership skills of VHA social work executives by key internal stakeholders.

The theoretical model used for operationalizing the variables in this study was the VHA's HPDM (2010). The independent variable in the study was the role of the participant: medical center director, chief of staff, social work executive, or journeyman level clinical social worker. The dependent variables included the level of management skills of the social work executive, preferred and actual, as operationalized by three HPDM competencies: technical skills, systems thinking, and flexibility and adaptability. The second major set of dependent variables included the level of leadership skills of the social work executive, preferred and actual, as operationalized by the remaining five HPDM competencies: interpersonal effectiveness, customer service, creative thinking, personal mastery, and organizational stewardship. Information related to the characteristics of the participants were collected including complexity of the participant's VA medical facility, age, gender, years in current role, years of VA service, and other graduate degrees held by all social work participants.

This chapter more specifically addresses the research design, the major hypotheses explored as well as a description of the study population and the HPDM 360 Degree

survey instrument used to gather data. The chapter will also address the procedures used for data collection and analysis.

Hypotheses

The major hypotheses for this study were:

Hypothesis One: Medical center directors and chiefs of staff will rate their preferred levels of management skills of social work executives, as indicated by systems thinking, technical skills, and flexibility/adaptability, higher than social work executives or social subordinates will rate their preferred levels of management skills of social work executives.

Hypothesis Two: Social work executives and social work subordinates will rate their preferred level of leadership skills of social work executives, as indicated by interpersonal effectiveness, customer service, creative thinking, personal mastery, and organizational stewardship higher than medical center directors and chiefs of staff will rate their preferred level of leadership skills of social work executives.

Study Population

The sampling frame for this study consisted of four groups of current VHA employees permanently assigned to their roles as medical center director, chief of staff, social work executive, and journeyman level social workers. At the time the study was conducted there were 153 VA facilities (VA, 2009). Each VHA facility has one medical center director, one chief of staff, and one social work executive. The criteria for inclusion in the study required that each respondent currently hold on these positions on a permanent basis, thus excluding anyone serving as in a temporary position due to a

vacancy. Based on the criteria for inclusion in the study 131 medical center directors, 133 chiefs of staff, and 140 social work executives were sent the electronic request to participate in the study (see Appendix E-H). At VHA a journeyman level social worker must be an MSW with at least one year of practice in a health related position. Journeyman level social workers provide direct care and are non-supervisory (VHA, 2007). Thus, VHA social workers with less than one year experience were excluded from the study as were all supervisory or other social workers with programmatic leadership responsibilities. The intent was to survey only experienced clinical social workers with non-managerial assignments. Based on these criteria 4,463 journeyman level social workers were sent the electronic request to participate in the study.

Study Instrument

Over ten years ago, the VHA National Center for Organization Development (NCOD) created the HPDM 360 Degree Assessment Instrument (HPDM 360) which addresses the eight competencies using 46 questions. The VHA High Performance Development Model 360 Degree Rating Instrument was used to conduct the study. The HPDM 360 has been extensively analyzed for reliability and validity (Osatuke, 2009). Osatuke, Yanovsky, Draime and Dyrenforth (2008) noted that criterion-related validity, predictive validity, and ecological validity of the HPDM 360 can be substantiated based on their study of the HPDM 360 and the VHA All Employee Survey Data. The HPDM 360 has eight subscales each reflecting a specific competency; the reliability of these subscales has been measured as follows (Osatuke, 2009).

Table 3.1

Reliability of the HPDM 360 Subscales

Management Related Subscales:

Subscale	Question Numbers within The HPDM 360*	Cronbach's Alpha Range*
Flexibility and Adaptability	1-3	.83-.86
Systems Thinking	8-18	.92-.94
Technical Skills	44-46	.83-89

Leadership Related subscales:

Subscale	Question Numbers within The HPDM 360*	Cronbach's Alpha Range
Customer Service	4-7	.74-.86
Interpersonal Effectiveness	19-30	.91-.95
Creative Thinking	31-34	.81-.89
Organizational Stewardship	35-38	.61-.72
Personal Mastery	39-43	.75-.89

*(Osatuke, 2009)

In addition to the complete HPDM 360 demographic questions were also added on all surveys: complexity of the respondent's VA medical center, age, gender, length of VA service, and length of time in current position. Additional questions regarding years of social work practice and other graduate level degrees held were asked only of the social work executives and journeyman level social workers.

Because the HPDM 360 instrument is designed as a tool for performance improvement, each item in the survey is constructed in two parts. A behavioral competency statement is presented, and the respondent provides a rating, between 0 to 100, to indicate the percent of time s/he has actual observed this behavior. This is

followed by a second score, between 0 and 100, indicating, the percent of time s/he would prefer the social work executive engage in this behavior. Each question also has the option of indicating that the respondent has not viewed this behavior at all and thus cannot provide an actual rating. The gap between one's scores in terms of actual behavior and preferred behavior is intended to be used by the individual being evaluated as an opportunity to reflect on one's own behavior and to consider opportunities for improvement. However, for the purposes of the study, any significant gaps in group scores will be viewed as potential training opportunities for the social work executives and the social workers collectively.

The Dependent Variables

The major dependent variables in this study are the perceived level of management skills and the perceived level of leadership skills of VHA social work executives. In this study *Management* is conceptually defined as (Scanlan & Keys, 1987), "the coordination and integration of all resources to accomplish various specific results...the four basic functions…are planning, organizing, directing and controlling" (p.6). *Leadership* is conceptually defined as the "process of influencing people to accomplish a mission, inspiring their commitment and improving the organization (sic). (Government of Singapore, 2008). In the study, both management and leadership skills will be operationalized by using competencies developed for the VHA HPDM and applied in the HPDM 360.

In 2008, a group of VHA social work executives, along with staff from the VHA Social Work Program Office participated in a focus group and reviewed the eight HPDM

core competences. Using the definitions of 'leadership' and 'management' provided to them by the researcher, the group divided the competencies into leadership and management categories. For the purposes of this study competencies associated with management skills are flexibility/adaptability, systems thinking, and technical skills; leadership competencies are interpersonal effectiveness, customer service, creative thinking, personal mastery, and organizational stewardship. Table 3.2 provides further detail regarding management competency expected for Level III employees which includes social work executives.

Table 3.2

*Management Competencies, HPDM, Level 111**

Competency	**General Descriptors**	**Examples of Level III Specific Descriptors**
Flexibility & Adaptability	Accepts change quickly Handles multiple tasks simultaneously Welcomes diversity of ideas Works well with others at all levels Accommodates new situations and realities	Expert in deploying recourses in changing environment Expert in change management Able to vary approach to differing situations Preservers in the face of setbacks Frequently reminds staff of vision and gives frequent feedback
Systems Thinking	Understands pieces as a whole Appreciates consequences of actions Thinks in context Thinks system-wide Demonstrates awareness of process Possesses big picture view	Widely communicates with others before implementing change Enlists ownership and buy-in Rewards collaboration Sees big picture Aware of external issues Mastery at navigating large organizations Determines objectives, sets

	Outcomes focused	priorities, delegates work and achieves goals
Technical Skills	Has knowledge and skills to perform well Displays business acumen and savvy Understands processes and procedures Uses new technologies appropriately Measures results of work Demonstrates functional and technical literacy	Actively involved in professional organizations Provides employees with opportunities to acquire new skills Is subject matter expert in professional role Utilizes innovations, models and best practices Engages in system redesign Excellent writer and communicator Expert in applicable policy

*(VA, HPDM, 2010)

Table 3.3 provides further detail regarding management competency expected for Level III employees which includes social work executives.

Table 3.3

*Leadership Competencies, HPDM, Level 111**

Leadership Related Subscales:

Subscale	**General Descriptors**	**Level III Descriptors**
Customer Service	Dedicated to mission Recognizes being customer driven is key Understands customer diversity Promotes customer satisfaction Resolves customer Complaints	Identifies and eliminates barriers to exceptional customer service Empowers staff to solve problems Researches and utilizes best practices Holds self and other accountable

Table 3.3 (cont'd)

	Models commitment to customer service Uses customer feedback in planning	Continuously seeks customer feedback and adapts accordingly Assures workforce is highly trained and competent Rewards creative customer service
Interpersonal Effectiveness	Builds and sustains relationships Resolves conflicts Negotiates effectively Maintains collaborative relationships Displays empathy Empowers others Has written and oral Communication skills Leverages diversity	Can negotiate successfully with senior leaders from other parts of the organization Builds consensus Models ethical standards Assesses political and organizational reality and acts accordingly Clear and concise communicator Motivates and inspires others To perform Builds strategic relationships Promotes shared decision-making
Creative Thinking	Appreciates new ideas and approaches Thinks and acts in innovative ways Looks beyond current reality Takes risks Challenges assumptions Solves problems creatively Demonstrates resourcefulness	Benchmarks others and tracks performance Reframes problems as opportunities Champions change Fosters creativity purposefully Champions change Rewards risk-taking Generates alternative strategies and solutions Listens to others ideas Fosters opening and robust discussions
Organizational Stewardship	Serves the individual and the organization Demonstrates sensitivity toward others	Goes the extra mile Develops organization depth by investing in others Builds work force with

Table 3.3 (cont'd)

	Demonstrates commitment to people Empowers and trusts others Assumes accountability for others and the organization	organizational goals in mind Develops products and programs to move organization forward Continuously demonstrates leadership Ensures the organization meets the public need and expectation
Personal Mastery	Assumes responsibility for learning Responsible for self-development	Routinely reflects on personal and professional development and independently acts on same
	Manages self Takes charge of own career Responsible for self	Models effective time management Ensures subordinates engage in personal mastery activities
	Demonstrates willingness to take action	Deals effectively with pressure Decisive Sets goals and achieves them Assesses and recognizes strengths and weaknesses Holds self and others Accountable for actions

*(VA, HPDM, 22010)

In keeping with the major hypotheses in this study, the investigator predicted that the directors and chiefs of staff would prefer higher levels of management skills of social work executives, than social work executives or social workers themselves would prefer. This is based in large part on the increased emphasis within VHA placed on date-driven decision making and organizational commitment to achieving world class results with regard to system performance measure (Longman, 2007). However, given the limited amount of management training provided to social workers at the graduate level

(Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti, 1984, 1987, 2003; Rank & Hutchinson, 2000), it was anticipated that social work executives would rate themselves higher in terms of their preferred levels of leadership skills, which tend to be interpersonal in nature, than the medical center directors or chiefs of staff would rate their preferred level of leadership skills for social work executives.

The Independent Variable

In this study the independent variable is the role of the participant: medical center director, chief of staff, social work executive, or social worker (journeyman level). The medical center directors, chiefs of staff, and social workers are considered key internal stakeholders of the social work executive, who is ultimately responsible for the practice of social work at the local facility level. The medical center director is responsible for the operations of the local facility level and determines where dollars will be spent within the facility and which programs will receive scarce resources. Toward this end it is critical that the social work executive meet the expectations of the medical center director. As the clinical leader of the local VA facility, the chief of staff is also considered a key internal stakeholder; the social work executive must understand the clinical vision and expectations of the chief of staff. And finally, the social workers themselves, who execute the social work program at the local level, must be well informed and expertly served by the social work executive in order to meet the many demands of often strained social work resources.

Data Collection

The data collection plan was implemented in conjunction with VHA's NCOD. The NCOD has administered the HPDM 360 for over 10 years by embedding a link to the electronic survey instrument within an e-mail. The NCOD provided the researcher with a separate link to the survey instrument for each group in the sample frame. Names of all members of the journeyman level social work portion of the sampling frame were obtained from the VHA Office of Workforce Development in a spreadsheet; all other members of the sampling frame were identified using the internal VHA website. Each member of the sampling frame was sent an electronic e-mail by the researcher that identified the purpose of the study, the data collection plan, and the link to participate in the study. The e-mail noted that informed consent was implied through participation and that the researcher would be obtaining anonymous data with absolutely no personal identifying information from the NCOD; further, the e-mail noted that the data would be analyzed by group membership only. Between November 9, 2009 and December 14, 2009 the same e-mail was sent to all members of the sampling frame a total of three times. See Attachment A for a sample of the e-mail. The NCOD collected the data and forwarded a spreadsheet for each group containing the survey responses. In keeping with the standards set by NCOD only those surveys with 75% or more of the questions answered were included in the study.

Plan of Analysis

The intent of this study was to determine if a statistically significant relationship existed between key stakeholder expectations of the management and leadership skills of VHA social work executives: and additionally to determine if there is a significant gap

between preferred and actual levels of management and leadership skills by role. The Predictive Analytics Software Statistics Gradpack 18 (PASW-18) was used to analyze the data (SPSS, 2009). Among the descriptive statistics used in the study frequency distributions were used to describe the respondents in each group as well as demographic data collected about the participants. With regard to measures of central tendencies, the mean was calculated for each of the items associated with the eight individual core HPDM competencies. In order to test the two major hypotheses, an independent t-test was used to establish any difference between the means. And finally, a paired or matched t-test was used to explore individual items on the survey relative to the difference between preferred and actual levels of skills. The .05 level of statistical significance was utilized in all hypothesis testing.

Summary

This chapter on methodology explained the study design, the research question and the major hypotheses. All variables were conceptually and operationally defined and an in depth discussion of the survey instrument was given. The chapter outlined the study population as well as the sampling plan and provided a thorough overview of the demographics of the participants by group. The chapter concluded with the data analysis which will be followed in the final chapter by an overall summary of the study as well as the conclusions drawn by the researcher.

Chapter Four

Findings

The previous chapter presented the methodology of the study and this chapter will present the findings. First, an overview of the study respondents will show response rates, demographic characteristics of the respondents, as well as years of VA service. Second the chapter will address the findings in terms of the major hypotheses. Additional findings are also discussed related specifically to the preferred levels of management skills and the preferred level of leadership skills. This warranted attention as the data indicate a significant pattern by subscale. One item within the Systems Thinking subscale is highlighted in particular due to the emphasis placed at VHA on the use of data for strategic management and planning. Finally, data is presented using a paired t-test to show the significant gap between actual and preferred skills on all eight subscale measures.

Study Respondents

The independent variable in this study was the role of the respondent, namely that of medical center director, chief of staff, social work executive, or social worker. Other demographic characteristics were also captured for all respondents: gender, race, ethnicity, total length of VHA service, length of service in present position, and complexity of VA facility. In addition, some demographic characteristics were identified specifically for social work executives and social workers which include age, whether or not the respondent holds other masters degrees or a PhD. And finally, only the social

work executives were asked if they have supervisory control over the social workers at their facilities.

