

CONTINUED DEVELOPMENT AND VALIDATION OF A THEORY-BASED MEASURE  
OF HUMAN CARING FOR SOCIAL WORK

by

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(Under the Direction of Kevin R. DeWeaver and Alberta J. Ellett)

ABSTRACT

Though central to all helping professions, the human caring construct has proven difficult to define and measure. The purpose of the present study was: (a) to examine the psychometric properties of a revised version of the only existing measure of human caring in the context of social work practice, the Human Caring Inventory –Social Work (Ellett & Ellett, 1996); and (b) to expand a line inquiry exploring the relationship between human caring and retention of public child welfare workers (Ellett, 2000; Ellett & Ellett, 1996; Ellett, Ellett, & Rugutt, 2003). New scale items were developed to improve the fit between the measure and the theoretical model upon which it was based (Noddings, 1984), including indicators of the theorized dimension *Interpersonal Reward*- affective rewards received by those in professional caring roles that sustain caring under difficult circumstances. A cross-sectional design was used to survey all public child welfare workers in Georgia engaged primarily in the delivery of direct services (N=2190). A response rate of 36% was achieved (n=786). Principal Components Analyses supported theorized multi-dimensionality of the human caring construct; a seven-component solution explained 42% of the item variance. Data from four of the seven empirically verified Revised Human Caring Inventory (RHCI) subscales demonstrated internal consistency

reliabilities (Cronbach's alphas) ranging from .77 to .83. Five of the RHCI subscales demonstrated test-retest reliability (stability coefficients ranging from .72 to .91). Study findings replicated the results of previous studies confirming the importance of human caring in the retention of public child welfare workers. Using a stepwise regression model, the *Professional Commitment* subscale of RHCI explained 21% of the variance in intent to remain employed. Implications of the findings for theory, research, and practice are discussed.

INDEX WORDS: Human Caring, Ethic of Care, Child Welfare Workforce Crisis, Principal Components Analysis, Professional Commitment, Interpersonal Reward

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## CHAPTER 1

### Introduction

Referred to as the *child welfare workforce crisis*, the inability of public child welfare agencies to recruit and retain qualified, competent workers has become an impediment to effective service delivery to vulnerable children and families. National studies indicate annual turnover rates ranging from 20% to 40% (Cyphers, 2001; GAO, 2003). Although staff turnover and retention present a serious challenge to effective service delivery in child welfare, an absence of current research in this area has been noted (Costin, Kargar, & Stoesz, 1996; Mor Barak, Nissly, & Levin, 2001; Powell & York, 1992) and only recently have there been efforts to synthesize research to identify emerging trends (Mor Barak et al., 2001).

Lack of agreement concerning antecedents to turnover and retention in the child welfare workforce has produced a number of conceptually divergent studies that have examined relationships among a variety of factors hypothesized to impact turnover and retention. Results have often been confounded by combining multiple types of human service workers (e.g., adult protective service workers; family service workers; mental health workers; eligibility workers; and workers employed by public, private, and non-profit child welfare agencies) within samples. Early attempts to understand turnover and retention focused on job satisfaction (Fryer, Miyoshi, & Thomas, 1989; Jayaratne & Chess, 1984; Kern, McFadden, Bauman, & Law, 1993) and burnout (Drake & Yadama, 1996; Jayarante & Chess, 1984; Reagh, 1994); however, lower levels of job satisfaction do not necessarily result in attrition (Fryer et al., 1989; Jayaratne & Chess, 1984) and child welfare workers do not differ significantly from other human service providers on measures of burnout (Jayaratne & Chess, 1984). While Drake and Yadama (1996) found that

emotional exhaustion, as measured by a subscale of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981), had a direct effect on turnover, Anderson (2000) concluded that high levels of emotional exhaustion were unrelated to turnover. Furthermore, it has been suggested that the concept of burnout has obscured a complex set of organizational and individual factors related to turnover and retention (Crolley-Simic & Ellett, 2003; Ellett, 2000).

Employing more complex designs, recent studies have examined both organizational and personal factors related to turnover and retention (Anderson, 2000; Balfour & Neff, 1993; Conway, Shaver, Bennett, & Aldrich, 2003; Ellett, 2000; Ellett & Ellett, 1996; Ellett, Ellett, & Rugutt, 2003; Harrison, 1995; Landsman, 2001; McCarty, 2003). Three large studies (Ellett, 2000; Ellett & Ellett, 1996; Ellett et al., 2003), sampling only public child welfare workers, have demonstrated the significance of the personal factor *human caring*, as measured by the Human Caring Inventory – Social Work (HCI-SW) (Ellett & Ellett, 1996), in the retention of public child welfare workers. Other studies (Harrison, 1995; Kern et al., 1993; Landsman, 2001; Reagh, 1994; Rycraft, 1994; Samantrai, 1992) have confirmed the relationship between retention and a number of personal factors (e.g., obligation or inclination to help others, a sense of mission, altruism, personal satisfaction in working with clients, and a service orientation) that may be conceptualized as elements of human caring.

The HCI-SW (Ellett & Ellett, 1996) was adapted from Moffett's (1993) Human Caring Inventory for Nurses. As conceptualized by Moffett, human caring is a multifaceted construct consisting of affective (*caring about*), cognitive, and behavioral components. The HCI-SW (Ellett & Ellett, 1996) measures the affective component of professional caring. A 25 item, Likert-type, self-rating scale, the HCI-SW (Ellett & Ellett, 1996) includes four dimensions: receptivity, responsivity, moral/ethical consciousness, and professional commitment. Results

from a study of public child welfare workers in Louisiana (n=768) indicated that human caring, as measured by the HCI-SW (Ellett & Ellett, 1996), was the strongest factor that differentiated child welfare workers who expressed intent to remain employed from those who intended to seek other employment. Analysis of survey data from a retention study (Ellett, 2000) of public child welfare workers in Arkansas and Louisiana (n=941) revealed a statistically significant correlation between scores on the HCI-SW<sup>1</sup> (Ellett & Ellett, 1996) and intent to remain employed ( $r=.16$ ), and among a sub-sample of workers with three years or less experience (n=337), the human caring factor was included in a regression model that explained 20% of the variance in intent to remain employed. Results of a statewide study of public child welfare workers in Georgia (n=1423) provide further support for the relationship between human caring and retention (Ellett et al., 2003). “Examination of the bivariate correlations computed between [intent to remain employed] and factored subscales of the other study measures showed that the strongest single correlate of employees’ intentions to remain employed in [child welfare] was the Professional Commitment subscale of the Human Caring measure ( $r=.67$ ,  $p<.0001$ )” (Ellett et al., 2003, p. 185). In combination, these studies provide substantial evidence for the relationship between human caring and retention among public child welfare workers and suggest that a selection process that identifies potential child welfare employees who possess high levels of human caring may be considered one of the possible solutions to the current workforce crisis.

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<sup>1</sup> A revised version of the HCI-SW (Ellett & Ellett, 1996) that included only three subscales was used in this study. Because a separate scale was used to measure professional organizational culture, the professional commitment subscale of the HCI-SW, consisting of six items, was deleted. The deletion of this subscale may have decreased the correlation between human caring and intent to remain employed.

### *Problem Statement*

Among the many organizational and personal factors related to turnover and retention, three large studies (Ellett, 2000; Ellett & Ellett, 1996; Ellett et al., 2003) have confirmed the significance of the personal factor, *human caring*, in the retention of public child welfare workers. This research demonstrates that child welfare workers with higher levels of human caring report higher levels of intent to remain employed. Thus, the development of a valid measure of human caring that yields data relatively free of measurement error, assumes particular, practical significance for a public child welfare system facing a workforce crisis.

This study addresses a gap in the social work knowledge base by furthering the development of and exploring the psychometric properties of a theory-based measure of human caring. Currently, the HCI-SW (Ellett & Ellett, 1996) is the only scale specifically designed to measure human caring in the context of social work practice; however, the psychometric properties of this measure merit further study. Internal reliability coefficients for data from two of the measure's subscales have been less than desirable and results of factor analyses have not replicated the factor structure and item loadings. Additionally, if a measure of human caring is to be used as a tool in the employee selection process among potential child welfare workers, the job related validity of the measure must be established.

This study attempts to improve the fit between the HCI-SW (Ellett & Ellett, 1996) and the theoretical model from which it was derived and examines the psychometric properties of a revised version of this measure. The HCI-SW (Ellett & Ellett, 1996) was based on a theoretical model of an *ethic of care* formulated by Noddings (1984). A detailed description of Noddings' model is provided in Chapter 2. Briefly, in her seminal work on human caring, *Caring: A Feminine Approach To Ethics and Moral Education*, Noddings posits a theoretical model in

which caring is motivated, not by altruism, but by a basic need for connection, or relation, with others and the resultant affective rewards experienced by the one-caring. Because caring is sustained through these affective rewards, they are central to Noddings' model and these affective rewards may be significant in the retention of child welfare workers. As currently constructed, the HCI-SW (Ellett & Ellett, 1996) fails to incorporate the dimension of affective reward. Proposed revisions to the HCI-SW (Ellett & Ellett, 1996) include the development of new items that capture this important component of Noddings' theoretical model of caring.