Fifty medical center directors participated in the study, for an overall response rate of 38.5%. Of those that participated 36 (72%) were male, most were white, 46 (92%). A full 90% (45) of the medical center directors had over 20 years of VA service; however, 30 (80%) medical center director had three years or less of director experience. So while the medical center director respondents tended to be long term career VA employees, they also tended to be fairly new in their director role.

Of 133 chiefs of staff 38 responded to the survey for an overall response rate of 28.6%. Of the 38 chiefs of staff who responded to the survey 31 (81.6%) were male and seven (18.6) were female; thirty three (87%) chiefs of staff were white. Eighty-three per cent of the chiefs of staff respondents had ten or more years of VA service; while their length of time in their current role as chief of staff was fairly evenly dispersed between one and twenty years. Generally, the chief of staff respondents had served in a senior leadership position longer than the medical center director respondents.

Of 140 VHA social work executives, 73 responded to the survey for an overall response rate of 52.1%. VHA social work executives tended to be long term VA employees with 53 respondents (75%) having over ten years of VA service and 36 (51%) having over 20 years of VA service. Like the medical center directors the majority of social work executive respondents, 39 (55%) had fewer than three years experience in this executive role. Only 10 (13%) of the social work executives had over ten years experience in their current executive role. The final group of respondents were the

journeyman level social work respondents who tended to be fairly new to VA with 444 (70%) with less than 5 years of VA service (See Table 4.1). While 4,463 social workers received the electronic request to participate only 682 responded, for an overall response rate of 15.3%

Table 4.1

Demographic Characteristics of the Study Respondent

	Med Center Directors		Chiefs of Staff		Social Work Executives		Social Workers	
	N	%	N	%	N	%		
Gender								
Male	36	74	31	82	29	41	147	23
Female	13	26	7	18	41	59	488	77
Age								
20-29	n/a	n/a	n/a	n/a	0	0	52	8
30-39	n/a	n/a	n/a	n/a	11	16	153	25
40-49	n/a	n/a	n/a	n/a	12	17	144	23
50-59	n/a	n/a	n/a	n/a	24	35	205	33
60/ older	n/a	n/a	n/a	n/a	22	32	70	11
Racial Origin								
White	46	92	33	87	60	84	493	82
Non-white	4	8	5	13	11	16	110	18

Table 4.2

VA Related Service of the Study Respondents

	Directors		Chief of Staff		Social Work Executives		Social Workers	
Length of VA Service	N	%	N	%	N	%	N	%
Less than 6 months	0	0	1	3	0	0	27	4
Six month to year	0	0	0	0	0	0	62	10
One to three years	0	0	1	3	7	10	281	44
Four to Five Years	1	2	1	3	4	5	74	12
Six to Ten Years	0	0	3	8	7	10	73	12
11 to 20 Years	4	8	17	44	17	24	65	10
Over 20 Years	45	90	15	39	36	51	51	8
Length in Current Position	N	%	N	%	N	%	N	%
Less than 6 Months	3	6	4	10.5	7	10	24	4
Six Month to Year	3	6	2	5.3	4	5	53	8
One to Three Years	28	56	11	28.9	28	40	264	42
Four to Five Years	6	12	5	13.2	11	16	80	13
Six to Ten Years	4	8	9	23.7	11	16	80	13
11 to 20 Years	4	8	5	13.2	9	12	70	11
Over 20 Years	2	4	2	5.3	1	1	59	9

Initially it was anticipated that some variance in the actual level of management or leadership ability on the part of the social work executive might be attributable to other advanced degrees in addition to a masters degree in social work among the respondents. However, there were not a significant number of respondents who held other advanced degrees to explore this possibility. Nor was the number of social workers holding other degrees significant enough to explore any variation in their responses in this study. (See table 4.3).

Table 4.3

Social Work Specific Characteristics of Study Respondents

How Long Have You Been an MSW	Social Work Executives		Social Workers	
	N	%	N	%
One to Three Years	0	0	110	17
Four to Five Years	2	3	76	12
Six to Ten Years	3	4	160	25
11 to 20 Years	19	26	160	25
Over 20 Years	48	67	135	21
Do You Have Any Other Master Degrees Not Included Above?				
Yes	4	6	45	7
No	69	94	368	93

Hypothesis Testing

Before looking specifically at the hypothesis testing, it is important to consider each of the subscales that comprise this variable individually. The variable of preferred levels of management skills was analyzed at the subscale level with each of the three subscales associated with management skills: Systems thinking, technical knowledge and flexibility and adaptability. There was a statistically significant difference in mean systems thinking scores by medical center directors and chiefs of staff and social work executives and social workers *($t = 4.231$, $df = 214.967$, $p < .001$).* There was a statistically significant difference in the mean technical knowledge scores by medical center directors and chiefs of staff and social work executives and social workers *($t = 2.088$, $df = 271.546$, $p < .001$).* There was a statistically significant difference in mean

flexibility and adaptability scores by medical center directors and chiefs of staff and social work executives and social workers *(t = 6.434 , df = 257.118, p < .001).* In each instance the medical center directors and chiefs of staff mean scores for preferred level of management skills were significantly higher than for the social work executives and social workers. (See table 4.4).

Table 4.4

T-test for Level of Preferred Management Skills by Subscale

	N	Mean	Standard Dev.	T-value	sig
Thinking					
Directors and Chiefs of Staff	85	90.00	6.86		
Social Work Executives and Social Workers	647	85.97	15.17	4.231	.000
Technical Knowledge					
Directors and Chiefs of Staff	85	92.38	5.74		
Social Work Executives and Social Workers	570	90.58	14.14	2.088	.038
Flexibility and Adaptability					
Directors and Chiefs of Staff	87	89.90	7.25		
Social Work Executives and Social Workers	639	83.19	17.60	6.434	.000

In exploring the subscales of the preferred leadership skills statistically significant differences in mean scores were found with regard to customer service *(t =5.153, df =290.84; p < .001)*, organizational stewardship *(t =2.519, df =251.080, p < .05)* and personal mastery *(t =3.434, df =233.052, p < .001)* with the medical center directors and

the chiefs of staffs having a higher mean score than the social work executives and social workers. The scores for interpersonal effectiveness and creative thinking were not significant. (See Table 4.5)

Table 4.5

T-test for Level of Preferred Leadership Skills by Subscale

	N	Mean	S.D.	t-value	Sig
Customer Service					
Directors and Chiefs of Staff	86	92.84	6.16		
Social Work Executives and Social Workers	640	88.05	16.46	5.153	.000
Interpersonal Effectiveness					
Directors and Chiefs of Staff	87	91.88	6.40		
Social Work Executives and Social Workers	668	90.60	12.14	--	ns
Creative Thinking					
Directors and Chiefs of Staff	85	91.12	6.56		
Social Work Executives and Social Workers	619	89.69	13.20	--	ns
Organizational Stewardship					
Directors and Chiefs of Staff	86	93.34	6.16		
Social Work Executives and Social Workers	597	91.10	14.50	2.519	.012
Personal Mastery					
Directors and Chiefs of staff	81	88.50	9.09	3.434	.001
Social Work Executives and Social Workers	501	83.86	20.09		

The major hypotheses for the study are: Hypothesis One medical center directors and chiefs of staff will rate their preferred levels of management skill of social work

executives, as indicated by systems thinking, technical skills, and flexibility/adaptability, higher than social work executives and social work subordinates will rate their preferred levels of management skill of social work executives.

Hypothesis Two social work executives and social work subordinates will rate their preferred level of leadership skill of social work executives, as indicated by interpersonal effectiveness, customer service, creative thinking, personal mater, and organizational stewardship, higher than medical center directors and chiefs of staff will rate their preferred level of leadership skill of social work executives.

The independent variable is the VHA position of the participant; medical center director, chief of staff, social work executive, or social worker. The dependent variables are the level of preferred management skill and the level of preferred leadership skill.

Using the Predictive Analysis Software (PASW) version 18, (2009) a variable titled "Management Preferred Mean" was created by combining all items from each of the following HPDM 360 subscales: systems thinking, technical skills, and flexibility/ adaptability. An independent t-test, was used to compare the variable "Management Preferred Mean" between medical center directors and chiefs of staff as one group and social work executives and social workers as one group. There was a statistically significant difference in mean scores in terms of level of preferred management skills by medical directors and chiefs of staff and social work executives and social workers (t = 5.606, df = 261.934, $p \leq .001$). Thus the first hypothesis is supported: medical center directors and chiefs of staff rated their preferred levels of management skill of social work executives, as indicated by systems thinking, technical skills, and

flexibility/adaptability, higher than social work executives and social work subordinates rated their preferred levels of management skill of social work executives. (See Table 4.6)

Table 4.6

T-Test for Levels of Management Skills of Social Work Executives

Role	n	Scale Range	Mean	S.D.	t-value	sig
Medical Center Directors and Chiefs of staff	87	0-100	90.46	6.23	5.606	.000
Social Work Executives and Social Workers	671	0-100	85.41	15.67		

An independent t-test was again used to analyze the second hypothesis regarding the level of preferred leadership. Again using PASW (2009) a variable was created titled "Leadership Preferred Mean" that combined all items from each of the following HPDM 360 subscales: interpersonal effectiveness, customer service, creative thinking, personal mater, and organizational stewardship. There was a statistically significant difference in the mean leadership preferred scores by medical center directors and chiefs of staff and the social work executives and the social worker *($t = 3.171$, $df=219.482$, $p \leq .001$).* However, the medical center directors and the chiefs of staff had a higher mean score for preferred level of leadership skills of the social work executive than the social work executives and the social workers preferred level of leadership skills of the social work executive. Thus, Hypothesis Two was not supported; social work executives and social workers did not rate their preferred level of leadership skill of social work executives, as

indicated by interpersonal effectiveness, customer service, creative thinking, personal mater, and organizational stewardship, higher than medical center directors and chiefs of staff rated their preferred level of leadership skill of social work executives; rather, directors and chiefs of staff rated a higher preference for leadership skills than social work executives and social workers rate their preferred level of leadership skill of social work executives. (See Table 4.7)

Table 4.7

T-Test for Levels of Leadership Skills of Social Work Executives

Role	N	Mean	S.D.	t-value	sig
Medical Center Directors And Chiefs of Staff	97	90.46	6.23	3.171	.002
Social Work Executives And Social Workers	682	88.84	.54	3.171	.002

Additional Findings

Given the dramatic increase focus at VHA regarding the use of data for strategic planning and measuring performance (Longman, 2007), one item of particular interest is the Systems Thinking subscale that asked the respondent to evaluate the social work executive's use of feedback data in planning services. Table 4.8 highlights the significant variance in the responses to this question by role. Specifically, when asked about the social work executives' actual use of data for planning purposes the medical center directors (N=36) had a mean score of 76.06; chiefs of staff (N=34) had a mean score of 78.44, and social work executives (N=73) had a mean score of 73.12. The social workers

(N=455) had a dramatically lower mean score of 57.75. This is a largest significant means score within the study and will be explored further in the final chapter.

Further, a paired t-test was conducted on the item referencing the use of data for strategic planning to explore the mean paired difference between preferred and actual levels of social work executive use of feedback data in planning services. As in the major hypotheses the medical center directors and chiefs of staff comprised one group while the social work executives and social workers comprised a second group. This test was significant at the .000 level and revealed a paired differences mean of 30.56 and a standard deviation of 30.84

Table 4.8

Mean Scores By Role for Perceived level of Actual Skill of Social Work Executive in Using Feedback Data in Planning Services

Role	N	Mean	S.D.
Director	36	76.06	17.43
Chief of Staff	34	78.44	16.89
Social Work Executive	73	73.12	20.33
Social Workers	455	57.75	34.38

Finally, the data presented in Table 4.9 addresses the significant gap, as measured by a paired t-test, between the paired means for actual and preferred skills on all eight subscales of the HPDM 360. Statistically significant differences were found for all four groups for each subscale. The largest mean difference in the paired t-test can be found in the social workers mean score which include a mean difference of 35.17 on the creative thinking subscale and a 30.60 mean difference in systems thinking. (See Table 4.9)

Table 4.9

Paired T-Test HPDM Competencies: Preferred and Actual Means * ***All data points significant at the .001 level except ** which is significant at .002**

	Directors				Chiefs of Staff				Social Work Executives				Social Workers			
Competency	Pre-ferred Mean	Actual Mean	Mean Diff-erence	t-value	Pre-ferred Mean	Actual Mean	Mean Diff-erence	t-value	Pre-ferred Mean	Actual Mean	Mean Diff-erence	t-value	Pre-ferred Mean	Actual Mean	Mean Diff-erence	t-value
Flexibility & Adaptability	90.46	78.19	12.3	5.58	89.18	78.68	10.5	4.858	87.50**	82.27**	5.23**	3.141**	83.09	54.87	28.27	23.70
Customer Service	93.29	87.00	6.29	3.78	92.20	84.99	7.2	4.099	94.12	85.88	8.24	9.02	87.24	67.79	19.45	17.35
Systems Thinking	90.38	77.74	12.6	5.72	89.63	75.60	14.0	6.541	91.33	78.03	13.3	9.96	85.34	54.74	30.60	25.58
Inter-personal Effectiveness	92.09	85.36	6.74	5.92	91.60	84.85	6.7	5.013	94.52	87.46	7.06	10.58	90.10	58.52	31.57	25.60
Creative Thinking	91.79	81.53	10.26	4.57	90.20	80.79	9.4	5.19	93.25	84.01	9.24	10.07	89.16	54.00	35.17	25.27
Organizatio nal Stewardship	93.42	90.04	3.37	3.98	93.29	88.11	5.1	3.54	96.09	92.30	3.78	6.95	90.37	72.55	17.82	15.82
Personal Mastery	88.52	76.26	12.25	5.21	88.27	75.65	12.6	4.588	90.98	82.38	8.60	7.97	82.41	55.00	27.42	17.18
Technical Knowledge	92.35	86.09	6.26	3.90	92.42	85.50	6.9	3.945	94.33	83.92	10.4	8.61	90.00	68.14	21.85	17.41

Summary

This chapter is rich in statistically significant data that related directly to the research question as well as the major hypotheses of this study. H_1 medical center directors and chiefs of staff will rate their preferred levels of management skill of social work executives, as indicated by systems thinking, technical skills, and flexibility/adaptability, higher than social work executives and social work subordinates rated their preferred levels of management skill of social work executives was supported. H_2 social work executives and social work subordinates will rate their preferred level of leadership skill of social work executives, as indicated by interpersonal effectiveness, customer service, creative thinking, personal mater, and organizational stewardship, higher than medical center directors and chiefs of staff was not supported. However, it is important to note that both medical center directors and chiefs of staff rated their preferred level of leadership skill of social work executives, as indicated by interpersonal effectiveness, customer service, creative thinking, personal mastery, and organizational stewardship, higher than social work executives and social work subordinates rated their preferred level of leadership skill of social work executives. Thus medical center directors and chiefs of staff rated their preferred levels of management skills *and* their preferred levels of leadership skills higher than social work executives and social work subordinates.

The data analysis indicated a statistically significant difference in regard to several of the eight subscales of the HPDM 360 survey instrument. Specifically, there was a difference between the two groups with regard to all of the management related subscales and three of the five leadership oriented subscales: customer service, organizational

stewardship, and personal mastery. The data analysis also revealed a statistical difference between the paired means for actual and preferred skills on all eight subscales of the HPDM 360. When the groups were considered individually, a statistically significant difference was found for all four groups in terms of paired means. The fifth and final chapter of this dissertation will briefly review the four previous chapters and will explore conclusions regarding the study by the researcher. These conclusions will note study limitations, potential contributions to the profession, and recommendations for future study.

Chapter Five

Conclusion

Leading social work experts advocate for social workers to become leaders and managers able to bring business acumen and executive leadership skills, congruent with social work values, to the human service industry (Brilliant, 1985; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Patti 2003, Rank & Hutchinson, 2000). Those that fund programs within the human service industry expect leaders and providers to produce cost-effective results as quickly as possible (Franklin, 2001). This would require keen management and leadership skills. These expectations hold true at VHA. As a social work executive, and as the national director for social work at VHA, these expectations were clearly articulated to this researcher by many senior leaders. Unfortunately these same senior leaders, including medical center directors and chiefs of staff, complained that social work executives with these skill sets were difficult to recruit and current social work executives do not typically demonstrate these skills at the level preferred by local leadership.

While the social work literature has consistently called for the incorporation of these skills, little has been done in terms of quantitative research to empirically document these needs. Broadly, the purpose of this dissertation was to attempt to add to the knowledge base of social work by empirically investigating the expectations of internal VHA key stakeholders with regard to the management and leadership skills of VHA social work executives. Specifically, this dissertation explored the current level of management and leadership skills and the preferred level of leadership and management

skills of social work executives, as reported by the executives themselves, their social work subordinated, and their local medical center directors and chiefs of staff. The intent was to determine if these key stakeholders were in fact satisfied with the leadership and management performance of the social work executives or if a gap existed between the stakeholders perceived level of actual skills and their preferred level of skills of the social work executive.

This final chapter will briefly review the four previous chapters including a brief summary of: the theoretical foundations for the study; the relevant literature; the methodology; and, the pertinent study findings. This paper will conclude with comments concerning the limitations of the study, possible contributions to the field, and recommendations for further exploration.

Theoretical Foundation

Symbolic Interactionism is grounded in the notion of pragmatism, namely that individuals determine what is useful, or what is real, and subsequently decide how to interact with the environment (Charon, 2004). Both the individual and the society are emerging over time through the constant reevaluation of internal and environmental changes (Blumer, 1969; Charon, 2004; Mead, 1934). This pertains to this study in terms of explaining emerging expectations between key stakeholders and social work executives. Social work executives should develop an understanding of the ever changing expectations of key stakeholders through their interactions with them over time. Given the business environment currently dominating VHA at the time if this study, the researcher anticipated that key stakeholders will prefer higher levels of management skills from social work

executives than the social work executives themselves; this in fact held true in the study.

'Identity' is another key concept linked with Symbolic Interactionism. Our view of ourselves emerges as the 'identify' we accept for ourselves and share with others, and in effect informs others of who we are within a given context (Charon, 2004). Each group within this study has a professional identity; it was anticipated that this salient identity would be key to the respondent's expectations of the social work executive. This concept is in harmony with the notions of 'role' and 'role taking' as presented within Organizational Role Theory (ORT). One's role, the predictor variable in this study, can be viewed as the set of recurring activities or actions that are assigned to a specific position within an organization (Biddle, 1986; Kahn, Wolfe, Quinn, & Snoek, 1964; Katz & Kahn, 1966). 'Role taking' is said to be the set of expectations, behaviors, and responsibilities developed by the employer to inform the employee of specific role assignments (Katz & Kahn, 1966). Drawing these concepts together it can be said that one's identity and one's role, in this instance as a VHA medical center director, a VHA chief of staff, a VHA social work executive, or a VHA social worker, is central to how one will behave and how one will relate to others within an organization. Again, these roles will continuously evolve and emerge based on the notion of pragmatism.

Weber's model of Bureaucracy mirrors the administrative structure of VHA including the use of rational-legal authority and a hierarchal role structure based on technical skills and competencies (Hughes, Sharrock, & Martin, 2004; Scott, 2003; Roth & Wittich, 1978). The VHA organizational structure is consistent with

Weber's model of Bureaucracy which promotes efficiency and effectiveness through structure (Scott, 2003). Weber aptly describes VHA when noting that bureaucracies tend to promote salaried careerists with skill sets that are adaptable to meet the changing demands of the organization and senior officials (Hughes, Sharrock, & Martin, 2004; Roth & Wittich, 1978). This speaks directly to the purpose of this study, which is to explore the expectations of key internal stakeholders with regard to the management and leadership skill levels of social work executives. Have social work executives developed the skills needed to meet the ever changing needs of the organization? Will the study reflect that key stakeholders are indeed satisfied with the skills of the social work executives as outlined in policy and as expected in the current business environment of the federal government? The results clearly indicate that medical center directors and chiefs of staff would prefer higher levels of management *and* leadership skills than social work executives actually have currently.

This study utilized the VHA High Performance Development Model (HPDM) as the final theoretical element. The HPDM was developed to establish a model for leadership and is used as a mechanism to identify, develop and select VHA leaders (VA, 2010). Fundamental to the HPDM are the eight core competencies referring to the skills or behaviors that one must master in order to claim competency in leadership or management. The level of expectation within the model is based on the employee's position within the organization. Social work executives should be fully functioning at Level III within the HPDM model (VA, 2010). The study used the HPDM 360 as the vehicle for measuring the dependent variables related to levels of actual and preferred management and

leadership skills. In use for over a decade, the HPDM 360 has proven both reliable and valid (Osatuke, 2009). Given the wide use of the HPDM 360 one would expect medical center directors, chiefs of staff, social work executives and social workers to be highly familiar with the instrument prior to this study.

Literature Review

For almost two decades VHA has increasingly relied on evidence-based medicine as well as performance-based outcomes to provide care and services to veterans (VA, 2010). These efforts, acknowledged in the popular media, as well as in professional journals and national awards, have led many to conclude that VA provides the best health care anywhere (Longman, 2007). As a VHA social work executive as well as the national director for VHA social work service, this researcher has been attuned to these changes and thus developed a keen interest in the development of management and leadership competencies to advance the VHA social work program as well as the profession at large. The movement toward a business approach to delivering services at VHA mirrors the rest of the American human service industry as evidenced by the social work literature for the last several decades (Austin, 1989: Brilliant, 1986; Hart, 1988; Patti, 1984).

By the 1980's the literature was replete with opinion-based articles voicing concern for the profession and calling for the development of social workers with the business acumen and the leadership skills to meet the expectations of funding sources (Austin, 1989: Brilliant, 1986; Hart; 1988; Patti, 1984;). These writers warn that social workers without these skills will be limited to providing direct services and may rise to the level of supervisor or mid-manager; but they cannot expect to be the senior leader who sets the vision and the strategic plan of an

organization without these skills (Austin, 1989: Brilliant, 1986; Hart; 1988; Patti, 1984). Much of the criticism is leveled at schools of social work for a lack of environmental responsiveness and point out that many schools of business now offer advanced degrees in non-profit management (Brilliant, 1986; Patti, 1984). Unfortunately, there are no major empirical studies during this decade supporting this call to action.

By the 1990's the call to integrate leadership and management skills into the profession appears more urgent with many several authors noting the rapid rate of environmental change as a key motivator for fast action (Edward, Cooke, & Reid, 1996; Harris, 1998; Neuman, 2003; Perlman, 1998). Edward, Cooke, and Reid (1996) speak directly to the need to attend to internal and external stakeholders and note that these needs are frequently in conflict. Edward, Cooke and Reid (1996) give specifics in terms of expected roles that include entrepreneurs, strategic planners, and masters of internal operations. This holds true at VHA with service level managers, such as social work executives, making urgent and emotional pleas to senior leaders for immediate additional resources based on compelling clinical scenarios. Medical center directors and chiefs of staff frequently respond with a request for evidence-based data supporting the need and ask for a comprehensive data- driven assessment of current resource expenditures. Further, these same senior leaders expect the social work executive to link these new resource requests to the VHA strategic plan. These senior leaders want to see that the social work executive has a clear grasp of these leadership and management competencies before approving any additional resources. Clearly, if the VHA social work program is going to thrive at VHA, on both the national and

local levels, then social work executives must meet these organizational expectations.

The literature from the current decade continues to recognize the need for leaders with robust management skills (Lawler, 2007; Mizrahi & Berger, 2005; Patti, 2003). Franklin (2001) summaries the expectations of funding resources, and possibly the essence of social work practice today, by stating that social workers are expected to solve personal and social problems efficiently and effectively using a minimum of resources. This is certainly true at VHA. A successful leader produces evidenced-based results quickly and successfully; further, this leader has hard data to document this success.

Empirically-based articles are emerging in the literature, particularly in relation to health care. Ezell, Menefee, and Patti (1989) surveyed hospital social work directors to explore the amount of time spent on management activities. They concluded that those social work directors with the strongest management infrastructure had the largest scope of services. Ezell, Menefee, and Patti (1989) encouraged strategic planning and the development of relationships with key internal stakeholders including senior leaders and other program managers. Gellis (2001) explored the relationship between social work executives and their subordinates concluding that transformational leadership practices by the leader promoted increased efforts by subordinates. This represents the first empirical attempt to link leadership theory to social work practice in a medical setting. Mizrahi and Berger (2005) conducted a longitudinal study of hospital social work directors and determined that the leaders who had positive expectations for the future of their programs endorsed key stakeholder relation with senior staff. The

social work leaders in the study noted the importance of being at the leadership table and participating in hospital-wide management activities such as strategic planning.

The management and leadership expectations for VHA social work executives are outlined in VHA Handbook, *Social Work Professional Practice* (2007). It is important to note that this document mirrors the recommendations outlined in the literature review above in terms of management and leadership skills. VHA social work executives are expected to using data to manage resources, monitor quality of practice, documentation and service delivery, while managing workload distribution and employee development. All of these skills are necessary to build a successful case for expanding programming or seeking additional resources.

Two major efforts have been made in the last twenty years to conceptualize social work management competencies. It must be noted that neither effort addresses any differences between managers as executives or as mid-level supervisors; and, there is no common language in the studies. Menefee and Thompson (1994) developed the first set of competencies to survey social work managers The managers reported on how much of their time they spent relative to each competency. However, there is no evidence presented that suggests these activities are indeed the activities that social work executives *ought* to be engaged in with regard to the expectations of key stakeholders. Menefee (1998) replicated the study with similar results. Wimpfheimer (2004) presents the National Network of Social Work Manager (NNSWM) efforts to compile a list of leadership and management competencies that were developed by a committee

and approved by the NNSWM Board of Directors. Both these efforts broadly mirror the competences in the HPDM. The HPDM competencies are part of a larger leadership model while the two social work efforts are not presented within the context of a model (VHA, 2010).

The final documents reviewed were the Council on Social Work Education (CSWE) *Educational Policy and Accreditation Standards* (EPAS) from 2004 and 2008. In the 2004 version of the EPAS, section 1.0 Purpose, the purpose of the profession is stated as the primary profession responsible for the provision of social services, thus "professional social workers are *leaders* in a variety of organizational settings and service delivery systems" (p.4, emphasis added). In addition, the document states that the purpose of social work education is to "provide *leadership* in the development of service delivery systems" (p.4, emphasis added). Yet the standards themselves reveal no significant reference to the inclusion of leadership or executive management in terms of theory or practice.

In 2007 while serving as a junior scholar at CSWE, this researcher consulted with senior members at the national headquarters of CSWE to discuss this apparent discrepancy between the 1.0 Purpose section of the EPAS and the actual standards. The following year CSWE (2008) updated the EPAS; all references to 'leadership' as the foundation to the purpose of the profession and the purpose of social work education were omitted. Given the consistent call from leaders in the social work literature for a major emphasis to be added to social work education, this deletion is of major concern (Brilliant, 1986; Patti, 1984). Rather than eliminate this critical focus, it would be prudent to infuse the standards with

leadership and management theory and practice requirements; or at a minimum, note the need for this focus as a critical need.

Methodology

This quantitative study utilized an exploratory cross-sectional design. The intent of the study was to explore the expectations of VHA key stakeholders in regard to the leadership and management skills of the social work executives. The key hypotheses predicted that medical center directors and chiefs of staff would rate their preferred levels of management skills for social work executives higher than social work executives and social workers would rate their preferred levels of management for the social work executive. The second major hypothesis predicted that social work executives and social workers would rate their preferred level of leadership skills for the social work executive higher than medical center directors and chiefs of staff would rate their preferred level of leadership skills for the social work executive. In addition, further analysis considered the significant gaps between preferred and actual management and leadership skills of social work executives by the key stakeholders.

The VHA HPDM 360 was used to conduct the study. This instrument has been used by VHA for over a decade and high levels of reliability and validity have been well established (Osatuke, 2009; Osatuke, Yanovsky, Draime, & Dyrenforth, 2008). The instrument consists of eight subscales. For the purposes of this study the subscales were divided into those that address management skills and those that address leadership skills. The subscales associated with management are: flexibility/adaptability, technical skills, and systems thinking;

while the subscales associated with the leadership are: customer service, creative thinking, interpersonal skills, personal mastery, and organizational stewardship.