Chapter 1 first examines the context in which the study takes place, a child welfare workforce in crisis. The direct and indirect costs of turnover among child welfare workers are discussed. Indirect costs, especially costs in human capital, are emphasized and appear to merit particular concern in Georgia, the site of this study. As noted by Ellett et al. (2003), high turnover rates among Georgia's public child welfare workers (44%, more than twice the national average) have resulted in a relatively inexperienced workforce and depleted the organization of professional expertise. Following a summary of the scope of the child welfare workforce crisis, the historical relationship between social work and public child welfare is examined, and it is suggested that the current workforce crisis affords the social work profession an opportunity to "reclaim a field of practice from which it has slowly retreated" (Abramczyk, 1994, p. 175). Finally, the purpose of the study and the research questions addressed by the study are stated. The chapter concludes with a discussion of the significance of this study.

#### *Context of the Study: The Problem of Turnover in Public Child Welfare*

Results of a national survey, including responses from 43 states, indicated an average annual turnover rate for Child Protective Service (CPS) workers of 20% (Cyphers, 2001). These workers are considered the essential ingredient in a workforce designed to intervene in

maltreating families (Ewalt, 1991). Turnover rates for CPS workers were 76% higher than turnover rates for other direct service workers. Furthermore, turnover among CPS workers was also more likely to be categorized *preventable*, attrition for reasons other than retirement, death, marriage/parenting, returning to school, or spousal job move (Cyphers, 2001). Based on the same national survey data examined by Cyphers, the American Public Human Services Association (APHSA) (2001) found an average national vacancy rate of 10% for both CPS workers and supervisors.

Prompted by the magnitude and grave implications (described in the following section) of the child welfare workforce crisis, the U. S. General Accounting Office (GAO) (2003) recently conducted a nationwide study of the challenges child welfare agencies face in recruiting and retaining staff, of how staffing problems affect safety and permanency outcomes of children in foster care, and of workforce practices that have proven successful in improving the workforce crisis. Multiple forms of data were examined: 585 exit documents completed by staff that severed employment; 27 Child and Family Services Reviews (CFSR); and the content of site visit interviews with approximately 50 child welfare workers and researchers, employed by both public and private child welfare agencies in four states. Additionally, child welfare workforce studies reported in the professional literature were examined. The average tenure of child welfare workers was less than two years and nationwide annual turnover rates of 30% to 40% were estimated.

The GAO (2003) study noted a number of significant challenges to recruitment and retention of child welfare staff. Low pay, high caseloads, administrative burdens, inadequate training, and limited supervision were all identified as challenges to recruitment and retention. Caseworkers and supervisors reported spending 50% to 80% of their time completing paperwork, leaving

insufficient time for contacts with families and children. Turnover appeared to affect children's safety and permanency by increasing the workloads of staff that remained with the agency, disrupting trust and continuity of services, and negating the ability of workers to make well-supported, timely case management decisions.

Analysis of Child and Family Service Reviews (CFSR) indicated that workforce deficiencies affected the attainment of a number of assessment measures. Of concern, Georgia and Oregon's CFSRs showed the greatest number of citations related to staffing deficiencies. For example, in Georgia, workers failed to maintain sufficient face-to-face contact with parents to promote attainment of case goals, failed to finalize adoptions with appropriate and timely efforts, and failed to investigate reports of child maltreatment in accordance with state policy. Although the federal government's primary connection to the child welfare workforce has been through its funding of training programs, Title IV-E and Section 426 of Title IV of the Social Security Act, the GAO (2003) recommended a more active role for Health and Human Services (HHS) in helping child welfare agencies address the workforce crisis by funding the study of promising practices and by offering technical assistance to states to encourage the use of Program Improvement Plans (PIP) to address caseload, training, and staffing issues.

#### *Costs and Implications of Turnover*

The effects of turnover ripple through the public child welfare system exacting a toll on agency administration, direct service providers, and clients. Direct costs of employee turnover include separation costs; replacement costs, and training costs (Graef & Hill, 2000; Mor Barak et al., 2001). Totaling these three categories of direct costs, Graef and Hill estimated the cost of replacing a CPS worker to be \$10,000 (in 1995 dollars). Replacement costs in California were estimated to be between \$15,000 and \$17,000 per worker, creating significant budgetary strain

(Daly, Dudley, Finnegan, Jones, & Christiansen, 2001). Although public child welfare agencies report employing a number of recruitment strategies (i.e., early/aggressive recruitment at schools of social work, posting job announcements on employment websites, public appeals through the media, raising salaries, flexible benefit packages, and hiring bonuses), most agencies have rated these strategies as only somewhat effective in attracting new workers (Cyphers, 2001).

On average, five to seven weeks are required to fill vacant positions in both public and private child welfare agencies (APHSA, 2001). New hires must then attend initial training, often leaving coverage of unassigned caseloads to other workers for extended periods. For example, in Georgia, new child welfare workers must complete an initial training sequence that combines classroom and on the job training that requires six weeks (Georgia Division of Family and Children Services, 2003). Prior to completing this initial training, workers are not allowed to assume responsibility for cases, and it is not unusual for a month to lapse between hiring and scheduling initial training. As a result, the new worker's caseload would have to be covered by another worker for four months. As noted by Daly et al. (2001), a stable workforce may be the most effective retention strategy while turnover contributes to decreased morale by overloading current staff and creating further turnover. In other words, turnover breeds turnover, resulting in a vicious cycle. Though more difficult to measure, these indirect costs, loss of productivity while new employees achieve mastery of the job and related impact on their coworkers' productivity, produce deleterious organizational costs (Mor Barak et al., 2001).

Even though findings from numerous studies indicate supervisors play a critical role in the retention of frontline workers (Conway et al., 2003; Harrison, 1995; Kern et al., 1993; Landsman, 2001; McCarthy, 2003; Rycraft, 1994), the impact of turnover on supervisors has received little attention. Increased demands on the supervisor's time may include provision of

direct services and more in-depth supervision required by new workers (Regehr, Chau, Leslie, & Howe, 2002). During periods of high turnover and high workload, supervisors may also experience increased frustration as the supportive elements of supervision, vital to maintaining morale, become less effective (Rauktis & Koeske, 1994).

Loss of human capital may be the most significant indirect cost incurred by child welfare agencies as a result of high turnover. As noted by Ewalt (1991), “the single most important characteristic of a human service agency is the quality of its personnel” (p.214). Human capital assumes central importance in organizations where it is fused to the output and people are the product (McGregor, 1988). The productive capacity of child welfare organizations is concentrated in human capital – the knowledge, skills, and abilities of employees. Turnover rates above 20% pose a direct threat to an organization’s stock of human capital (Balfour & Neff, 1993).

Because human capital is embedded within people and not instantly transferable (McGregor, 1988), loss of veteran workers comes at a high cost to child welfare agencies. A national survey (n=300) of child welfare workers revealed that experienced workers were more confident in their abilities to serve clients effectively and more secure in the soundness of their professional decisions, leading the researchers to conclude that “attrition of experienced workers is especially devastating to a field in which clinical competence appears to come from years of experience” (Fryer, Poland, Bross, & Krugman, 1988, p. 486). Though largely ignored, informal learning through consultation with peers plays an important role in the training of child protective service workers (Gleeson, Smith, & Dubois, 1993). With turnover, expertise that might have been transferred through supervision, mentoring, and peer support is lost to the organization.

A dearth of human capital presents significant problems for Georgia's public child welfare system. A recent survey (n=2065) conducted by the state's Evaluation and Reporting Section revealed a disturbingly inexperienced child welfare workforce (Georgia Division of Family and Children Services, 2002). Turnover rates in Georgia exceeded the national average, reaching 44% for 2000 (Ellett et al., 2003). Comparing social service staff employed June 2000 to those employed January 2002, "across the board, the level of experience for all positions trended downward" (Georgia Division of Family and Children Services, 2002, p. 5). During the same period, the percentage of case managers with less than three years experience in social services increased from 46% to 57%; case management supervisors with less than three years in their current position increased from 46% to 64%.

The educational backgrounds of the child welfare workforce in Georgia raise further concerns regarding human capital. Although the literature suggests that a degree in social work best prepares staff for employment in child welfare (Booze-Allen & Hamilton, Inc., 1987; Dhooper, Royse, & Wolfe, 1990; Olsen & Holmes, 1982), the percentage of workers in direct services with BSW degrees decreased by 20% while the number of MSWs increased only slightly by 5%. The decrease in direct service workers with social work degrees may have been offset by an increase in the number of case management supervisors with social work degrees; the number of supervisors with BSWs increased 9% and those with MSWs increased 15%.

Finally, turnover impacts the quality of services provided to child welfare clients. Workers forced to manage double caseloads while positions are vacant or new workers are in training may find it logistically impossible to serve all the cases assigned. New, inexperienced workers may lack the skills and knowledge required for effective intervention. In focus group interviews with a small sample of child welfare clients (n=23), clients "consistently characterized experienced

workers as more capable than less experienced workers” (Drake, 1996, p. 276). As clients are shifted from worker to worker, rapport and trust deteriorate, leading to increased client dissatisfaction (Powell & York, 1992). Important case decisions may be delayed as new workers attempt to sift through the details of complex cases (Balfour & Neff, 1993).

Empirical studies of the impact of turnover on clients are quite limited, dated, and present mixed results. For example, in a sample of 137 foster children who had been in care from 13 to 17 months, those who had only one worker were more likely to be returned home (Shapiro, 1976). Pardeck (1985) found that caseworker turnover appeared to have the greatest impact on unstable foster care during the first three years of placement. In contrast, Goerge (1994) found the opposite effect. A sample of 851 children placed into foster care in Illinois during 1988 was tracked through June 1992. Slightly over half (52%) were reunified with their families and most of these (60%) had only one worker. However, using event-history analysis to evaluate the influence of various time-dependent processes on reunification, the coefficient for the number of workers, .357, was positive and statistically significant. As a child experienced worker turnover, there was a greater probability of reunification. Two possible explanations were offered for this unexpected finding: case reviews at the time of transfer might prompt consideration of reunification, or workers might spend more time on newly assigned cases and expenditure of the caseworker’s time on a case is a strong determinant of outcomes.