The VHA's National Center for Organizational Development (NCOD) assisted with the data collection by providing the researcher with a separate electronic link to the HPDM 360 for each group in the sample frame. The researcher crafted an electronic mail message, see Appendix A-D, which explained the importance of the study and requested participation. The message explained the anonymous nature of the study and provided the link for participation. The NCOD collected that data from respondents and forwarded the data set to the researcher.

The data was analyzed using the Predictive Analytics Software Statistics Gradpack 18 (PASW-18) (SPSS, 2009). Frequency distributions were completed to describe the respondents in terms of demographics. The mean was calculated for each item within each subscale. Independent t-tests were used to address the two major hypotheses and a paired t-test was use to consider the difference between preferred and actual levels of skills on individual items.

Findings

Each of the management related subscales in the HPDM 360, including systems thinking, technical skills, and flexibility/adaptability, were statistically significant in terms of differences in mean scores by role. For all three subscales, the medical center directors and the chiefs of staff mean scores for preferred level of management skills were significantly higher than for the social work executives and the social workers preferred level of management skills. The first major hypothesis was statically significant as the medical center directors and the

chiefs of staff did indeed rate their preferred level of management skills for social work executives higher than the social work executives and social workers rated their preferred level of management skills for social work executives.

Three of the subscales related to leadership, including customer service, personal mastery, and organizational stewardship, were found to be statistically significant in terms of differences mean scores between the two groups. However, two subscales, creative thinking and interpersonal effectiveness were not statistically significant in terms of difference in mean scores between the two groups. The second major hypothesis was not statically significant as the social work executives and social workers did not rate their preferred level of leadership skills for social work executives higher than the medical center directors and the chiefs of staff rated their preferred level of leadership skills for social work executives. Rather, the medical center directors and the chiefs of staff preferred higher levels of management *and* leadership skills for social work executives higher than the social work executives and the social workers rated their preferred levels of management and leadership skills for social work executives.

One item, in the systems thinking subscale, regarding the social work executive's use of data in planning services produced significant results that warrant additional attention. The mean scores for medical center directors, chiefs of staff, and social work executives were 76.06, 78.44, and 73.12 respectively. The social workers mean score for this item was far lower at 57.75. The social workers had relatively low scores among all four groups for some items on a paired t-test as well; the largest mean differences noted were 35.17 on the creative thinking subscale and 30.60 on the systems thinking subscale. Given that the

social workers scores for the social work executive tended to be relatively low in general and much lower on some particular items, it might be that the social workers who responded are particularly dissatisfied with their social work executive or see less evidence of data-driven management on the part of the social work executive. The survey did not allow for open ended responses so reasons for this variation remain unknown but should be further explored.

Conclusions

While this dissertation is exploratory in nature, it does appear to support the social work literature of the last several decades which calls for a business approach to leading and managing human service organizations including healthcare (Austin, 1989: Brilliant, 1986; Hart; 1988; Patti, 1984). The study also supports the experience of the researcher in terms of discussions with medical center directors and chiefs of staff regarding their expectations of social work executives. Many of the medical center directors and chiefs of staff have expressed a desire for social work executives with stellar business acumen and keen leadership skills; yet they have complained that such a social work leader is atypical among applicants for these positions. Clearly, the data in this study indicate that a business approach is preferred by medical center directors and chiefs of staff who control the local budget as well as the clinical programming. The data suggest that VHA medical center directors and chiefs of staff have high expectations of social work executives regarding management *and* leadership skills; their expectations for high levels of management and leadership skills are higher than the preferred skill levels reported by the social work executives and the social workers. Given these results, one would expect that should stakeholders

such as medical center directors and chiefs of staff perceive social work executives as highly talented managers and leaders, then requests for additional resources by social work executives would be reviewed favorably by these key stakeholders and lead to greater funding.

The social workers, who based on the inclusion criteria are clinicians rather than managers, reported the largest gap between their perception of the social work executives' actual and preferred levels of management and leadership skills. This suggests that the clinical staff are more dissatisfied than the medical center directors and chiefs of staff with the current state of social work executives' management and leadership skills; and, that the social workers recognize the importance of these skills in order for the social work program to thrive. This further supports the notion that all VHA social workers and non-VHA social workers as well, should be exposed to management and leadership theory and practice in their professional education as they will most likely find themselves in need of these skills in the future.

It must be noted that the Code of Ethics, (NASW, 2010) calls for all social workers to obtain all the competencies necessary to meet the needs of their clients. If key VHA stakeholders prefer social work executives with strong business management and leadership skills, then there is clearly an ethical imperative to obtain these skills or veterans might not receive the social services they need. One may argue that any VHA social work executive who does not work toward obtaining or strengthening management and leadership skills is not meeting the ethical imperative to serve clients.

Limitations

There are several limitations associated with the study. First, the study can only be generalized to VHA and not to the profession at large. Second, it is further limited by unknown biases of the individuals who elected to participate in the study. Respondents may represent a subset of VHA employees with a bias in favor of a business model approach to management and leadership. Third, it cannot be said with complete confidence that this sample represents the population. Fourth, surveys occurred at one point in time; the VHA respondents may have reacted differently on a different day. Fifth, survey respondents may be subject to reactivity, though the data do not suggest the VHA respondents provided socially desirable answers given the study findings (Singleton & Straits, 2005). Finally, this survey was limited to numeric scores. Respondents were not given the option of adding free text to explain their responses.

One of the initial concerns of the study was an anticipated low response rate from both the medical center directors and the chiefs of staff. These individuals are in highly demanding positions and get frequent requests to participate in surveys and frequently decline. This concern came to fruition as only 38.5% of the medical center directors and only 28.6% of the chiefs of staff completed the survey. What was not anticipated was the low response rate from the social workers; with only 682 (15.3%) out of 4,463 potential social work respondents completing a survey. Since 2004, with the beginning of the wars in Iraq and Afghanistan, VHA has hired over 4,000 new masters level social workers and now has over 8,000 masters prepared social workers on staff (VA, 2010). The demographic data indicate that 58% of the social work respondents have three or

fewer years of service at VA. It is unclear why this group of relatively new social workers appears to be over represented in the group of respondents. The remaining demographics of the respondents were as anticipated with no other notable variations.

Contributions

This study provides empirical support for the long standing call in the social work literature for the infusion of business and leadership theory and practice into social work education and practice (Austin, 1989: Brilliant, 1986; Edwards, Cooke, & Reid, 1996; Franklin, 2001; Hart; 1988; Patti, 1984, 1987, 2003; Rank & Hutchinson, 2000). Data triangulation was used to explore the perception of levels of management and leadership skills of the social work executives by key stakeholders: the medical center directors and chiefs of staff, who manage programming and funding; the social work executives themselves who are required to have these skills by policy (VA, 2007); and VHA social workers who have a vested interest in the success of VHA social work programming. It is essential to the success of the VHA social work program to ensure that the social work executives are meeting the expectations of their key stakeholders. By not meeting key stakeholder expectations, patient service could suffer, funding could be limited or withdrawn, resources could evaporate, and staff moral could plummet.

As the largest employer of masters prepared social workers in the United States, social work practice at VHA represents a major portion of social work practice in healthcare skills today (C.J. Sheets, personal communication, February 4, 2010). This study will be presented to national VHA social work leaders as part

of a discussion to explore enhancing the management and leadership knowledge and skill sets of social work executives and VHA social workers. This researcher anticipates this increase in awareness will result in increased action to mobilize the VHA social work community toward master of these critical skills.

Recommendations

This study may be viewed as a call to action for the national social work program at VHA as well as the VHA social worker executives themselves. The gap between levels of actual and preferred levels of management and leadership found in the study must be closed if programs sponsored by social work are to thrive in this business-like climate at VHA. Clearly, there is a need to develop training and learning opportunities for the social work executives to master these skills. The social work executives should ensure that all VHA social workers are well versed in these skills. Social work executives must take responsibility for their own performance and comply with the standards and expectations of the VHA Handbook, *Social Work Professional Practice* (2007). VHA is affiliated with over 100 schools of social work that could collaborate in developing management and leadership skills for VA social work executives as well as all other social workers. Though clearly not the norm, there are social work executives that do have these skills; they should be enlisted to support these efforts. The national social work service in VHA should assist the social work executives in this effort as well.

In the face of this additional evidence that funders of social work programs expect social work executives to have mastery of management and leadership theory and practice, it is disheartening to note that the Council on Social Work

Education (CSWE, 2010) removed the former references to leadership from their purpose statements in the EAPS (CSWE, 2010). Both CSWE and social work academia should consider infusing all appropriate portions of the social work curriculum with management and leadership theory and practice. Social workers must be prepared to be inspiring leaders with the ability to achieve results that are measureable. These skills could be further enhanced through continuing education (Franklin, 2001). Social work education and practice wisdom should be combined to further develop the leadership and management knowledge, skills, and abilities of all social workers.

Finally, further study is needed to explore management and leadership models that are congruent with the purpose, values and goals of the profession. Additional study should also be devoted to finding innovative ways of infusing management and leadership knowledge and skills in academics, continuing education presentations and on the job training opportunities. Management and leadership skills, like social work practice itself, must be learned and practiced to gain ongoing expertise.

Appendix A

Medical Directors Letter of Invitation and Survey

Request to Participate in Study:
Medical Center Directors

Dear VHA Medical Center Director,

This is an opportunity for you to voluntarily participate in a confidential research study to assess perceived and preferred levels of management and leadership competencies of VHA Social Work Chiefs and Executives by key internal stake holders including **Medical Center Directors,** Chiefs of Staff, Social Work Chiefs and executives and journeyman level GS-11 social workers. The aim of the study is to identify specific training needs for current and future clinical leadership development.

This unfunded study is being conducted to fulfill the dissertation requirement toward a Ph.D in Social Work for the Catholic University of America for Kristin Day, LCSW, the principal investigator and former VHA Chief Consultant of Social Work, now working in the VHA Employee Education Section. This study has been approved by the Washington, DC VA Medical Center Institutional Review Board (IRB) and the IRB of the Catholic University of America. Participation in the study is completely voluntary. It is totally anonymous with absolutely no identifying information requested. No participant, or the facility in which they work, can be identified. There is no personal identifying information within the survey instrument. All data from the survey will be aggregated. The attached link will direct you to the Veterans Health Administration (VHA) National Center for Organizational Development's (NCOD) confidential site of the "The VA Social Work Leadership Survey." The survey is based on the VHA High Performance Development Model 360 Degree Assessment and should take about 15 minutes to complete.
NO IDENTIFYING INFORMATION will be provided by NCOD to the principal investigator. The original surveys will be kept by NCOD with the same security measures given all other data collected by the center. NCOD will transfer the survey data onto an Excel spreadsheet and send it to the principal investigator for analysis. The results of the study will be shared with the National Director of VHA Social Work and the Office of Patient Care Services to further develop management and leadership skills for current and future VHA clinical leaders.
The participant's decision to complete the survey will serve as informed consent. To open the survey, hold down Ctrl key and click the link: Link to survey:
http://vhaaachpdm2.vha.med.va.gov/Perseus/se.ashx?s=631982321CEAD954
This link will be available until COB December 3, 2009.
Please Direct any questions to Kristin Day, Principal Investigator, at Kristin.Day@va.gov or call 202-462-4051. Your participation is greatly appreciated and will further enhance the development of VA social work leaders.

Thank you,

Kristin Day, LCSW
Principal Investigator
Director, Business Programs
Employee Education System (EES)

HPDM 360 Degree Assessment Scale
Veteran's Health Administration

I currently serve as a Medical Center Director Yes ☐
(please do not complete unless you are a Director)

HOW TO RESPOND TO THE SURVEY:

Actual = Percentage of time you have actually observed the Social Work Chief or Executive engage in the behavior (i.e. of the time that you observe the employee and of the time that the Social Work Chief or Executive could appropriately demonstrate the behavior, what percentage of time does he/she actually demonstrate the behavior).

Preferred = Percentage of time you would prefer the Social Work Chief or Executive to engage in the behavior (i.e. what is a realistic percentage of time that you prefer the employee to engage in the behavior for his/her job or role).

Check the "Not Observed" box, if you have not observed the Social Work Chief or Executive engage in the behavior. If you choose N/O, no actual score will be recorded for that item.

You will rate the Social Work Chief's or Executive's Actual performance between 0 – 100 % and her/his Preferred performance between 0 – 100 %.

It is important to consider both the size and direction of the gap between Actual and Preferred behavior. The larger the gap size, the greater the need for development in that area.

Sample question 1: Takes responsibility to ensure that customers' needs are met.

Of the time you interact with the Social Work Chief or Executive and it was appropriate for him/her to demonstrate this behavior, what percentage of time did he/she take responsibility to ensure that customers' needs are met?

If you observe the Social Work Chief or Executive actually ensuring that customers' needs are met 65% of the time when he/she had the opportunity, but you would prefer him/her to ensure customer's needs are met 90% of the time, you would place a percentage of 65 in the Actual column and a percentage of 90 in the Preferred column.

Sample question 2: Thinks creatively in order to solve problems.

If you observe the Social Work Chief or Executive actually thinking creatively to solve problems 85% of the time when he/she had the opportunity, but you would prefer him/her to think creatively in order to solve problems 50% of the time, you would place a percentage of 85 in the Actual column and a percentage of 50 in the Preferred column.

FLEXIBILITY/ADAPTABILITY – The ability to quickly adapt to change, handle multiple inputs and tasks simultaneously, and accommodate new situations and realities. A high scorer on this competency works well with all levels and types of people, welcomes divergent ideas, and maximizes limited resources.

The Social Work Chief or Executive:

1. Effectively handles multiple inputs and tasks simultaneously.

Actual % Preferred: % ☐ Not Observed

2. Provides effective direction when faced with changing situations or unpredictable work events.

Actual % Preferred: % ☐ Not Observed

3. Adapts to unexpected work events and circumstances, even when working without significant amounts of information.

Actual % Preferred: % ☐ Not Observed

CUSTOMER SERVICE – The ability to integrate customer service (including patient satisfaction and stakeholder support) into a management plan. A high scorer on this competency enhances internal and external customer satisfaction; models customer service by handling complaints effectively and promptly and by ensuring a customer-centered focus in direction and daily work; uses customer feedback in planning and providing products and services; and encourages subordinates to meet or exceed customer needs and expectations.

The Social Work Chief or Executive:

4. Encourages employees to deliver attentive service.

Actual % Preferred: % ☐ Not Observed

5. Focuses on the importance of customers (i.e., guest relations, patient satisfaction, stakeholder support) when making decisions.

Actual % Preferred: % ☐ Not Observed

6. Encourages subordinates to exceed customer expectations.

Actual % Preferred: % ☐ Not Observed

7. Manages customer concerns efficiently.

Actual % Preferred: % ☐ Not Observed

SYSTEMS THINKING – The ability to understand the pieces as a whole and appreciate the consequences of actions on other parts of the system. A high scorer on this competency thinks in context; knows how to link actions with others in the organization; demonstrates awareness of process, procedures, and outcomes; and possesses a big (whole) picture view of the world.

The Social Work Chief or Executive:

8. Designs innovative work processes and systems that improve the quality of service.

Actual % Preferred: % ☐ Not Observed

9. Uses feedback data in planning and providing products and services.

Actual % Preferred: % ☐ Not Observed

10. Considers the impact of decisions on other VA/VHA units.

Actual % Preferred: % ☐ Not Observed

11. Considers potential outcomes, including unintentional consequences, as part of the decision- making process.

Actual % Preferred: % ☐ Not Observed

12. Establishes strategic direction based on knowledge of internal and external long-term trends, which will affect the VA/VHA.

Actual % Preferred: % ☐ Not Observed

13. Understands how the contributions and needs of the program and/or facility fit into the broader picture of the VA/VHA.

Actual % Preferred: % ☐ Not Observed

14. Solves problems creatively by developing unique or original approaches to difficult situations.

Actual % Preferred: % ☐ Not Observed

15. Looks beyond current reality to forecast future direction.

Actual % Preferred: % ☐ Not Observed

16. Delivers clear negative feedback to those who fail to maintain an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

17. Works effectively to ensure that new processes and procedures are well integrated and in good alignment with VA/VHA values and goals.

Actual % Preferred: % ☐ Not Observed

18. Works productively in the face of numerous competing priorities.

Actual % Preferred: % ☐ Not Observed

19. Ensures maximum social work participation in all appropriate activities related to performance measures.

Actual % Preferred: % ☐ Not Observed

20. Works with other clinical leaders to optimally plan social work coverage across the facility.

Actual % Preferred: % ☐ Not Observed

21. Monitors compliance with policies related to social work practice (i.e. reviews documentation, workload, services delivered.)

Actual % Preferred: % ☐ Not Observed

INTERPERSONAL EFFECTIVENESS – The ability to build and sustain relationships to resolve conflict, to handle negotiation effectively, and to develop collaborative working relationships. A high scorer on this competency displays empathy, empowers others, and possesses written and oral communication skills.

The Social Work Chief or Executive:

22. Builds productive and enduring relationships, partnerships, and networks with people within the organization.

Actual % Preferred: % ☐ Not Observed

23. Builds productive and enduring relationships, partnerships, and networks with people external to VA/VHA.

Actual % Preferred: % ☐ Not Observed

24. Tailors his or her interpersonal style appropriately for diverse groups of people and situations.

Actual % Preferred: % ☐ Not Observed

25. Encourages all parties affected to share in the decision-making process.

Actual % Preferred: % ☐ Not Observed

26. Uses facts and logical arguments to resolve conflicts and negotiate effectively.

Actual % Preferred: % ☐ Not Observed

27. Gives people the opportunity and freedom to exercise authority in their areas of responsibility.

Actual % Preferred: % ☐ Not Observed

28. Keeps others (e.g., external and internal customers) informed of plans, decisions, or activities that affect them.

Actual % Preferred: % ☐ Not Observed

29. Encourages and listens to the ideas and opinions of others.

Actual % Preferred: % ☐ Not Observed

30. Creates an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

31. Treats people with courtesy and respect regardless of their backgrounds or characteristics.

Actual % Preferred: % ☐ Not Observed

32. Exhibits the highest standards of ethical behavior and expects the same from others in his or her organization.

Actual % Preferred: % ☐ Not Observed

33. Demonstrates courage and self-confidence to stand up for beliefs, ideas, and co-workers as appropriate.

Actual % Preferred: % ☐ Not Observed

34. Mediates conflicts across the facility related to social work practice.

Actual % Preferred: % ☐ Not Observed

CREATIVE THINKING – The ability to think and act innovatively, to look beyond current reality to forecast future direction, to take risks, to challenge traditional assumptions, and to solve problems creatively. A high scorer on this competency takes advantage of difficult or unusual situations to develop unique, original approaches and useful solutions.

The Social Work Chief or Executive:

35. Keeps an open mind when presented with ideas that are different from his or hers.

Actual % Preferred: % ☐ Not Observed

36. Considers all sides of the issue when managing conflicts.

Actual % Preferred: % ☐ Not Observed

37. Promotes an environment that encourages others to think creatively and take risks.

Actual % Preferred: % ☐ Not Observed

38. Thinks creatively in order to solve problems.

Actual % Preferred: % ☐ Not Observed

ORGANIZATIONAL STEWARDSHIP --A high scorer on the competency is sensitive to the needs of individuals and of the organization and provides services to both; assumes accountability for self, others, and the organization; demonstrates commitment to people and trusts others.

The Social Work Chief or Executive:

39. Ensures that programs reflect the mission and priorities of VA/VHA.

Actual % Preferred: % ☐ Not Observed

40. Demonstrates commitment to VA/VHA's mission.

Actual % Preferred: % ☐ Not Observed

41. Presents balanced, fair, and objective information about VA/VHA to stakeholders.

Actual % Preferred: % ☐ Not Observed

42. Represents VA/VHA favorably to those outside the organization.

Actual % Preferred: % ☐ Not Observed

43. Maintains a robust social work graduate student intern program.

Actual % Preferred: % ☐ Not Observed

PERSONAL MASTERY – The ability to recognize personal strengths and weaknesses and to engage in continuous learning and self-development. A high scorer on this competency demonstrates a willingness to take actions to change and takes charge of own career.

The Social Work Chief or Executive:

44. Seeks challenging assignments that will enhance skills.

Actual % Preferred: % ☐ Not Observed

45. Seeks out evaluation meant to improve his or her performance.

Actual % Preferred: % ☐ Not Observed

46. Seeks out feedback from others relating to his or her strengths and weaknesses.

Actual % Preferred: % ☐ Not Observed

47. Initiates his or her own career planning and development to achieve long-term, challenging career options.

Actual % Preferred: % ☐ Not Observed

48. Seeks out continuing education opportunities.

Actual % Preferred: % ☐ Not Observed

TECHNICAL KNOWLEDGE AND SKILLS – The knowledge and skills to perform and evaluate the work of the organization based upon a clear understanding of the processes, standards, methods, and technologies of the organization.

The Social Work Chief or Executive:

49. Exhibits the functional and technical skills required to perform effectively.

Actual % Preferred: % ☐ Not Observed

50. Operates effectively within VA/VHA environment processes, procedures, standards, methods, and new technologies.

Actual % Preferred: % ☐ Not Observed

51. Actively maintains, builds, and applies the subject matter knowledge required to accomplish business and work objectives.

Actual % Preferred: % ☐ Not Observed

52. Maintains an active social work professional practice council.

Actual % Preferred: % ☐ Not Observed

53. Ensures all social workers are properly credentialed including appropriate licensure.

Actual % Preferred: % ☐ Not Observed

54. Ensures all social workers are oriented regarding social work functions.

Actual % Preferred: % ☐ Not Observed

DEMOGRAPHIC QUESTIONS: Directors and Chiefs of Staff. Please respond to the demographic questions below.

55. What is your current Facility Complexity Level?

1a	Albuquerque (501); Atlanta (508); Augusta (509); Bay Pines (516); Boston (523); Cleveland (541); Conn.(689); Dallas (549); DC (688); Denver (554); Durham (558); Hines (578); Houston (580); Indianapolis (583); Little Rock (598); Los Angeles (691); Memphis (614); Mid-Tenn (626); Milwaukee (695); Minneapolis (618): Richmond(652): NF/SG (573); NY Harbor (630); Palo Alto (640); Pittsburg(646); Portland, OR (648); Puget Sound (663); San

	Diego (664); San Francisco (662); San Juan (672); South Texas (671); Southern Arizona (678) St. Louis (657);Tampa (673)
1b	Ann Arbor (506); Baltimore (512); Birmingham (521); Buffalo (528); Chicago (537); Cincinnati (539): Jackson (586); Loma Linda (605)Madison (607): Miami (546); New Jersey (561); Oklahoma City (635); Philadelphia (642); Phoenix (644); Salt Lake City (660)
1c	Bronx (526); Central Texas (674); Charleston (534); Columbia MO (589A4); Columbia SC (544); Dayton (552); Detroit (553); Kansas City (589); Lexington (596); Long Beach (600); Louisville (603); Northern California (612); Nebraska-W Iowa (636); Iowa City (636A8); Shreveport (667); Syracuse (528A7); West Palm Beach (548)
2	Albany NY (528A8); Amarillo (504); Asheville (637); Biloxi, Gulf Coast (520); Boise (531); Central Iowa (636A7)Clarksburg (540); Danville (550); East Kansas (589A5); Fargo (437); Fayetteville AR (564); Fresno (570); Grand Junction (575); Hampton (590); Huntington (581); Las Vegas (593); Lebanon (595); Marion (657A5); Martinsburg (613); Montana (436); Montgomery (619); Mountain Home (621); North Chicago (556); Northport (632); Providence (650); Reno (654); Salem (658); Salisbury (659); Sioux Falls (438); Togas (402); White River 9405); Wichita (589A7); Wilkes-Barre (693); Wilmington (460);

☐ 1a ☐ 1b ☐ 1c ☐ 2 ☐ 3

56. How long have you been with the VA?

☐ Less than six months
☐ Six months to one year
☐ One to three years
☐ Four to five years
☐ Six to ten years
☐ 11 to 20 years
☐ More than 20 years

57. How long have you been in your current position?

☐ Less than six months ☐ Six months to one year
☐ One to three years ☐ Four to five years
☐ Six to ten years☐ 11 to 20 years
☐ More than 20 years

58. What is your gender?

☐ Female

☐ Male

59. What is your age?

☐ 20 to 29
☐ 30 to 39
☐ 40 to 49
☐ 50 to 59
☐ 60 or older

60. What is your ethnic origin?

☐ Hispanic or Latino

☐ Not Hispanic or Latin

61. What is your racial origin?

☐ White

☐ African American/Black

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Request to Participate in Study:
Chiefs of Staff

Dear VHA Chief of Staff,

This is an opportunity for you to voluntarily participate in a confidential research study to assess perceived and preferred levels of management and leadership competencies of VHA Social Work Chiefs and Executives by key internal stake holders including Medical Center Directors**, Chiefs of Staff**, Social Work Chiefs and executives and journeyman level GS-11 social workers. The aim of the study is to identify specific training needs for current and future clinical leadership development.

This unfunded study is being conducted to fulfill the dissertation requirement toward a PhD in Social Work for the Catholic University of America for Kristin Day, LCSW, the principal investigator and former VHA Chief Consultant of Social Work, now working in the VHA Employee Education Section. This study has been approved by the Washington, DC VA Medical Center Institutional Review Board (IRB) and the IRB of the Catholic University of America.
Participation in the study is completely voluntary. It is totally anonymous with absolutely no identifying information requested. No participant, or the facility in which they work, can be identified. There is no personal identifying information within the survey instrument. All data from the survey will be aggregated. The attached link will direct you to the Veterans Health Administration (VHA) National Center for Organizational Development's (NCOD) confidential site of the "The VA Social Work Leadership Survey." The survey is based on the VHA High Performance Development Model 360 Degree Assessment and should take about 15 minutes to complete.
NO IDENTIFYING INFORMATION will be provided by NCOD to the principal investigator. The original surveys will be kept by NCOD with the same security measures given all other data collected by the center. NCOD will transfer the survey data onto an Excel spreadsheet and send it to the principal investigator for analysis. The results of the study will be shared with the National Director of VHA Social Work and the Office of Patient Care Services to further develop management and leadership skills for current and future VHA clinical leaders. **The participant's decision to complete the survey will serve as informed consent. To open the survey, hold down Ctrl key and click the link: Link to survey:** http://vhaaachpdm2.vha.med.va.gov/Perseus/se.ashx?s=6319823262B19421
This link will be available until COB December 3, 2009.
Please Direct any questions to Kristin Day, Principal Investigator, at

Kristin.Day@va.gov or call 202-462-4051. Your participation is greatly appreciated and will further enhance the development of VA social work leaders.

Thank you,

Kristin Day, LCSW
Principal Investigator
Director, Business Programs
Employee Education System (EES)

I currently serve as Chief of Staff Yes ☐

Please do not complete if you are not a Chief of Staff

HOW TO RESPOND TO THE SURVEY:

Actual = Percentage of time you have actually observed the Social Work Chief or Executive engage in the behavior (i.e. of the time that you observe the Social Work Chief or Executive and of the time that the Social Work Chief or Executive could appropriately demonstrate the behavior, what percentage of time does he/she actually demonstrate the behavior).

Preferred = Percentage of time you would prefer the Social Work Chief or Executive to engage in the behavior (i.e. what is a realistic percentage of time that you prefer the employee to engage in the behavior for his/her job or role).

Check the "Not Observed" box, if you have not observed the Social Work Chief or Executive engage in the behavior.
If you choose N/O, no actual score will be recorded for that item.

You will rate the Social Work Chief's or Executive's Actual performance between 0 – 100 % and her/his Preferred performance between 0 – 100 %.

It is important to consider both the size and direction of the gap between Actual and Preferred behavior. The larger the gap size, the greater the need for development in that area.

Sample question 1: Takes responsibility to ensure that customers' needs are met.

Of the time you interact with the Social Work Chief or Executive and it was appropriate for him/her to demonstrate this behavior, what percentage of time did he/she take responsibility to ensure that customers' needs are met?

If you observe the Social Work Chief or Executive actually ensuring that customers' needs are met 65% of the time when he/she had the opportunity, but you would prefer him/her to ensure customer's needs are met 90% of the time, you would place a percentage of 65 in the Actual column and a percentage of 90 in the Preferred column.