#### *Role of Social Work Education*

A number of national and statewide studies indicate that child welfare staff who hold degrees in social work perform more effectively than staff with no professional social work education (Albers, Reilly, & Rittner, 1993; Booze-Allen & Hamilton, Inc., 1987; Dhooper et al., 1990; Liberman, Hornby, & Russell, 1988; Olsen & Holmes, 1982); however, only 28% of the national

child welfare workforce hold social work degrees (Lieberman et al., 1988). Yet social work “remains the largest single profession represented among those providing [child welfare] services” (Zlotnik, 1997, p. 14). Though the relationship between job satisfaction and turnover remains unclear (Fryer et al., 1989; Jayaratne & Chess, 1984), studies have found high levels of job satisfaction among professionally educated social workers engaged in child welfare practice (Jayaratne & Chess, 1985; Vinokur-Kaplan, 1991). Furthermore, rates of turnover are higher in states with no social work degree requirements (Russell & Hornby, 1987); lower vacancy and turnover rates are reported by states that require social work licensure of their workers (Cyphers, 2002).

“Historically, social work has been the predominate profession in child welfare” (Jones & Oakmura, 2000, p. 608). However, during the past two decades, the connection between the profession and child welfare has weakened (Zlotnik, 2002). A combination of factors, including poor working conditions, negative perception of clients served by public agencies, absence of child welfare content in social work curriculum, an increased interest in private practice and other areas of practice by social workers, and lack of resources to deal with multi-problem families has contributed to the tenuous link between social work education and child welfare (Costin et al., 1996; Pecora, Briar, & Zlotnik, 1989; Zlotnik, 1993). Further, there has been a national trend toward declassification of public child welfare characterized by the lowering of educational requirements for child welfare workers, substitution of experience for education, and the assumption of interchangeability of various bachelor’s degrees, and non-recognition of the exclusivity of social work degrees (Costin et al., 1996). Public scrutiny and media sensationalization of cases resulting in child deaths have also deterred social workers from the field. As noted by Pecora et al. (1989), “professionally trained social workers, like other

professional groups, prefer to work in agencies with strong public support and a solid reputation for delivering effective services” (p. 5).

Social work professionals in the field of child welfare have called for a renewed commitment from the profession (Abramczyk, 1994; Ellett, 1999; Ellett, 2002; Pecora et al., 1989; Zlotnik, 2002). “Social work education is the only academic program with a central mission to prepare students for child and family welfare” (Pecora, Whittaker, Maluccio, & Barth, 2000, p. 445). Meanwhile, practice in public child welfare exemplifies social work’s values and mission to serve the most vulnerable (Lieberman & Hornby, 1986; National Association of Social Workers, 1988). Schools of social work should play a vital role in reducing the current workforce crisis. Partnerships between universities and child welfare agencies provide opportunities to improve the relevance and applicability of curriculum, afford students optimal field experiences in preparation for child welfare practice, and promote public child welfare as a desirable area of social work practice. Hopkins, Mudrick, and Rudolph (1999) noted the link between worker professionalism and the potential for organizational change; workers who completed an MSW program of study expressed a stronger sense of professional identity, introduced innovative treatment approaches, and acquired an understanding of the larger context of service delivery. Beyond the educational preparation of competent practitioners, social work researchers should continue to contribute to the growing body of knowledge regarding retention and turnover in the child welfare workforce.

#### *Purpose of the Study*

The purpose of this study is (a) to improve the fit between the HCI-SW (Ellett & Ellett, 1996) and the theoretical model upon which it is based by adding a new subscale (improve face and content validity), (b) to improve the internal consistency reliability of the scale data

through the deletion of problematic items and the development of new items, and (c) to examine the factor structure, test-retest reliability, and the criterion-related validity of a revised version of the scale. Criterion-related validity is less subjective than construct validity and may be established by examining the correlation between a measure and an external criterion (Monette, Sullivan, & DeJong, 2002; Rubin & Babbie, 2001). The current study will examine the relationship between child welfare workers' self-ratings on a revised version of the HCI-SW (Ellett & Ellett, 1996) and two external criteria: (a) supervisory ratings of workers' levels of human caring, and (b) supervisory ratings of workers' job related capabilities.

#### *Psychometric Properties of the Existing HCI-SW*

A thorough review of the literature on care and caring suggests modifications that may improve the psychometric properties of the HCI-SW (Ellett & Ellett, 1996). First, the face and content validity of the scale may be improved through the formulation of new items, which better capture human caring in the context of social work practice. For example, the *Receptivity* subscale contains no items regarding active listening, a basic social work practice skill and a necessary component of understanding the situation of the client and conveying concern (Kadushin, 1972; Nugent & Halvorson, 1995). Additionally, the HCI-SW (Ellett & Ellett, 1996) fails to include an important component of Noddings' (1984) theoretical model of caring – *joy*, the affective reward experienced by the one-caring. Because the experience of *joy* in caring relations sustains caring in difficult situations, this component may be particularly relevant in the retention of child welfare workers. The revised version of the HCI-SW incorporates *joy* in the theorized subscale, *Interpersonal Reward*. Second, the internal consistency reliability of data may be improved by omitting items with limited variability and developing new items. Although data from the version of the HCI-SW (Ellett & Ellett 1996) that was used in the study

of child welfare workers in Louisiana and Arkansas (Ellett, 2000) demonstrated an acceptable level of internal consistency reliability (Cronbach's alpha, .79), in a subsequent study (Ellett et al., 2003), data for two of the HCI-SW (Ellett & Ellett, 1996) subscales, *Responsivity* and *Moral/Ethical Consciousness*, failed to achieve acceptable levels of internal consistency reliability (Cronbach's alpha .63 for each subscale). Nunnally (1978) specified .70 as the minimally acceptable internal reliability coefficient.

Also of concern, factor analyses of the HCI-SW (Ellett & Ellett, 1996) have resulted in both single and multiple factor solutions. Human caring may be unidimensional or multidimensional; the current study will attempt to clarify the issue of dimensionality. The test-retest reliability of the scale has not been evaluated. It is assumed that the affective dimension of human caring is a fairly stable personal factor; therefore, change in individual scores on the HCI-SW (Ellett & Ellett, 1996) over a period of weeks should be minimal. Finally, while the relationship between human caring and retention of child welfare workers has been demonstrated, the relationship between human caring and relevant external criteria (criterion-related validity), such as job performance and supervisory ratings of workers' levels of human caring, remains untested.

Undoubtedly, a multifaceted approach, which includes minimally more adequate funding, improved organizational conditions, and adequate education and training will be necessary to remedy the current child welfare workforce crisis. The use of screening criteria in the selection of child welfare employees has been suggested as a possible strategy for improving retention (Daly et al., 2001; Ellett & Ellett 1996; Ellett et al., 2003; Graef & Hill, 2000). The personal factor, human caring, offers promise as a variable in the selection process. Improvement of the content validity of the HCI-SW (Ellett & Ellett, 1996) and internal consistency reliability of scale data, and confirmation of the scale's criterion-related validity and test re-test reliability will

provide support for the possible use of a revised version of the scale in the selection of child welfare workers. Specifically, this study addresses the following research questions.

*Primary Research Questions*

1. To what extent do the individual items of the Revised Human Caring Inventory (RHCI) operationalize the human caring dimensions *Receptivity, Responsivity, Professional Commitment, and Interpersonal Reward*?
2. To what extent are the factored subscales of the RHCI internally consistent?
3. To what extent does the RHCI demonstrate stability of scores over time, test-retest reliability?

*Secondary Research Questions*

4. Is there a statistically significant relationship between workers' self-ratings on the RHCI and supervisors' ratings of workers' job capabilities?
5. Is there a statistically significant relationship between workers' self-ratings on the RHCI and ratings of human caring attributes by their supervisors?
6. Is there a statistically significant relationship between human caring and intent to remain employed?
7. Are there statistically significant differences in levels of human caring between groups of workers with social work degrees and workers with other degrees?
8. Are there statistically significant differences in levels of human caring among child welfare workers with varying length of employment?

*Significance of the Study*

The study is significant from the perspectives of theory development, measurement, and social work practice in the area of public child welfare. Although the social work literature

refers to human caring as a critical ingredient in the client-worker relationship, as a guiding moral principle, and as an organizing problematic, the literature fails to clearly define caring. In terms of theory development, the study addresses two significant gaps in the social work knowledge base by (a) providing theory-based, conceptual definitions of the affective component of human caring and its sub-dimensions, and by (b) developing a theoretical framework for understand the role of human caring in a specific practice context (i.e., public child welfare).

The empirical study of any construct requires appropriate measurement methodologies and exploration of the conceptual and empirical bases of the construct through ongoing research (Cronbach & Meehl, 1955); operationalization moves theory beyond discussion level. The study attempts to validate a theoretical formulation of caring based primarily on the work of Noddings (1984). Building upon previous research (Ellett & Ellett, 1996, Ellett, 2000, Ellett et al., 2003) to operationalize the human caring construct, the study represents the logical next step in a progression toward the development of a psychometrically sound measure. This measure could then be used in further research to increase understanding of human of caring in social work practice.

Such a measure has practical implications for social work practice in the context of public child welfare. Because human caring has been linked to retention among public child welfare workers, a valid measure of human caring that provides reliable data offers promise as one tool for screening potential employees. The study will address the issue of job related validity by examining the relationship between human caring and workers' job related capabilities, a validity which must be tested prior to using the measure to screen potential employees.

### *Chapter Summary*

Chapter 1 provided an introduction to the study. Literature relevant to the magnitude, implications of, and the role of social education in abating the child welfare *workforce crisis* were discussed. A statement of the problem addressed by the study and the purpose of the study were included. The research questions framing the study were explicated. The chapter concluded with a brief discussion of the significance of the study.

## CHAPTER 2

### Literature Review

This chapter reviews the professional literature from multiple disciplines regarding human caring. Although much of the extant literature is conceptual in nature, the notion of human caring is central to the helping professions. The practices of medicine, nursing, education, and social work have all been characterized by an ideal of service and altruistic motivation (Abbott & Meerabeau, 1998). Benner and Wrubel (1989) suggested that caring is an enabling condition of any practice. In a seminal work toward a conceptualization of caring, Mayeroff (1971) suggested eight ingredients shared by all forms of caring: knowing, alternative rhythms, patience, honesty, trust, humility, hope, and courage. Moffett (1993) conceptualized a model of caring, applicable to all helping professions, comprised of two primary elements: (a) specialized knowledge and skills, and (b) caring affect. Similarly, caring practice, across the helping professions, requires sentiment and skills of connection as well as caregiving skills and knowledge; “disengaged reasoning cannot replace being-in-relationship to particular persons/situations” (Benner & Gordon, 1996, p. 45).

Humanistic psychologists Fromm (1941) and Rogers (1951) have suggested that caring is a core ingredient of our humanity. Other significant contributions to the development of knowledge related to care and caring have been made by the nursing profession and the discipline of philosophy, specifically the field of feminist ethics. This chapter first explores the conceptual confusion surrounding caring, which has resulted in a variety of definitions. Because Noddings’ (1984) ethic of care, which grew from the Kohlberg/Gilligan debate concerning

gendered moral development, provided the theoretical basis for the development of the HCI-SW (Ellett & Ellett, 1996), both the Kohlberg/Gilligan debate and Noddings' ethical theory are discussed at length. Although direct discussion of human caring in the social work literature is limited (Baines, Evans, & Neysmith, 1991; Hollis & Woods, 1982; Imre, 1982; Perlman, 1979; Tucker, 1996), the significance of human caring for social work practice is discussed. Instruments for measuring caring and related constructs are presented and the development of the HCI-SW (Ellett & Ellett, 1996) is described.

### *Perspectives of Care and Caring*

Despite agreement regarding the importance of human caring as a component of professional practices, the constructs of care and caring remain elusive (Moffett, 1993; Morse, Solberg, Neander, Bottorff, & Johnson, 1990). As noted by Morse et al. (1990), "examination of the literature only increases confusion" (p. 2). Benner and Gordon (1996) described "a central confusion in our society's vision of caring: the popular confusion between abstract sentiment and generalized intentions on the one hand and concrete caring practices imbued with emotional connections to particular individuals, families, and communities on the other" (p. 41). Lack of clarity concerning personal and professional caring has been attributed to gender bias.

Associated with domesticity, knowledge grounded in caring traditionally performed by women has been devalued and made invisible by its familiarity and simplicity (Bowden, 1997).

Although feminists have made significant contributions to theory development, feminist scholars appear divided regarding the place of caring in women's lives. Some focus on the merits and emotional benefits of caring (Gilligan, 1982; Noddings, 1984; Noddings, 1989), while others warn against "enshrining activities that are entwined with women's subordinate status" (Abel & Nelson, 1990, p. 7). Puka (1990) suggested that the gendered caring moral orientation

described by Gilligan (1982) may be understood as a set of coping strategies tailored for dealing with sexist oppression. “The lack of validation for women’s caring obscures the work involved and reinforces the idea that this is the natural work of women” (Baines et al., 1991, p. 30). Romanticized notions of caring ignore its potentially oppressive effects in both the private and public sectors. For example, Rossiter (1988) identified isolation as the primary organizing factor in the practice of mothering. Within Western, capitalist, patriarchal society, the public/private discourse and the values of the workplace (i.e., the belief that it is impossible to work with children around) force female caregivers into circumstances of isolation and loss of self “because the social situations in which one’s identity is normally continually re-constituted simply disappear” (Rossiter, 1988, p. 244). As caregivers in the private sector, women may be forced into poverty by a system that fails to make public assistance available prior to the depletion of personal resources (Sommers & Shields, 1987). Moving to the public sector, women who have chosen careers in the helping professions, such as social work, nursing, and education, find themselves oppressed by bureaucracies largely dominated by male administrators (Baines, 1991). In the public sphere, caring “continues to remain invisible and undervalued and the status of women who are responsible for public caring is only marginally enhanced” (Baines et al., 1991, p. 30).

Caring actions and expressions of caring are culturally determined and vary in different contexts (Bowden, 1997; Tarlow, 1996). Caring practice “differs from discrete behaviors, strategies, or techniques in that it is a culturally constituted, socially embedded way of being in a situation with others” (Benner & Gordon, 1996, pp. 43-44). For example, maternal caring may be understood as a response to demands from the child for preservation of life and growth and societal values concerning acceptable child-rearing practices (Ruddick, 1989). Maternal

practices are strongly influenced by the values of the social groups to which the mother belongs. Caring relations vary within the same culture. Friendship, mothering, nursing, and citizenship may all be considered caring relations; however, expectations of specific acts of caring vary with each type of caring relation (Bowden, 1997).

Cluff and Binstock (2001) cautioned that although scientific and technological advances in medicine during the second half of the 20th century have enhanced the physician's capacity to diagnosis and treat, these advances have been accompanied by a decrease in attention to the affective component of caring. This caveat may well be extended to all the helping professions, a *crisis of care*, situated at the societal level (Phillips & Benner, 1994). In all the helping professions, "personhood and caring have been eclipsed by the depersonalizing procedures of justice distribution, technological problem-solving, and the techniques and relations of the market place" (Phillips & Benner, 1994, p. 2). The business model demands that caring be converted to a commodity (Abel & Nelson, 1990); standardization, efficiency, and rational procedures that produce easily quantified outcomes now characterize institutions responsible for care.

In common use, care has multiple meanings (Blustein, 1991; Noddings, 1984; Shogan, 1988). Care may be equated with affection, a desire or inclination toward someone or something; *I care for my friends*. In contrast, care is commonly associated with burdens and worries. "Caring (having things matter) puts the person in a place of risk and vulnerability" (Benner & Wrubel, 1989, p. 1). When equated with interest, Blustein (1991) suggested caring may be positive or negative, disinterested or self-interested. In positive caring, one stands to gain if x's condition improves or is maintained; in negative caring, one stands to gain if x's condition deteriorates or remains at a level unfavorable to x. One may wish to be *carefree*, a state of negative freedom

from cares. *Caring for* or *having care of* refer to a task-orientation; the caregiver is “charged with the responsibility for supervising, managing, providing for, attending to needs, or performing services” (Blustein, 1991, p. 27). *Caring for* may be distinguished from *caring about*, an attitude or affective state, “to acknowledge or pay attention to” (Shogan, 1988, p. 7). Noddings (1984) described *caring about* as an inferior form of caring involving only attention, equated with “a certain benign neglect” (p. 112). For example, one may care about the conservation of rainforests, but fail to take action. Noddings (1999) also warned that *caring about* “can deteriorate to political self-righteousness and to forms of intervention that do more harm than good” (p. 36).

Beyond the multiple meanings of caring found in common usage, divergent views are reflected in more formal definitions and conceptual models of caring. Attempts toward conceptualization range from loosely related ideas (Blustein, 1991), to more well-developed theoretical models (Fuller, 1992; Noddings, 1984), to models supported by empirical studies (Bogges, 1995; Donius, 1994; Ellett, 2000; Moffett, 1993; Ricks, 1992). For example, Moffett’s (1993) conceptual model of caring in the helping professions incorporated cognitive, affective, and behavioral components. *Caring about*, the affective component, interacts with the cognitive component (i.e., knowledge, skills, and abilities) resulting in caregiving behavior. Caregiving behavior may be equated with *caring for*. At the most basic level, humanistic psychologists have suggested that caring is a distinguishing feature of our humanity. The humanistic perspective and efforts toward more concrete definitions of caring from the nursing profession and the discipline of ethics are now presented.

*Contributions from humanistic psychology*

Emerging during the 1950s as a response to inadequacies of the dominant psychological perspectives, psychoanalysis and behaviorism, the ‘third force’ or humanistic psychology attempted to expand our understanding of humankind. The humanistic orientation “is concerned with man at his most human...with that which most distinguishes man as a unique species” (Bugental, 1978, p.17). In contrast to psychoanalysis, which was based on a rather deterministic, pessimistic view of human nature and emphasized tension reduction, and behaviorism, which emphasized reinforcement contingencies and environmental conditions, the humanistic orientation focused on human capacities and potential (i.e., such phenomena as intentionality, love, creativity, growth, responsibility, freedom, will, meaning, and fulfillment) (Moss, 1999). The humanistic perspectives of Fromm (1956) and Rogers (1951, 1989) included discussion of the significance of human caring in promoting human growth and the fulfillment of human potential.