Sample question 2: Thinks creatively in order to solve problems.

If you observe the Social Work Chief or Executive actually thinking creatively to solve problems 85% of the time when he/she had the opportunity, but you would prefer him/her to think creatively in order to solve problems 50% of the time, you would place a percentage of 85 in the Actual column and a percentage of 50 in the Preferred column.

FLEXIBILITY/ADAPTABILITY – The ability to quickly adapt to change, handle multiple inputs and tasks simultaneously, and accommodate new situations and realities. A high scorer on this competency works well with all levels and types of people, welcomes divergent ideas, and maximizes limited resources.

The Social Work Chief or Executive:

1. Effectively handles multiple inputs and tasks simultaneously.

Actual % Preferred: % ☐ Not Observed

2. Provides effective direction when faced with changing situations or unpredictable work events.

Actual % Preferred: % ☐ Not Observed

3. Adapts to unexpected work events and circumstances, even when working without significant amounts of information.

Actual % Preferred: % ☐ Not Observed

CUSTOMER SERVICE – The ability to integrate customer service (including patient satisfaction and stakeholder support) into a management plan. A high scorer on this competency enhances internal and external customer satisfaction; models customer service by handling complaints effectively and promptly and by ensuring a customer-centered focus in direction and daily work; uses customer feedback in planning and providing products and services; and encourages subordinates to meet or exceed customer needs and expectations.

The Social Work Chief or Executive:

4. Encourages employees to deliver attentive service.

Actual % Preferred: % ☐ Not Observed

5. Focuses on the importance of customers (i.e., guest relations, patient satisfaction, stakeholder support) when making decisions.

Actual % Preferred: % ☐ Not Observed

6. Encourages subordinates to exceed customer expectations.

Actual % Preferred: % ☐ Not Observed

7. Manages customer concerns efficiently.

Actual % Preferred: % ☐ Not Observed

SYSTEMS THINKING – The ability to understand the pieces as a whole and appreciate the consequences of actions on other parts of the system. A high scorer on this competency thinks in context; knows how to link actions with others in the organization; demonstrates awareness of process, procedures, and outcomes; and possesses a big (whole) picture view of the world.

The Social Work Chief or Executive:

8. Designs innovative work processes and systems that improve the quality of service.

Actual % Preferred: % ☐ Not Observed

9. Uses feedback data in planning and providing products and services.

Actual % Preferred: % ☐ Not Observed

10. Considers the impact of decisions on other VA/VHA units.

Actual % Preferred: % ☐ Not Observed

11. Considers potential outcomes, including unintentional consequences, as part of the decision- making process.

Actual % Preferred: % ☐ Not Observed

12. Establishes strategic direction based on knowledge of internal and external long-term trends, which will affect the VA/VHA.

Actual % Preferred: % ☐ Not Observed

13. Understands how the contributions and needs of the program and/or facility fit into the broader picture of the VA/VHA.

Actual % Preferred: % ☐ Not Observed

14. Solves problems creatively by developing unique or original approaches to difficult situations.

Actual % Preferred: % ☐ Not Observed

15. Looks beyond current reality to forecast future direction.

Actual % Preferred: % ☐ Not Observed

16. Delivers clear negative feedback to those who fail to maintain an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

17. Works effectively to ensure that new processes and procedures are well integrated and in good alignment with VA/VHA values and goals.

Actual % Preferred: % ☐ Not Observed

18. Works productively in the face of numerous competing priorities.

Actual % Preferred: % ☐ Not Observed

19. Ensures maximum social work participation in all appropriate activities related to performance measures.

Actual % Preferred: % ☐ Not Observed

20. Works with other clinical leaders to optimally plan social work coverage across the facility.

Actual % Preferred: % ☐ Not Observed

21. Monitors compliance with policies related to social work practice (i.e. reviews documentation, workload, services delivered.)

Actual % Preferred: % ☐ Not Observed

INTERPERSONAL EFFECTIVENESS – The ability to build and sustain relationships to resolve conflict, to handle negotiation effectively, and to develop collaborative working relationships. A high scorer on this competency displays empathy, empowers others, and possesses written and oral communication skills.

The Social Work Chief or Executive:

22. Builds productive and enduring relationships, partnerships, and networks with people within the organization.

Actual % Preferred: % ☐ Not Observed

23. Builds productive and enduring relationships, partnerships, and networks with people external to VA/VHA.

Actual % Preferred: % ☐ Not Observed

24. Tailors his or her interpersonal style appropriately for diverse groups of people and situations.

Actual % Preferred: % ☐ Not Observed

25. Encourages all parties affected to share in the decision-making process.

Actual % Preferred: % ☐ Not Observed

26. Uses facts and logical arguments to resolve conflicts and negotiate effectively.

Actual % Preferred: % ☐ Not Observed

27. Gives people the opportunity and freedom to exercise authority in their areas of responsibility.

Actual % Preferred: % ☐ Not Observed

28. Keeps others (e.g., external and internal customers) informed of plans, decisions, or activities that affect them.

Actual % Preferred: % ☐ Not Observed

29. Encourages and listens to the ideas and opinions of others.

Actual % Preferred: % ☐ Not Observed

30. Creates an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

31. Treats people with courtesy and respect regardless of their backgrounds or characteristics.

Actual % Preferred: % ☐ Not Observed

32. Exhibits the highest standards of ethical behavior and expects the same from others in his or her organization.

Actual % Preferred: % ☐ Not Observed

33. Demonstrates courage and self-confidence to stand up for beliefs, ideas, and co-workers as appropriate.

Actual % Preferred: % ☐ Not Observed

34. Mediates conflicts across the facility related to social work practice.

Actual % Preferred: % ☐ Not Observed

CREATIVE THINKING – The ability to think and act innovatively, to look beyond current reality to forecast future direction, to take risks, to challenge traditional assumptions, and to solve problems creatively. A high scorer on this competency takes advantage of difficult or unusual situations to develop unique, original approaches and useful solutions.

The Social Work Chief or Executive:

35. Keeps an open mind when presented with ideas that are different from his or hers.

Actual % Preferred: % ☐ Not Observed

36. Considers all sides of the issue when managing conflicts.

Actual % Preferred: % ☐ Not Observed

37. Promotes an environment that encourages others to think creatively and take risks.

Actual % Preferred: % ☐ Not Observed

38. Thinks creatively in order to solve problems.

Actual % Preferred: % ☐ Not Observed

ORGANIZATIONAL STEWARDSHIP --A high scorer on the competency is sensitive to the needs of individuals and of the organization and provides services to both; assumes accountability for self, others, and the organization; demonstrates commitment to people and trusts others**.**

The Social Work Chief or Executive:

39. Ensures that programs reflect the mission and priorities of VA/VHA.

Actual % Preferred: % ☐ Not Observed

40. Demonstrates commitment to VA/VHA's mission.

Actual % Preferred: % ☐ Not Observed

41. Presents balanced, fair, and objective information about VA/VHA to stakeholders.

Actual % Preferred: % ☐ Not Observed

42. Represents VA/VHA favorably to those outside the organization.

Actual % Preferred: % ☐ Not Observed

43. Maintains a robust social work graduate student intern program.

Actual % Preferred: % ☐ Not Observed

PERSONAL MASTERY – The ability to recognize personal strengths and weaknesses and to engage in continuous learning and self-development. A high scorer on this competency demonstrates a willingness to take actions to change and takes charge of own career.

The Social Work Chief or Executive:

44. Seeks challenging assignments that will enhance skills.

Actual % Preferred: % ☐ Not Observed

45. Seeks out evaluation meant to improve his or her performance.

Actual % Preferred: % ☐ Not Observed

46. Seeks out feedback from others relating to his or her strengths and weaknesses.

Actual % Preferred: % ☐ Not Observed

47. Initiates his or her own career planning and development to achieve long-term, challenging career options.

Actual % Preferred: % ☐ Not Observed

48. Seeks out continuing education opportunities.

Actual % Preferred: % ☐ Not Observed

TECHNICAL KNOWLEDGE AND SKILLS – The knowledge and skills to perform and evaluate the work of the organization based upon a clear

understanding of the processes, standards, methods, and technologies of the organization.

The Social Work Chief or Executive:

49. Exhibits the functional and technical skills required to perform effectively.

Actual % Preferred: % ☐ Not Observed

50. Operates effectively within VA/VHA environment processes, procedures, standards, methods, and new technologies.

Actual % Preferred: % ☐ Not Observed

51. Actively maintains, builds, and applies the subject matter knowledge required to accomplish business and work objectives.

Actual % Preferred: % ☐ Not Observed

52. Maintains an active social work professional practice council.

Actual % Preferred: % ☐ Not Observed

53. Ensures all social workers are properly credentialed including appropriate licensure.

Actual % Preferred: % ☐ Not Observed

54. Ensures all social workers are oriented regarding social work functions.

Actual % Preferred: % ☐ Not Observed

DEMOGRAPHIC QUESTIONS: Directors and Chiefs of Staff. Please respond to the demographic questions below.

1a	Albuquerque (501); Atlanta (508); Augusta (509); Bay Pines (516); Boston

	(523); Cleveland (541); Conn.(689); Dallas (549); DC (688); Denver (554); Durham (558); Hines (578); Houston (580); Indianapolis (583); Little Rock (598); Los Angeles (691); Memphis (614); Mid-Tenn (626); Milwaukee (695); Minneapolis (618): Richmond(652): NF/SG (573); NY Harbor (630); Palo Alto (640); Pittsburg(646); Portland, OR (648); Puget Sound (663); San Diego (664); San Francisco (662); San Juan (672); South Texas (671); Southern Arizona (678) St. Louis (657);Tampa (673)
1b	Ann Arbor (506); Baltimore (512); Birmingham (521); Buffalo (528); Chicago (537); Cincinnati (539): Jackson (586); Loma Linda (605)Madison (607): Miami (546); New Jersey (561); Oklahoma City (635); Philadelphia (642); Phoenix (644); Salt Lake City (660)
1c	Bronx (526); Central Texas (674); Charleston (534); Columbia MO (589A4); Columbia SC (544); Dayton (552); Detroit (553); Kansas City (589); Lexington (596); Long Beach (600); Louisville (603); Northern California (612); Nebraska-W Iowa (636); Iowa City (636A8); Shreveport (667); Syracuse (528A7); West Palm Beach (548)
2	Albany NY (528A8); Amarillo (504); Asheville (637); Biloxi, Gulf Coast (520); Boise (531); Central Iowa (636A7)Clarksburg (540); Danville (550); East Kansas (589A5); Fargo (437); Fayetteville AR (564); Fresno (570); Grand Junction (575); Hampton (590); Huntington (581); Las Vegas (593); Lebanon (595); Marion (657A5); Martinsburg (613); Montana (436); Montgomery (619); Mountain Home (621); North Chicago (556); Northport (632); Providence (650); Reno (654); Salem (658); Salisbury (659); Sioux Falls (438); Togas (402); White River 9405); Wichita (589A7); Wilkes-Barre (693); Wilmington (460);

55. What is your current Facility Complexity Level?

- ☐ 1a
- ☐ 1b
- ☐ 1c
- ☐ 2
- ☐ 3

56. How long have you been with the VA?

☐ Less than six months ☐ Six months to one year
☐ One to three years
☐ Six to ten years
☐ Four to five years
☐ 11 to 20 years
☐ More than 20 years

57. How long have you been in your current position?

☐ Less than six months ☐ Six months to one year
☐ One to three years ☐ Four to five years
☐ Six to ten years ☐ 11 to 20 years
☐ More than 20 years

58. What is your gender?

☐ Female

☐ Male

59. What is your ethnic origin?

☐ Hispanic or Latino

☐ Not Hispanic or Latin

60. What is your racial origin?

☐ White

☐ African American/Black

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Request to Participate in Study:
Social Work Chief and Executives

Dear VHA Social Work Chief or Executive,

This is an opportunity for you to voluntarily participate in a confidential research study to assess perceived and preferred levels of management and leadership competencies of VHA Social Work Chiefs and Executives by key internal stake holders including Medical Center Directors**,** Chiefs of Staff, **Social Work Chiefs and Executives** and journeyman level GS-11 social workers. The aim of the study is to identify specific training needs for current and future clinical leadership development.This unfunded study is being conducted to fulfill the dissertation requirement toward a PhD in Social Work for the Catholic University of America for Kristin Day, LCSW, the principal investigator and former VHA Chief Consultant of Social Work, now working in the VHA Employee Education Section. This study has been approved by the Washington, DC VA Medical Center Institutional Review Board (IRB) and the IRB of the Catholic University of America.

Participation in the study is completely voluntary. It is totally anonymous with absolutely no identifying information requested. No participant, or the facility in which they work, can be identified. There is no personal identifying information within the survey instrument. All data from the survey will be aggregated. The attached link will direct you to the Veterans Health Administration (VHA) National Center for Organizational Development's (NCOD) confidential site of the "The VA Social Work Leadership Survey." The survey is based on the VHA High Performance Development Model 360 Degree Assessment and should take about 15 minutes to complete.

NO IDENTIFYING INFORMATION will be provided by NCOD to the principal investigator. The original surveys will be kept by NCOD with the same security measures given all other data collected by the center. NCOD will transfer the survey data onto an Excel spreadsheet and send it to the principal investigator for analysis. The results of the study will be shared with the National Director of VHA Social Work and the Office of Patient Care Services to further develop management and leadership skills for current and future VHA clinical leaders.

The participant's decision to complete the survey will serve as informed consent. To open the survey, hold down Ctrl key and click the link: Link to survey:

http://vhaaachpdm2.vha.med.va.gov/Perseus/se.ashx?s=631982327ADA2B8D

This link will be available until COB December 3, 2009.

Please Direct any questions to Kristin Day, Principal Investigator, at Kristin.Day@va.gov or call 202-462-4051. Your participation is greatly appreciated and will further enhance the development of VA social work leaders.

Thank you,
Kristin Day, LCSW
Principal Investigator
Director, Business Programs
Employee Education System (EES)

HPDM 360 Degree Assessment Scale
Veteran's Health Administration

I currently serve as a Social Work Chief or Executive Yes ☐
Do not complete if you are NOT a Chief or Executive

HOW TO RESPOND TO THE SURVEY:

Actual = Percentage of time you actually engage in the behavior

Preferred = Percentage of time you would prefer to engage in the behavior (i.e. what is a realistic percentage of time that you prefer the employee to engage in the behavior for his/her job or role).