Rejecting the Freudian emphasis on libido as the driving force in human development, Fromm (1941) stressed the importance of our social nature and the influence of culture on human development. The social nature of our existence shapes self-awareness. Fromm contrasted medieval and modern humankind and noted that while the rise of modern capitalism has increased our sense of individual freedom (i.e., individual identity is no longer dictated by one’s place in a caste-like social order nor by religion), this freedom has been accompanied by an increasing sense of isolation, aloneness, insignificance, fear, and loss of identity. As reflected in the title of Fromm’s earliest work, *Escape From Freedom*, modern man/woman seeks to escape individual freedom by either joining with others in a spirit of love and social productivity, or by submitting to authority and conforming to society. Fromm considered the second alternative

maladaptive while joining with others was equated with *positive freedom*, or *freedom to* relate spontaneously to the world in love and work/productivity.

Like others who embraced the humanistic perspective, Fromm (1955, 1973) was concerned with the essence of humanity and defined humankind's unique nature in terms of six peculiarly human, existential needs: the need for relatedness and unity; the need for transcendence and a sense of effectiveness; the need for rootedness; the need for a sense of identity; the need for a frame of orientation and an object of devotion; and the need for excitation and stimulation. Of these, the need for relatedness and unity, was theorized paramount to overcoming a basic sense of isolation created by modern society; the "desire for interpersonal fusion is the most powerful striving in man" (Fromm, 1956, p. 18). Fromm (1956) defined love as "an active power in man; a power which breaks through the walls which separate man from his fellow men; which unites him with others; love makes him overcome the sense of isolation and separateness, yet it permits him to ... retain his integrity" (p. 21). Love is characterized by care, responsibility or duty, respect, and knowledge, a syndrome of attitudes found in the healthy, mature person. Thus, caring for and connection to others are central to identity development and emotional health.

Well known for his *client-centered therapy*, Rogers's (1951) central focus was on the process of personality change rather than a theory of personality explaining the causes of the client's present personality characteristics. Nye (2000) used the phrase *humanistic phenomenology* to capture two vital aspects of Rogers's perspective: (a) persons are thought to be innately growth oriented, the single basic human motive is the *actualizing tendency*; and (b) understanding the immediate conscious subjective experience of clients, the internal, experiential frame of reference, is vital to understanding behavior.

Summarized very briefly, in Rogers's (1951, 1954) view humans are essentially growth oriented, moving toward fulfillment of basic potentialities, the *actualizing tendency* that includes the process of *self-actualization*. Actualization is supplemented by the *organismic valuing process*; as infants, "we begin life knowing what we like and dislike, and generally speaking, what is good and not good for us" (Nye, 2000, p. 106), a sort of internal guide for living. Experiences that maintain and/or enhance the organism are positively valued, for example, intimate relations with care providers. Our need for love and affection is innate. Under optimal conditions, *unconditional positive regard* from significant others, including regard for one's inner *organismic valuing process*, facilitates the development of *self-regard*, one's view of one's own self worth based upon the introjected values of significant others. However, if the child's attempts to please significant others in the environment require the child to ignore his/her own inner experiences, these experiences are no longer allowed to enter consciousness and *incongruence* of self with inner experiences may occur. Nye (2000) described client-centered therapy as a means by which clients regain contact with the *organismic valuing process*, real preferences and feelings, resolve incongruence or basic estrangement, and "develop a richer and more congruent self" (p. 124). Essentially, therapy releases our latent capacity to understand those aspects of life which cause pain, anxiety, and dissatisfaction and also activates our "tendency to reorganize [ourselves] and [our] relationship to life in the direction of self-actualization and maturity in such a way as to bring a greater degree of internal comfort" (Rogers, 1954, p. 4).

Rogers's (1989) discussion of the importance of unconditional positive regard in the development of self and as an essential element in the therapeutic climate necessary for client-centered therapy provides insight into human caring. Three attitudinal conditions form the core

of the therapeutic relationship: therapist congruence, unconditional positive regard or *unpossessive caring*, and accurate empathic understanding. Therapist congruence refers to genuineness. The therapist has developed self-awareness to the degree that his/her feelings are available to him/her and are experienced or lived in the therapeutic relationship; the therapist is congruent; the therapist is “*being himself, not denying himself*” (Rogers, 1989, p. 12). Rogers (1989) equated unconditional positive regard with caring. Through an attitude of acceptance, the therapist “communicates to the client his deep and genuine caring for him as a person with human potentialities, a caring uncontaminated by evaluations of the [client’s] thoughts, feelings, or behavior” (p. 13). Accurate empathic understanding refers to the therapist’s ability to “perceive [the client’s] experiences and feelings accurately and sensitively, and to understand their meaning to the client during the moment-to-moment encounter of psychotherapy...” (Rogers, 1989, p.13). When effectively communicated to the client, each of these core elements plays a role in successful therapy: therapist congruence makes the risk of sharing, on the part of the client, easier; *unpossessive caring* creates a nonthreatening context in which clients may experience the most deeply shrouded aspects of the inner self; and accurate empathy helps the client recognize points of incongruence, when experience is at variance with self concept.

#### *Contributions from the profession of nursing*

Reviewing the literature in the field of nursing, Morse et al. (1990) summarized five perspectives of caring: caring as a human trait, as a moral imperative or ideal, as an affect, as an interpersonal relation, and as a therapeutic intervention. As a human trait, caring is understood as basic to human nature and essential to human existence. Early experiences influence our basic potential to care and the potential may be professionalized through educational experiences. Caring as a moral imperative may be equated with core values. From this perspective, caring is

not manifest as an identifiable set of behaviors, but rather as an adherence to maintaining the dignity and integrity of the patient. In contrast, when understood as a therapeutic intervention, caring involves specific actions guided by professional knowledge and skills which allow the nurse to respond to patients' needs. When defined as affect, caring refers to emotional involvement, empathic feeling for the experience of the patient which motivates protective action. Finally, as an interpersonal relationship between nurse and patient, caring may be understood to encompass both feeling and behavior; "interaction between the nurse and the patient both expresses and defines caring" (Morse et al., 1990, p. 6).

Benner and Wrubel (1989) combined several of the previously described perspectives, conceptualizing caring as feelings and attitudes, which indicate someone or something matters. Caring connotes relation and connection to others which precedes action; thus, nursing care is both expressive and instrumental. Caring assumes primacy in nursing for a number of reasons: (a) caring provides meaningful distinctions and defines what matters, caring identifies the projects and concerns that motivate action; (b) through connection to others, caring enables us to discern relevant aspects of the situation of the cared-for and formulate interventions; and (c) caring sets up the possibility for giving and receiving help. As described by Benner and Wrubel, "the same act done in a caring and noncaring way may have quite different consequences ... a caring relationship sets up the conditions of trust that enable the one cared for to appropriate the help offered" (p. 4).

#### *Contributions from ethics*

Rejecting the human trait perspective of caring, Gordon, Benner, and Noddings (1996) conceptually defined caring "not as a psychological state or innate attribute but as a set of relational practices that foster mutual recognition and realization, growth, development,

protection, empowerment, and human community, culture, and possibility” (p. xiii). Less encompassing, referring only to individuals, Mayerhoff’s (1971) definition of caring focused on the growth of the cared-for: “to care for another person, in the most significant sense, is to help him to grow and actualize himself” (p. 1). Similar to the moral imperative perspective, ethicists offer a perspective emphasizing the relationship between motivation and care, thus linking care to benevolent action (Shogan, 1988; van Hooft, 1995). According to van Hooft (1995), “caring can be understood as a fundamental motivational disposition” (pp. 299-300). Because the objects of our caring matter or make a difference, we are motivated to act in their behalf. Caring orders our activities and brings meaning to life by providing a sense of basic certainty. As described by Mayeroff (1971), “the experience of *belonging* that stems from being needed by my appropriate others helps ground me; it is an ingredient of basic certainty” (p. 49).

The ontological view of caring, similar to the human trait perspective discussed in the nursing literature, stresses our basic relatedness and connection to others (Fuller, 1992; Gilligan, 1982; Noddings, 1984). Caring “is the most basic mode of being...” (Benner, 1994, p. 44). Basic relatedness occurs at many levels: biological, psychological, and spiritual (Fuller, 1992). As noted by eminent sociobiologist E.O. Wilson (1980), our survival as a species has depended upon cooperative behavior; “human behavior abounds with reciprocal altruism” (p. 58). However, our basic relatedness to others extends far beyond the sociobiological level; we are dependent upon our relations with others to complete ourselves morally and spiritually (Fuller, 1992; Noddings, 1984). Finally, caring has been defined through debate, central to the field of ethics, which either juxtaposes or attempts to reconcile an *ethic of care* and an *ethic of justice* (Allmark, 1995; Blum, 1988; Botes, 2000; Flanagan & Jackson, 1987; Gilligan, 1982; Noddings, 1984; Nunner-Winkler, 1984; Okin, 1989; Shogan, 1988; Slote, 1998, 1999).

*Ethic of Care Versus Ethic of Justice*

During the early 80s, the debate between Carol Gilligan and Lawrence Kohlberg concerning the moral development of women became the cornerstone of a feminist ethic of care. Kohlberg and Kramer's (1969) stage theory posited six levels of culturally universal moral development with the trait of moral development stabilized by the age of 25. Although female participants were noticeably lacking in the studies that lead to this conclusion, Kohlberg and Kramer determined that the moral development of women appeared to stabilize at stage three, a conventional level of development characterized by mutual interpersonal expectations, whereas males were capable of higher levels of moral development. Moral thinking at stage three entails a desire to conform, a 'good boy – nice girl' orientation. In contrast, higher stages of moral development are demonstrated by the acceptance of abstract, universal, ethical principles of right, such as the principles of justice and equality. Challenging Kohlberg and Kramer's conclusions regarding the inferiority of the moral development of women, Gilligan (1982) proposed an alternative developmental pathway for women grounded in caring for self and others, connection, relationship, and responsibility. As described by Gilligan (1982), "this conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules" (p. 19).

Like Kohlberg and Kramer's (1969) theory, Gilligan's (1982) theory of moral development may also be described as a stage theory consisting of three perspectives of relationship. At the most basic level, moral thinking is egocentric; survival is paramount. A transition occurs as women begin to judge their thoughts as selfish. As noted by Gilligan (1982), self "criticism signals a new understanding of the connection between self and others which is articulated

through the concept of responsibility” (p. 74). The second perspective of relationship is characterized by efforts to secure care for those who are dependent or unequal. A disequilibrium results when only others are legitimized as the recipients of care at the exclusion of self, leading to the insight that self and other are interdependent; “the activity of care enhances both self and others” (Gilligan, 1982, p. 74). Gilligan equated the third perspective of relationship with Kohlberg and Kramer’s post conventional level of moral judgment characterized by a reflective perspective on societal values and the construction of moral principles to be universally applied. At this level, “care becomes the self-chosen principle of a judgment that remains psychological in its concern with relationships and response but becomes universal in its condemnation of exploitation and hurt” (Gilligan, 1982, p. 74).

Blum (1988) summarized the major difference between Gilligan’s and Kohlberg’s views of morality. For Gilligan, the self, the other, and the moral situation are particularized. The unique moral agent is embedded in a web of relationships and moral action requires understanding of the other and the particular relationship. The acquisition of knowledge of the other toward whom one acts is a complex and difficult moral task requiring a stance informed by care, empathy, emotional sensitivity, and compassion. In contrast, Kohlberg’s agent operates from an impersonal stance; a thin definition of self contrasted with Gilligan’s thick definition of the moral agent. Gilligan’s agent is encumbered by ties and relationships, conceived as givens, not as voluntary or contractual. In contrast, Kohlberg’s moral agent is characterized by autonomy. For Kohlberg, formal rationality generates universal principles of right action, emotions play a remotely secondary role. “For Gilligan, ... morality necessarily involves an intertwining of emotion, cognition, and action, not readily separable” (Blum, 1988, p. 476). Gilligan rejected a universalistic conception of right action; appropriate action must be case specific. Finally,

Gilligan's and Kohlberg's notions of moral concerns differ. For Gilligan, "morality is founded in a sense of concrete connection ... which exists prior to moral beliefs about what is right or wrong or which principles to accept" (Blum, 1988, p. 476). On the other hand, Kohlberg's ultimate moral concerns are morally right principles and actions mediated by adherence to these principles.

Relevant literature reflects lack of consensus concerning the *public/private split* (Blum, 1988; Bowden, 1997). Are concerns arising from personal relations, though they may be legitimate regarding personal integrity, properly moral concerns? Accepting the moral legitimacy of personal relations, Nunner-Winkler (1984) rejected Gilligan's (1982) claim that an ethic of care and an ethic of justice represent two contrasting approaches to morality and suggested differences in *moral orientation*. An ethic of care may be understood as an orientation toward imperfect duties, understood as positive duties or duties of commission. Imperfect duties, for example, the duty of charity, do not prescribe specific acts, but formulate a maxim to guide action. Application of the maxim, its limits, and the degree to which it is binding must be determined by the actor applying pragmatic rules in a concrete situation. A *moral orientation* toward an ethic of justice may be understood as an orientation toward perfect or negative duties, for example, the duty not to kill. Unlike imperfect duties that can never be perfectly observed (e.g., one could never practice charity all the time toward everyone), perfect duties apply across situations and can be strictly met by everyone. Because females tend to be involved in diffuse relations in which the type of support others may legitimately request is unspecified, "females (1) feel more obligated to fulfill imperfect duties than males, and (2) in cases of conflict will more likely opt for the fulfillment of imperfect duties, whereas males will insist more rigidly on having the perfected duties respected" (Nunner-Winkler, 1984, p. 350). Furthermore,

Nunner-Winkler suggested that the moral development of women, which Gilligan (1982) described as a deepening sense of responsibility to care for self and others, may be understood not as moral development, but as ego development and struggles with a conception of the good life.

Comparing an ethic of justice to an ethic of care, Botes (2000) described the two approaches to moral decision making as antipoles. An ethic of justice is primarily concerned with fair and equitable treatment of all people. Autonomous agents act objectively and impartially to apply universal rules and principles, often to abstract situations. The justice perspective is reductionist; moral dilemmas are reduced to pertinent factors, emotions are excluded from moral debate. In contrast, an ethic of care is holistic and contextually based; the agent seeks empathic understanding of the unique situation of others with a focus on harmonious relations. Though both justice and care seem to have relevance in health care decisions, Botes offered no suggestions toward reconciliation of the two perspectives.

Allmark (1995) rejected an ethic of care as the basis for decision making in nursing on several grounds. Inadequate analysis of the concept of care has led to the misconception that care may be equated with good. However, the objects of our care may be morally wrong or neutral. Care is neutral, carrying no moral connotations. Allmark further criticized the ethic of care for its hopeless vagueness and lack of content; an ethic of care fails to identify what one should care about or the right way to go about caring.

Flanagan and Jackson (1987) rejected the notion of limiting understanding of moral personality to dual moral orientations and suggested that most individuals use both orientations at some time. The clear gestalt-metaphor as suggested by Gilligan (1982) failed to encompass the complexities of moral experience, “moral personality occurs at a level too open to both social

and self-determination for us to expect there to be any unique and determinate set of dispositions, capacities, attitudes, and types of reasoning which ideally underwrite all moral responsiveness” (Flanagan & Jackson, 1987, p. 636).

Shogan (1988) argued that an ethic of care and an ethic of justice are complimentary; care as a *benevolent desire* and care as a *just desire* are simply appropriate responses to two different moral situations. A caring person is motivated by the welfare and fair treatment of those in all moral situations and any being who can feel and suffer may be the object of caring. As a *benevolent desire*, care is expressed as a desire to enhance or prevent the diminishment of the welfare of others in situations that do not require adjudication. Care as *just desire* is “directed at fair treatment of others in situations that do require adjudication ... to sort out conflicts either between sentient beings or between sentient beings and a standard of some kind” (Shogan, 1988, p. 20). In summary, a desire for justice constitutes a moral response to situations that require adjudication while a benevolent desire is the morally appropriate response to situations involving the welfare of others.

According to Shogan (1988), a caring response consists of six components: (a) a moral situation in which either justice or fairness is at stake; (b) this situation is appraised as a moral situation; (c) the actor is morally motivated; (d) the actor possesses the practical, social, or professional skills necessary to help or adjudicate; (e) action is taken if one is in a position to act; and (f) the actor experiences a caring emotion. Shogan warned against an understanding of morality based solely on behavior; motivation must be considered to determine a caring response. Indeed, the skills component of a caring response may be easier to develop than the motivation. Both types of moral situations, those requiring benevolence and those requiring justice, may be responded to directly or dutifully. Thus, four types of caring responses are

possible: direct benevolent response, dutiful benevolent response, direct just response, and dutiful just response. For example, a dutiful benevolent response does not involve the direct desire to enhance or preserve another's welfare nor an accompanying caring emotion, rather the caring person responds to a desire to fulfill a duty of benevolence. In the absence of a direct benevolent response, one reminds oneself of the reasons which justify a benevolent response; a reflective or conscientious attitude is required. Although proximity is neither a necessary or sufficient condition to produce a caring response, proximity may make one more aware of another's needs and facilitate a more sensitive response. Because a dutiful response only indirectly focuses on those in the moral situation, Shogan considered dutiful responses less morally significant than direct responses; however, moral growth is possible and dutiful responses may grow into direct responses.

This section summarized the Kohlberg/Gilligan debate regarding an ethic of care and an ethic of justice. Gilligan's (1982) ethic of care forms the bedrock of a theoretical model of caring articulated by Noddings (1984). Because Noddings' work provided the theoretical basis for the development of and proposed revisions to the HCI-SW (Ellett & Ellett, 1996), a discussion of Noddings' theory of caring follows.

#### *Noddings' Model of Caring*

As suggested by the title, *Caring: A Feminine Approach to Ethics and Moral Education*, Noddings' (1984) conceptual model of caring is situated within an overarching, decidedly feminist, ethical theory. Borrowing from Mayeroff (1971), Noddings (1984) defined caring for another person as helping "him grow and actualize himself" (p. 1). The formulation of the core components of Noddings' model of caring appears to have preceded the formulation of her broader ethical theory (Noddings, 1981). Noddings (1981) proposed three aspects of caring

relationships: engrossment, attitude, and observable action. Engrossment and an attitude that conveys regard for the other are considered nonrational and constitutive of caring while observable action involves reason and is characteristic of caring. As described by Noddings (1981), “the caring relationship is, at bottom, nonrational ... the commitment that elicits rational activity precedes it” (p. 143). Noddings’ (1981) three aspects of caring relationships are now described, followed by a brief summary of her ethic of care.