Check the "Not Do not engage in this behavior" box, if you no not engage in this behavior.

You will rate your Actual performance between 0 – 100 % and your Preferred performance between 0 – 100 %.

It is important to consider both the size and direction of the gap between Actual and Preferred behavior. The larger the gap size, the greater the need for development in that area.

Sample question 1: Takes responsibility to ensure that customers' needs are met.

When it is appropriate for you to demonstrate this behavior, what percentage of time do you take responsibility to ensure that customers' needs are met?

If you actually met that customers' needs 65% of the time when you had the opportunity, but you would prefer to ensure customer's needs are met 90% of the time, you would place a percentage of 65 in the Actual column and a percentage of 90 in the Preferred column.

Sample question 2: Thinks creatively in order to solve problems.

If you actually think creatively to solve problems 85% of the time when you had the opportunity, but you would prefer to think creatively in order to solve problems 50% of the time, you would place a percentage of 85 in the Actual column and a percentage of 50 in the Preferred column.

FLEXIBILITY/ADAPTABILITY – The ability to quickly adapt to change, handle multiple inputs and tasks simultaneously, and accommodate new situations and realities. A high scorer on this competency works well with all levels and types of people, welcomes divergent ideas, and maximizes limited resources.

1. I effectively handle multiple inputs and tasks simultaneously.

Actual %Preferred: % ☐ I do not engage in this behavior

2. I provide effective direction when faced with changing situations or unpredictable work events.

Actual %Preferred: % ☐ I do not engage in this behavior

3. I adapt to unexpected work events and circumstances, even when working without significant amounts of information.

Actual %Preferred: % ☐ I do not engage in this behavior

CUSTOMER SERVICE – The ability to integrate customer service (including patient satisfaction and stakeholder support) into a management plan. A high scorer on this competency enhances internal and external customer satisfaction; models customer service by handling complaints effectively and promptly and by ensuring a customer-centered focus in direction and daily work; uses customer feedback in planning and providing products and services; and encourages subordinates to meet or exceed customer needs and expectations.

4. I encourage employees to deliver attentive service.

Actual %Preferred: % ☐ I do not engage in this behavior

5. I focus on the importance of customers (i.e., guest relations, patient satisfaction, stakeholder support) when making decisions.

Actual %Preferred: % ☐ I do not engage in this behavior

6. I encourage subordinates to exceed customer expectations.

Actual %Preferred: % ☐ I do not engage in this behavior

7. I manage customer concerns efficiently.

Actual %Preferred: % ☐ I do not engage in this behavior

SYSTEMS THINKING – The ability to understand the pieces as a whole and appreciate the consequences of actions on other parts of the system. A high scorer on this competency thinks in context; knows how to link actions with others in the organization; demonstrates awareness of process, procedures, and outcomes; and possesses a big (whole) picture view of the world.

8. I design innovative work processes and systems that improve the quality of service.

Actual %Preferred: % ☐ I do not engage in this behavior

9. I use feedback data in planning and providing products and services.

Actual %Preferred: % ☐ I do not engage in this behavior

10. I consider the impact of decisions on other VA/VHA units.

Actual %Preferred: % ☐ I do not engage in this behavior

11. I consider potential outcomes, including unintentional consequences, as part of the decision- making process.

Actual %Preferred: % ☐ I do not engage in this behavior

12. I establish strategic direction based on knowledge of internal and external long-term trends, which will affect the VA/VHA.

Actual %Preferred: % ☐ I do not engage in this behavior

13. I understand how the contributions and needs of the program and/or facility fit into the broader picture of the VA/VHA.

Actual %Preferred: % ☐ I do not engage in this behavior

14. I solve problems creatively by developing unique or original approaches to difficult situations.

Actual %Preferred: % ☐ I do not engage in this behavior

15. I look beyond current reality to forecast future direction.

Actual %Preferred: % ☐ I do not engage in this behavior

16. I deliver clear negative feedback to those who fail to maintain an environment that supports respect for all individuals.

Actual %Preferred: % ☐ I do not engage in this behavior

17. I work effectively to ensure that new processes and procedures are well integrated and in good alignment with VA/VHA values and goals.

Actual %Preferred: % ☐ I do not engage in this behavior

18. I work productively in the face of numerous competing priorities.

Actual %Preferred: % ☐ I do not engage in this behavior

19. I ensure maximum social work participation in all appropriate activities related to performance measures.

Actual %Preferred: % ☐ I do not engage in this behavior

20. I work with other clinical leaders to optimally plan social work coverage across the facility.

Actual %Preferred: % ☐ I do not engage in this behavior

21. I monitor compliance with policies related to social work practice (i.e. reviews documentation, workload, services delivered.)

Actual %Preferred: % ☐ I do not engage in this behavior

INTERPERSONAL EFFECTIVENESS – The ability to build and sustain relationships to resolve conflict, to handle negotiation effectively, and to develop collaborative working relationships. A high scorer on this competency displays empathy, empowers others, and possesses written and oral communication skills.

22. I build productive and enduring relationships, partnerships, and networks with people within the organization.

Actual %Preferred: % ☐ I do not engage in this behavior

23. I build productive and enduring relationships, partnerships, and networks with people external to VA/VHA.

Actual %Preferred: % ☐ I do not engage in this behavior

24. I tailor interpersonal style appropriately for diverse groups of people and situations.

Actual %Preferred: % ☐ I do not engage in this behavior

25. I encourage all parties affected to share in the decision-making process.

Actual %Preferred: % ☐ I do not engage in this behavior

26. I use facts and logical arguments to resolve conflicts and negotiate effectively.

Actual %Preferred: % ☐ I do not engage in this behavior

27. I give people the opportunity and freedom to exercise authority in their areas of responsibility.

Actual %Preferred: % ☐ I do not engage in this behavior

28. I keep others (e.g., external and internal customers) informed of plans, decisions, or activities that affect them.

Actual %Preferred: % ☐ I do not engage in this behavior

29. I encourage and listen to the ideas and opinions of others.

Actual %Preferred: % ☐ I do not engage in this behavior

30. I create an environment that supports respect for all individuals.

Actual %Preferred: % ☐ I do not engage in this behavior

31. I treat people with courtesy and respect regardless of their backgrounds or characteristics.

Actual %Preferred: % ☐ I do not engage in this behavior

32. I exhibit the highest standards of ethical behavior and expects the same from others in his or her organization.

Actual %Preferred: % ☐ I do not engage in this behavior

33. I demonstrate courage and self-confidence to stand up for beliefs, ideas, and co-workers as appropriate.

Actual %Preferred: % ☐ I do not engage in this behavior

34. I mediate conflicts across the facility related to social work practice.

Actual % Preferred: % ☐ I do not engage in this behavior

CREATIVE THINKING – The ability to think and act innovatively, to look beyond current reality to forecast future direction, to take risks, to challenge traditional assumptions, and to solve problems creatively. A high scorer on this competency takes advantage of difficult or unusual situations to develop unique, original approaches and useful solutions.

35. I keep an open mind when presented with ideas that are different from his or hers.

Actual % Preferred: % ☐ Not Observed

36. I consider all sides of the issue when managing conflicts.

Actual % Preferred: % ☐ Not Observed

37. I promote an environment that encourages others to think creatively and take risks.

Actual % Preferred: % ☐ Not Observed

38. I think creatively in order to solve problems.

Actual % Preferred: % ☐ Not Observed

ORGANIZATIONAL STEWARDSHIP --A high scorer on the competency is sensitive to the needs of individuals and of the organization and provides services to both; assumes accountability for self, others, and the organization; demonstrates commitment to people and trusts others.

39. I ensure that programs reflect the mission and priorities of VA/VHA.

Actual % Preferred: % ☐ Not Observed

40. I demonstrate commitment to VA/VHA's mission.

Actual % Preferred: % ☐ Not Observed

41. I present balanced, fair, and objective information about VA/VHA to stakeholders.

Actual % Preferred: % ☐ Not Observed

42. I represent VA/VHA favorably to those outside the organization.

Actual % Preferred: % ☐ Not Observed

43. I maintain a robust social work graduate student intern program.

Actual % Preferred: % ☐ Not Observed

PERSONAL MASTERY – The ability to recognize personal strengths and weaknesses and to engage in continuous learning and self-development. A high scorer on this competency demonstrates a willingness to take actions to change and takes charge of own career.

44. I seek challenging assignments that will enhance skills.

Actual % Preferred: % ☐ Not Observed

45. I seek out evaluation meant to improve his or her performance.

Actual % Preferred: % ☐ Not Observed

46. I seek out feedback from others relating to his or her strengths and weaknesses.

Actual % Preferred: % ☐ Not Observed

47. I initiate my own career planning and development to achieve long-term, challenging career options.

Actual % Preferred: % ☐ Not Observed

48. I seek out continuing education opportunities.

Actual % Preferred: % ☐ Not Observed

TECHNICAL KNOWLEDGE AND SKILLS – The knowledge and skills to perform and evaluate the work of the organization based upon a clear understanding of the processes, standards, methods, and technologies of the organization.

49. I exhibit the functional and technical skills required to perform effectively.

Actual % Preferred: % ☐ Not Observed

50. I operate effectively within VA/VHA environment processes, procedures, standards, methods, and new technologies.

Actual % Preferred: % ☐ Not Observed

51. I actively maintain, build, and apply the subject matter knowledge required to accomplish business and work objectives.

Actual % Preferred: % ☐ Not Observed

52. I maintain an active social work professional practice council.

Actual % Preferred: % ☐ Not Observed

53. I ensure all social workers are properly credentialed including appropriate licensure.

Actual % Preferred: % ☐ Not Observed

54. I ensure all social workers are oriented regarding social work functions.

Actual % Preferred: % ☐ Not Observed

DEMOGRAPHIC QUESTIONS: Please respond to the demographic questions below.

55. What is your current Facility Complexity Level?

1a	Albuquerque (501); Atlanta (508); Augusta (509); Bay Pines (516); Boston (523); Cleveland (541); Conn.(689); Dallas (549); DC (688); Denver (554); Durham (558); Hines (578); Houston (580); Indianapolis (583); Little Rock (598); Los Angeles (691); Memphis (614); Mid-Tenn (626); Milwaukee (695); Minneapolis (618): Richmond(652): NF/SG (573); NY Harbor (630); Palo Alto (640); Pittsburg(646); Portland, OR (648); Puget Sound (663); San Diego (664); San Francisco (662); San Juan (672); South Texas (671); Southern Arizona (678) St. Louis (657);Tampa (673)
1b	Ann Arbor (506); Baltimore (512); Birmingham (521); Buffalo (528); Chicago (537); Cincinnati (539): Jackson (586); Loma Linda (605)Madison (607): Miami (546); New Jersey (561); Oklahoma City (635); Philadelphia (642); Phoenix (644); Salt Lake City (660)
1c	Bronx (526); Central Texas (674); Charleston (534); Columbia MO (589A4); Columbia SC (544); Dayton (552); Detroit (553); Kansas City (589); Lexington (596); Long Beach (600); Louisville (603); Northern

	California (612); Nebraska-W Iowa (636); Iowa City (636A8); Shreveport (667); Syracuse (528A7); West Palm Beach (548)
2	Albany NY (528A8); Amarillo (504); Asheville (637); Biloxi, Gulf Coast (520); Boise (531); Central Iowa (636A7)Clarksburg (540); Danville (550); East Kansas (589A5); Fargo (437); Fayetteville AR (564); Fresno (570); Grand Junction (575); Hampton (590); Huntington (581); Las Vegas (593); Lebanon (595); Marion (657A5); Martinsburg (613); Montana (436); Montgomery (619); Mountain Home (621); North Chicago (556); Northport (632); Providence (650); Reno (654); Salem (658); Salisbury (659); Sioux Falls (438); Togas (402); White River 9405); Wichita (589A7); Wilkes-Barre (693); Wilmington (460);
3	Bedford (518); Manchester (608); Northampton (631); Canandaigua (528A5); Bath (528A6); Hudson Valley (620); Altoona (503); Butler (529); Coatesville (542); Erie (562); Beckley (517); Fayetteville NC (565); Dublin (557); Tuscaloosa (679); Chillicothe (538); Columbus Ohio (757); Battle Creek (515); North Indiana (610); Saginaw (655); Iron Mountain (585); Tomah (676); Poplar Bluff (657A4); Alexandria LA (502); Muskogee (623); Big Springs (519); Northern Arizona (649); El Paso (756); Cheyenne (442); Sheridan (666); Anchorage (463); Roseburg (653); Spokane (668); Walla Walla (687); White City (692); Honolulu (459); Black Hills (568); St. Cloud (656)

☐ 1a ☐ 1b

☐ 1c ☐ 2 ☐ 3

56. How long have you been a masters prepared social worker?

☐ Less than six months

☐ Six months to one year

☐ One to three years

☐ Four to five years

☐ Six to ten years

☐ 11 to 20 years

57. Besides an MSW or the equivalent, what other advanced degrees do you hold?

☐ Masters in Public Health

☐ Masters in Public Administration

☐ Masters in Business Administration

☐ Other Masters degree

☐ PhD in Social Work or Doctor of Social Work

☐ Any other PhD or Doctoral degrees

58. How long have you been with the VA?

☐ Less than six months

☐ Six months to one year

☐ One to three years

☐ Four to five years

☐ Six to ten years

☐ 11 to 20 years

☐ More than 20 years

59. How long have you been in your current position?

☐ Less than six months

☐ Six months to one year

☐ More than 20 years

☐ One to three years

☐ Six to ten years

☐ 11 to 20 years

☐ Four to five years

60. Do you have supervisory control of all social workers at your facility?

☐ No

☐ Yes

61. What is your gender?

☐ Female

☐ Male

62. What is your age?

☐ 20 to 29 ☐ 30 to 39
☐ 40 to 49 ☐ 50 to 59
☐ 60 or older

63. What is your ethnic origin?

☐ Hispanic or Latino ☐ Not Hispanic or Latino

64. What is your racial origin?

☐ White

☐ African American/Black

☐ American Indian or Alaskan Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Request to Participate in Study:
Social Workers

Dear VHA Social Worker,

This is an opportunity for you to voluntarily participate in a confidential research study to assess perceived and preferred levels of management and leadership competencies of VHA Social Work Chiefs and Executives by key internal stake holders including Medical Center Directors**,** Chiefs of Staff, Social Work Chiefs and Executives and journeyman level **GS-11 social workers**. The aim of the study is to identify specific training needs for current and future clinical leadership development.