### *Engrossment*

Caring occurs in an exchange, or relation, between the one-caring and the cared-for. Relation, “a set of ordered pairs generated by some rule that describes the affect – or subjective experience of the members” (Noddings, 1984, pp. 3-4), is assumed a basic fact of human existence. The one-caring is characterized by receptivity, or a receptive mode; the one-caring seeks to *feel with the other*. *Feeling with* may be distinguished from empathy, the former focusing on reception of the other, the latter involving projection of oneself into the situation of the other (Noddings, 1984). Receiving the other involves a motivational shift, *engrossment*, a sharing of motivational energy. As described by Noddings (1984), “my motive energy flows toward the other ... I allow my motive energy to be shared; I put it in the service of the other” (p. 33). In caring, our motivation is directed toward the welfare, protection, and enhancement of the one cared-for. The receptive mode may also be distinguished from evaluation or assessment of the other; it involves receiving what is there from a position of attentive quietude and absence of manipulative striving (Noddings, 1984). Expressed somewhat differently, *engrossment* may be understood as a form of “nonselective attention” (Noddings, 1993, p. 48). This special type of attention allows the one-caring to hear, see, and feel what is there in the other.

As the one-caring becomes engrossed, receives the other, the other's reality becomes a possibility for the one-caring. A responsive *I must* do something is aroused. "When we see the other's reality as a possibility for us, we must act to eliminate the intolerable, to reduce the pain, to fill the need, to actualize the dream" (Noddings, 1984, p. 14). Thus, a special receiving of the one cared-for is linked to action on his or her behalf.

### *Attitude*

The attitude of the one-caring, expressed verbally and bodily, conveys acceptance, trust, and regard for the one cared-for. Generosity and the quality of disposability may be equated with a caring attitude (Noddings, 1984), a readiness to make oneself available, to bestow or spend oneself. Acts of inclusion and confirmation, constructs borrowed from Buber (1965), are integral to a caring attitude. *Inclusion* refers to the achievement of a dual perspective by the one-caring; the one-caring views things through his or her eyes and through the eyes of the one cared-for. *Confirmation* goes beyond acceptance of the one cared-for, "the one-caring sees the best self in the cared for and works with him to actualize that self" (Noddings, 1984, p. 64). Although central to the exchange between the one-caring and the cared-for, there is an illusive quality in a caring attitude. As described by Noddings (1984), "when the attitude of the one-caring bespeaks caring, the cared-for glows, grows stronger, and feels not so much that he has been given something as that something has been added to him. And this something is hard to specify ..." (p. 29).

The reception of this caring attitude by the cared-for is critical. Noddings' (1984, 1996) emphasis on reciprocity, the contribution of the cared-for in the process of caring and the role of cared-for's response in maintaining caring, is unique. Just as teaching is completed in learning, caring is completed only when the attitude of the one-caring is received by the one cared-for and

the one cared-for responds in some positive way to the one-caring. For example, (A, B) is a caring relationship if and only if (a) A cares for B, and (b) B recognizes that A cares for B. The cared-for receives the caring and “its reception becomes part of what the one-caring feels when she receives the cared-for” (Noddings, 1984, p. 30).

The response of the cared-for need not come in the form of warmly verbalized appreciation. Indeed, it seems that the one-caring must possess a special form of receptivity to detect the response of the cared-for. For example, eye contact from a severely withdrawn child, the spontaneous sharing of pursuits or projects, or an “unconscious revealing of self” (Noddings, 1984, p. 73) represent receptive responses. The one-caring may experience joy in response to the receptivity of the cared-for. “What the cared for gives to the relation either in direct response to the one-caring or in personal delight or in happy growth before her eyes is genuine reciprocity” (Noddings, 1996, p. 35). Joy is “a basic affect that accompanies our recognition of relatedness” (Noddings, 1984, p. 133); joy sustains the one-caring in difficult times and enhances the *ethical ideal*. Although caring is completed in all relationships through the apprehension of caring by the cared-for, the relationship is inherently unequal and the “greater responsibility belongs to the one-caring” (Noddings, 1984, p. 76). For example, a parentified child who must consider the motives and needs of the supposed one-caring, abdicates the role of one cared-for, and becomes the one-caring. Noddings (1984) described this as a “position of ethical heroism ... the cared-for lives as a cared-for without the sustaining attitude and with persistent doubt strongly managed by his own commitment ...” (p. 77).

Noddings’ (1984) focus on reciprocity becomes significant because it challenges the association between caring and altruism. Sociobiologists defined altruism as “self-destructive behavior performed for the benefit of others” (Wilson, 1980, p. 306). However, psychologists

stress the importance of motivation in defining altruism; “if one’s ultimate goal in benefiting another is to increase the other’s welfare, then the motivation is altruistic” (Bateson, Ahmad, Lishner, & Tsang, 2002, p. 485). Clearly, neither definition of altruism applies to an ethic of care. According to Noddings, caring benefits both the one-caring and the one cared-for, because we are defined by our relations with others, “I do not sacrifice myself when I move toward the other as one-caring” (Noddings, 1984, p. 99).

### *Observable Action*

Caring action may be defined as a genuine response to the perceived needs of the cared-for involving objective problem-solving in response to the nonrational *I must*. Although action is characteristic of caring, choice is involved; one may reject the *I must*. From an ethical perspective, the obligation of the one-caring to take action is determined by “the existence of or potential for present relation and the dynamic potential for growth in relation” (Noddings, 1984, p. 86). Caring requires one to “respond to the initial impulse with an act of commitment: I commit myself either to overt action on behalf of the cared-for ... or I commit myself to thinking about what I might do” (Noddings, 1984, p. 81). The action component of caring is considered rational; action depends “upon a constellation of conditions that is viewed through the eyes of the one-caring and the eyes of the cared-for” (Noddings, 1984, p. 12). Noddings described this as rationality in the service of engrossment. Caring action is based on the feelings of the one-caring, the expectations of the cared-for, and the requirements of the relationship. Although reason is employed in the formulation of action, a temporal or lateral move into objective thinking, Noddings (1984) emphasized the importance of “moving back and forth to invest the appropriate mode with dominance. When we give over control to the inappropriate mode, we

may properly speak of ‘degradation on consciousness;’ in one case we become irrational and in the other unfeeling and unseeing” (p. 35).

Noddings (1984) rejected the abstract application of universal rules or principles; principles are peripheral to caring action. “The one-caring is wary of rules and principles. She formulates and holds them loosely, tentatively, as economies of sort, but she insists on holding to the concrete” (Noddings, 1984, p. 55). An observer may judge caring acts by two criteria: (a) the act either brings about a favorable outcome for the cared-for or seems reasonably likely to do so, and (b) “the one-caring displays characteristic variability in her actions – she acts in a non-rule bound fashion in behalf of the cared-for” (Noddings, 1984, p. 25). As one-caring, “the test of my caring is not wholly in how things turn out; the primary test lies in an examination of what I considered, how fully I received the other, and whether the free pursuit of [the projects of the cared-for] is partly a result of the completion of my caring for him” (Noddings, 1984, p. 81).

#### *Noddings’ Ethic of Care*

Much in the study of ethics has focused on moral reasoning, reasoning governed by principles and that which may be logically derived from them. As described by Noddings (1984), “ethics has been discussed largely in the language of the father: in principles and propositions, in terms of justification, fairness, and justice” (p. 1). However, an ethic guided by Logos, the masculine spirit, fails to capture the receptive rationality of caring that lies at the heart of an ethic based on Eros, the feminine spirit. Noddings (1984) proposed an alternative approach to ethics, grounded in receptivity, relatedness, and responsiveness. Rather than an ethic based on principles and their logically derived conclusions, a feminist view locates the “wellspring of ethical behavior in human affective response” (Noddings, 1984, p. 3). An ethic of care is practical, addressing actual situations requiring moral decision. In our relations with others, we aspire to meet the other

morally, as one-caring. As described by Noddings (1984), “it is that condition toward which we long and strive, and it is our longing for caring – to be in that special relation – that provides the motivation to be moral” (p. 5).

Noddings’ (1984) ethic of care is based on three primary constructs: natural caring, ethical caring, and the *ethical ideal*. Morality as an *active virtue* requires two sentiments: (a) natural caring, and (b) our response to memories of natural caring. Natural caring may be understood as a longing for relatedness that arises from our earliest memories of being cared for and caring for others. For example, a parent’s natural response is to comfort a crying infant. Natural caring is ontological; all humans experience this sentiment to some degree. When one observes others in need, natural caring moves us to respond. “This memory of our own best moments of caring and being cared for sweeps over us as a feeling – as an ‘I must’ – in response to the plight of the other and our conflicting desire to serve our own interests” (Noddings, 1984, pp. 79-80).

Ethical caring arises from two natural sentiments, natural caring and feelings for our *ethical ideal*. Natural caring produces the *I must* response to the plight of the other, which becomes a moral imperative. We are not compelled to respond to the *I must*, choice is involved, however, one’s response will either enhance or diminish one’s *ethical ideal*. The *ethical ideal* is a personal construct to which we refer ethical dilemmas, and it develops “in congruence with one’s best remembrances of caring and being cared for” (Noddings, 1984, p. 94), one’s best vision of oneself as one-caring. Thus, one may be induced to behave ethically when strong natural caring is absent; natural caring and a longing to recapture, maintain, or enhance relatedness to others induce us to behave morally. Caring relations are superior to other forms of relatedness (e.g., rivalry, competition, or enmity) and are equated with good while rejecting the impulse to care and turning one’s back on the ethical is akin to evil (Noddings, 1984).