This unfunded study is being conducted to fulfill the dissertation requirement toward a PhD in Social Work for the Catholic University of America for Kristin Day, LCSW, the principal investigator and former VHA Chief Consultant of Social Work, now working in the VHA Employee Education Section. This study has been approved by the Washington, DC VA Medical Center Institutional Review Board (IRB) and the IRB of the Catholic University of America. Participation in the study is completely voluntary. It is totally anonymous with absolutely no identifying information requested. No participant, or the facility in which they work, can be identified. There is no personal identifying information within the survey instrument. All data from the survey will be aggregated. The attached link will direct you to the Veterans Health Administration (VHA) National Center for Organizational Development's (NCOD) confidential site of the "The VA Social Work Leadership Survey." The survey is based on the VHA High Performance Development Model 360 Degree Assessment and should take about 15 minutes to complete.
NO IDENTIFYING INFORMATION will be provided by NCOD to the principal investigator. The original surveys will be kept by NCOD with the same security measures given all other data collected by the center. NCOD will transfer the survey data onto an Excel spreadsheet and send it to the principal investigator for analysis. The results of the study will be shared with the National Director of VHA Social Work and the Office of Patient Care Services to further develop management and leadership skills for current and future VHA clinical leaders.
The participant's decision to complete the survey will serve as informed consent. To open the survey, hold down Ctrl key and click the link: Link to survey:
http://vhaaachpdm2.vha.med.va.gov/Perseus/se.ashx?s=631982325ADB0FF1
This link will be available until COB December 3, 2009.
Please Direct any questions to Kristin Day, Principal Investigator, at Kristin.Day@va.gov or call 202-462-4051. Your participation is greatly appreciated and will further enhance the development of VA social work leaders.

Thank you,
Kristin Day, LCSW
Principal Investigator
Director, Business Programs
Employee Education System (EES)

HPDM 360 Degree Assessment Scale
Veteran's Health Administration

I currently serve as a VHA Social Worker. Yes ☐ No ☐
(Not a Social Work chief or executive)

HOW TO RESPOND TO THE SURVEY:

Actual = Percentage of time you have actually observed the Social Work Chief or Executive engage in the behavior (i.e. of the time that you observe the Social Work Chief or Executive and of the time that the Social Work Chief or Executive could appropriately demonstrate the behavior, what percentage of time does he/she actually demonstrate the behavior).

Preferred = Percentage of time you would prefer the Social Work Chief or Executive to engage in the behavior (i.e. what is a realistic percentage of time that you prefer the employee to engage in the behavior for his/her job or role).

Check the "Not Observed" box, if you have not observed the Social Work Chief or Executive engage in the behavior.
If you choose N/O, no actual score will be recorded for that item.

You will rate the Social Work Chief's or Executive's Actual performance between 0 – 100 % and her/his Preferred performance between 0 – 100 %.

It is important to consider both the size and direction of the gap between Actual and Preferred behavior. The larger the gap size, the greater the need for development in that area.

Sample question 1: Takes responsibility to ensure that customers' needs are met.

Of the time you interact with the Social Work Chief or Executive and it was appropriate for him/her to demonstrate this behavior, what percentage of time did he/she take responsibility to ensure that customers' needs are met?

If you observe the Social Work Chief or Executive actually ensuring that customers' needs are met 65% of the time when he/she had the opportunity, but you would prefer him/her to ensure customer's needs are met 90% of the time, you would place a percentage of 65 in the Actual column and a percentage of 90 in the Preferred column.

Sample question 2: Thinks creatively in order to solve problems.

If you observe the Social Work Chief or Executive actually thinking creatively to solve problems 85% of the time when he/she had the opportunity, but you would prefer him/her to think creatively in order to solve problems 50% of the time, you would place a percentage of 85 in the Actual column and a percentage of 50 in the Preferred column.

FLEXIBILITY/ADAPTABILITY – The ability to quickly adapt to change, handle multiple inputs and tasks simultaneously, and accommodate new situations and realities. A high scorer on this competency works well with all levels and types of people, welcomes divergent ideas, and maximizes limited resources.

The Social Work Chief or Executive:

1. Effectively handles multiple inputs and tasks simultaneously.

Actual % Preferred: % ☐ Not Observed

2. Provides effective direction when faced with changing situations or unpredictable work events.

Actual % Preferred: % ☐ Not Observed

3. Adapts to unexpected work events and circumstances, even when working without significant amounts of information.

Actual % Preferred: % ☐ Not Observed

CUSTOMER SERVICE – The ability to integrate customer service (including patient satisfaction and stakeholder support) into a management plan. A high scorer on this competency enhances internal and external customer satisfaction; models customer service by handling complaints effectively and promptly and by ensuring a customer-centered focus in direction and daily work; uses customer feedback in planning and providing products and services; and encourages subordinates to meet or exceed customer needs and expectations.

The Social Work Chief or Executive:

4. Encourages employees to deliver attentive service.

Actual % Preferred: % ☐ Not Observed

5. Focuses on the importance of customers (i.e., guest relations, patient satisfaction, stakeholder support) when making decisions.

Actual % Preferred: % ☐ Not Observed

6. Encourages subordinates to exceed customer expectations.

Actual % Preferred: % ☐ Not Observed

7. Manages customer concerns efficiently.

Actual % Preferred: % ☐ Not Observed

SYSTEMS THINKING – The ability to understand the pieces as a whole and appreciate the consequences of actions on other parts of the system. A high scorer on this competency thinks in context; knows how to link actions with others in the organization; demonstrates awareness of process, procedures, and outcomes; and possesses a big (whole) picture view of the world.

The Social Work Chief or Executive:

8. Designs innovative work processes and systems that improve the quality of service.

Actual % Preferred: % ☐ Not Observed

9. Uses feedback data in planning and providing products and services.

Actual % Preferred: % ☐ Not Observed

10. Considers the impact of decisions on other VA/VHA units.

Actual % Preferred: % ☐ Not Observed

11. Considers potential outcomes, including unintentional consequences, as part of the decision- making process.

Actual % Preferred: % ☐ Not Observed

12. Establishes strategic direction based on knowledge of internal and external long-term trends, which will affect the VA/VHA.

Actual % Preferred: % ☐ Not Observed

13. Understands how the contributions and needs of the program and/or facility fit into the broader picture of the VA/VHA.

Actual % Preferred: % ☐ Not Observed

14. Solves problems creatively by developing unique or original approaches to difficult situations.

Actual % Preferred: % ☐ Not Observed

15. Looks beyond current reality to forecast future direction.

Actual % Preferred: % ☐ Not Observed

16. Delivers clear negative feedback to those who fail to maintain an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

17. Works effectively to ensure that new processes and procedures are well integrated and in good alignment with VA/VHA values and goals.

Actual % Preferred: % ☐ Not Observed

18. Works productively in the face of numerous competing priorities.

Actual % Preferred: % ☐ Not Observed

19. Ensures maximum social work participation in all appropriate activities related to performance measures.

Actual % Preferred: % ☐ Not Observed

20. Works with other clinical leaders to optimally plan social work coverage across the facility.

Actual % Preferred: % ☐ Not Observed

21. Monitors compliance with policies related to social work practice (i.e. reviews documentation, workload, services delivered.)

Actual % Preferred: % ☐ Not Observed

INTERPERSONAL EFFECTIVENESS – The ability to build and sustain relationships to resolve conflict, to handle negotiation effectively, and to develop collaborative working relationships. A high scorer on this competency displays empathy, empowers others, and possesses written and oral communication skills.

The Social Work Chief or Executive:

22. Builds productive and enduring relationships, partnerships, and networks with people within the organization.

Actual % Preferred: % ☐ Not Observed

23. Builds productive and enduring relationships, partnerships, and networks with people external to VA/VHA.

Actual % Preferred: % ☐ Not Observed

24. Tailors his or her interpersonal style appropriately for diverse groups of people and situations.

Actual % Preferred: % ☐ Not Observed

25. Encourages all parties affected to share in the decision-making process.

Actual % Preferred: % ☐ Not Observed

26. Uses facts and logical arguments to resolve conflicts and negotiate effectively.

Actual % Preferred: % ☐ Not Observed

27. Gives people the opportunity and freedom to exercise authority in their areas of responsibility.

Actual % Preferred: % ☐ Not Observed

28. Keeps others (e.g., external and internal customers) informed of plans, decisions, or activities that affect them.

Actual % Preferred: % ☐ Not Observed

29. Encourages and listens to the ideas and opinions of others.

Actual % Preferred: % ☐ Not Observed

30. Creates an environment that supports respect for all individuals.

Actual % Preferred: % ☐ Not Observed

31. Treats people with courtesy and respect regardless of their backgrounds or characteristics.

Actual % Preferred: % ☐ Not Observed

32. Exhibits the highest standards of ethical behavior and expects the same from others in his or her organization.

Actual % Preferred: % ☐ Not Observed

33. Demonstrates courage and self-confidence to stand up for beliefs, ideas, and co-workers as appropriate.

Actual % Preferred: % ☐ Not Observed

34. Mediates conflicts across the facility related to social work practice.

Actual % Preferred: % ☐ Not Observed

CREATIVE THINKING – The ability to think and act innovatively, to look beyond current reality to forecast future direction, to take risks, to challenge traditional assumptions, and to solve problems creatively. A high scorer on this competency takes advantage of difficult or unusual situations to develop unique, original approaches and useful solutions.

The Social Work Chief or Executive:

35. Keeps an open mind when presented with ideas that are different from his or hers.

Actual % Preferred: % ☐ Not Observed

36. Considers all sides of the issue when managing conflicts.

Actual % Preferred: % ☐ Not Observed

37. Promotes an environment that encourages others to think creatively and take risks.

Actual % Preferred: % ☐ Not Observed

38. Thinks creatively in order to solve problems.

Actual % Preferred: % ☐ Not Observed

ORGANIZATIONAL STEWARDSHIP --A high scorer on the competency is sensitive to the needs of individuals and of the organization and provides services to both; assumes

accountability for self, others, and the organization; demonstrates commitment to people and trusts others.

The Social Work Chief or Executive:

39. Ensures that programs reflect the mission and priorities of VA/VHA.

Actual % Preferred: % ☐ Not Observed

40. Demonstrates commitment to VA/VHA's mission.

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44. Seeks challenging assignments that will enhance skills.

Actual % Preferred: % ☐ Not Observed

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47. Initiates his or her own career planning and development to achieve long-term, challenging career options.

Actual % Preferred: % ☐ Not Observed

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49. Exhibits the functional and technical skills required to perform effectively.

Actual % Preferred: % ☐ Not Observed

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1b	Ann Arbor (506); Baltimore (512); Birmingham (521); Buffalo (528); Chicago (537); Cincinnati (539): Jackson (586); Loma Linda (605)Madison (607): Miami (546); New Jersey (561); Oklahoma City (635); Philadelphia (642); Phoenix (644); Salt Lake City (660)
1c	Bronx (526); Central Texas (674); Charleston (534); Columbia MO (589A4); Columbia SC (544); Dayton (552); Detroit (553); Kansas City (589); Lexington (596); Long Beach (600); Louisville (603); Northern California (612); Nebraska-W Iowa (636); Iowa City (636A8); Shreveport (667); Syracuse (528A7); West Palm Beach (548)
2	Albany NY (528A8); Amarillo (504); Asheville (637); Biloxi, Gulf Coast (520); Boise (531); Central Iowa (636A7)Clarksburg (540); Danville (550); East Kansas (589A5); Fargo (437); Fayetteville AR (564); Fresno (570); Grand Junction (575); Hampton (590); Huntington (581); Las Vegas (593); Lebanon (595); Marion (657A5); Martinsburg (613); Montana (436); Montgomery (619); Mountain Home (621); North Chicago (556); Northport (632); Providence (650); Reno (654); Salem (658); Salisbury (659); Sioux Falls (438); Togas (402); White River 9405); Wichita (589A7); Wilkes-Barre (693); Wilmington (460);
3	Bedford (518); Manchester (608); Northampton (631); Canandaigua (528A5); Bath (528A6); Hudson Valley (620); Altoona (503); Butler (529); Coatesville (542); Erie (562); Beckley (517); Fayetteville NC (565); Dublin (557); Tuscaloosa (679); Chillicothe (538); Columbus Ohio (757); Battle Creek (515); North Indiana (610); Saginaw (655); Iron Mountain (585); Tomah (676); Poplar Bluff (657A4); Alexandria LA (502); Muskogee (623); Big Springs (519); Northern Arizona (649); El Paso (756); Cheyenne (442); Sheridan (666); Anchorage (463); Roseburg (653); Spokane (668); Walla

	Walla (687); White City (692); Honolulu (459); Black Hills (568); St. Cloud (656)

☐ 1a ☐ 1b
☐ 1c ☐ 2
☐ 3

56. How long have you been a masters prepared social worker?

☐ Less than six months ☐ Six months to one year
☐ One to three years ☐ Four to five years
☐ Six to ten years ☐ 11 to 20 years

57. Besides an MSW or the equivalent, what other advanced degrees do you hold?

☐ Masters in Public Health

☐ Masters in Public Administration

☐ Masters in Business Administration

☐ Other Masters degree

☐ PhD in Social Work or Doctor of Social Work

☐ Any other PhD or Doctoral degrees

58. How long have you been with the VA?

☐ Less than six months
☐ Six months to one year
☐ One to three years
☐ Four to five years
☐ Six to ten years
☐ 11 to 20 years
☐ More than 20 years

59. How long have you been a VA Masters prepared social worker?

☐ Less than six months
☐ Six months to one year
☐ Four to five years
☐ More than 20 year s
☐ Six to ten years
☐ One to three years
☐ 11 to 20 years

60. What is your gender?

☐ Female ☐ Male

61. What is your age?

☐ 20 to 29
☐ 30 to 39
☐ 40 to 49
☐ 50 to 59
☐ 60 or older

62. What is your ethnic origin?

☐ Hispanic or Latino ☐ Not Hispanic or Latino

63. What is your racial origin?

☐ White ☐ African American/Black

☐ Asian ☐ American Indian or Alaska Native

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