Noddings (1989) devoted a subsequent work, *Women and Evil*, to the exploration of a *morality of evil*. Theology has failed to resolve a basic dilemma: if God is all knowing, all powerful, and all good, why is there evil in the world? Rejecting notions of evil as a competing force juxtaposed with good or a mortal failure to comprehend a divine plan, Noddings (1989) suggested that evil is located within ourselves, in the deliberate induction or neglect of three conditions, “pain and the infliction of pain, separation and neglect of relation, and helplessness and the mystification that sustains it” (p. 102). The wisdom gleaned from those in the traditional caregiver role, primarily women, might be used to develop a *pedagogy of the oppressor*, a reeducation in mediation, moderation, and sharing. As conceived here, evil is not something external to be overthrown; rather women’s experience suggests evil is mitigated by “a steady refusal to participate in it” (Noddings, 1989, p. 172).

In children, the *ethical ideal* may be nurtured through dialogue with caring adults. Open discussion of feelings and observations and reflecting aloud provide training for receptivity. Caring involves practice and children should be afforded opportunities to experience pleasure in caring, for example caring for a pet, and for learning skills necessary for competent caring. Finally, the one-caring may nurture the child’s *ethical ideal* through what Noddings (1984) terms “attribution of the best possible motive” (p. 124). The child is always approached as if he or she has a respectable motive, as if the ideal has already been achieved in the eyes of the one-caring.

Maintenance of the *ethical ideal* is made possible through the *unique position* of the one-caring. Our efforts toward ethical caring are subject to self reflection, an awareness of oneself caring subject to self doubt. As noted by Noddings (1984), our efforts to preserve the *ethical ideal*, caring for the *ethical ideal*, “commit [us] to struggle toward the other through clouds of doubt, aversion, and apathy” (p. 50). The threat of guilt is ever present should caring lapse and

courage may be required to accept limits as one-caring. The *ethical ideal* must be realistic, must be attainable in the actual world, and must avoid self-deception by incorporating all the past deeds of the moral agent (Noddings, 1984). As previously noted, obligation to care is limited by the possibility of completion; in accepting constraints on our *ethical ideal*, our obligations may realistically be met.

Noddings (1984) positioned the one-caring “at the center of concentric circles of caring” (p. 46). Within the inner and most intimate circle, caring is motivated by love. Moving outward, one finds others for whom one has regard. In both these circles, care is guided by feelings, the expectations of the other, and what the situational relationship requires of us. Though they do not guarantee a relation, culturally determined rules of conduct proscribe behavior. For example, one treats one’s colleagues with respect. For Noddings (1984), rules of conduct “are a reflection of someone’s sense of relatedness institutionalized in our culture” (p. 47) and serve to protect the one-caring from a bombardment of stimuli that elicit an *I must* response. However, these rules do not have a decisive effect in critical situations and complete reliance on external rules results in detachment from the sensibility that calls forth caring. For Noddings (1984), rules cannot guide us infallibly in situations of conflict, “we have no ethical responsibility to cooperate with law or government when it attempts to involve us in unethical procedures (p. 55),” such as spying or entrapment. Beyond the intimate circles of proximate others are circles enclosing others whom one has not yet encountered, potentially cared-for, for example, future students. Noddings (1984) referred to “chains of caring” (p. 47); chains that link unknown individuals to others already included in our inner circles as well as whole new circles of potential caring.

Although the behavior of the one-caring is not strictly rule bound, neither is the one-caring characterized as unprincipled or capricious (Noddings, 1984). Caring persons are dependable;

“a moral life based on caring is coherent, although it may defy description in terms of systematic consistency” (Noddings, 1984, p. 56). Noddings rejected the characterization of an ethic built on caring as tender minded, describing instead the *toughness of caring*.

Noddings (1984) identified situations in which the capacity for ethical caring may be diminished. For example, a battered wife and mother whose alternatives become limited in the face of physical threats. She can no longer meet the other as one-caring, and must withdraw. Organizations and customs may also contribute to the diminution of the *ethical ideal*. How does one meet the other as one-caring in a “fair fight”? The military requires obedience to orders, excluding the possibility for receptivity to the other and reflection necessary to ethical decision making. “We are all, and necessarily, ethically diminished by war” (Noddings, 1984, p. 117).

#### *Social Work and Human Caring*

Although direct discussion of care and caring is somewhat limited in the social work literature, possibly a matter of semantics, it is suggested that caring is central to the profession. Rhodes (1985) stated that “caring about others is considered the foundation of all social work” (p. 102). A caring relationship between the social worker and the client has long been considered the foundation of the change process (Biestek, 1957; Hollis; 1970; Perlman, 1957; Perlman, 1979; Richmond, 1917). Perlman (1979) identified four attributes of the professional social work relationship: acceptance, empathy, genuineness, and *caring-concern*, “concern for the welfare of those who seek help ... it implies ... that one cares about the person’s hurt and/or about the hurtful consequences of his behavior, whether for himself or others” (pp. 59-60). Hollis and Woods (1982) noted the importance of acceptance, defined as “an attitude of warm good will toward the client” (p. 25), and suggested that maintaining caring feelings for the client is the essence of acceptance. Many parallels may be drawn between caring and social work practice.

In one of the earliest social work texts, Mary Richmond (1917) described the purpose of the initial social work interview as giving a “fair and patient hearing” (p. 133), and seeking “to establish a good mutual understanding” (p. 133). Although the terminology from the literature on caring differs, for Noddings (1984) *engrossment*, for Moffett (1993) *receptivity*, each of these concepts may be equated with efforts to understand the individual in his/her social environment. The purpose of caring relations, as broadly defined by the field of ethics, to enhance the well-being of the recipient of care (Gordon et al., 1996; Mayerhoff, 1971), parallels the purpose of the client-worker relationship; caring relations and social work practice are both characterized by altruism.

Rhodes (1985) noted similarities between Gilligan’s (1982) *responsibility mode* of moral development and the practice of social casework. Like casework, the responsibility mode focuses on nurturing and promoting the well-being of others through sensitivity to the unique situation and needs of each individual. Rather than adherence to abstract principles, actual and specific consequences form the basis of decision-making; mercy foreshadows justice. Although compatible with casework, Rhodes (1985) acknowledged two central ethical problems which arise from the responsibility mode of moral decision making: (a) caring may compromise the client’s autonomy and self-determination, and (b) decision-making on a case-by-case basis may lead to “arbitrary and unfair treatment, to preference for one client over...” (p. 102). Recognizing the possible incompatibility of an ethic of care and an ethic of justice, Rhodes (1985) suggested that through attempting to integrate both ethics, the NSW Code of Ethics has failed to aid in the resolution of many ethical dilemmas.

The five perspectives of caring identified in the nursing literature (i.e., caring as a human trait, as a moral imperative or ideal, as an affect, as an interpersonal relation, and as a therapeutic

intervention) by Morse et al. (1990) have relevance for understanding human caring in social work practice. (1) As a human trait, caring is assumed to be a part of human nature; all humans have the potential to care and through the acquisition of skills and knowledge, caring becomes professionalized. Perhaps social work education actualizes caring potential. (2) Understood as a moral imperative, caring moves the moral agent to action. Social work is characterized by advocacy, action taken on behalf of clients. The profession of social work has a well developed ethical code (NASW Code of Ethics, 1997) which requires social workers to act to challenge social injustice. (3) Caring as affect implies emotional involvement, in social work, often equated with empathy. (4) From the interpersonal relationship perspective, relationship is considered more than the medium through which caring is expressed; relationship is considered the essence of caring. Although the degree of importance attributed to the social worker-client relationship has been the subject of debate, Biestek (1957) considered relationship the *essence* of casework service in every setting, and Rapoport (1970) described relationship as the *dynamic force* in treatment. Due to the involuntary nature of many child welfare services, Drake (1996) emphasized the importance of a functional working relationship between the worker and the client which served as “a necessary prerequisite to assessment and intervention tasks” (p. 265). (5) Finally, caring as a therapeutic intervention emphasizes competent practice, the application of specialized skills and knowledge congruent with the needs of clients. Social workers bear responsibility for acquiring the necessary skills to serve clients effectively.

Moreover, the NASW Code of Ethics (1997) identified competence as a core value; likewise, “in a fundamental, essential way, caring implies a quest for competence” (Noddings, 1996, p. 162). To meet the needs of a variety of cared-for, professional careers bear responsibility to develop the necessary skills. The behaviors included in the Caring Behavior Inventory (CBI)

(Wolf, 1986) for nursing, (i.e., attentive listening, honesty, patience, sensitivity, and respect) serve equally as well as descriptors of common behaviors and attributes of social workers. Summarily, social work embodies caring.

Social work's strengths-based perspective is mirrored in Noddings' (1984) discussion of the *ethical ideal* and the processes of *confirmation*. The strengths-based perspective has been contrasted with the dominant practice orientation based on the medical model, characterized by deficit-based language and a focus on psychopathology (Graybeal, 2001; Saleebey, 1996; Saleebey, 1997). As described by Saleebey (1996), the strengths-based perspective demands a different view of clients, a view that focuses on "capabilities, talents, competencies, possibilities, visions, values, and hopes" (p. 297). The strengths-based perspective emphasizes the importance of relations with others, dialogue with others, and a sense of membership and belonging (Saleebey, 1997). Thus, relation is central to caring and to social work's strengths-based perspective. As described by Noddings (1984), "my very individuality is defined in a set of relations" (p. 51). Similarly, the strengths-based perspective emphasizes the importance of membership, feeling responsible for and valued by one's family and larger community. Caring relations are strengths-based and speak to possibilities; the one-caring nurtures, within those cared-for, the best vision of self.

Dialogue is central to both caring and the strengths-based perspective. Only through dialogue may the one-caring fully receive the one cared-for and nurture his/her ethical ideal. Shared stories about infancy and childhood "contribute to memories of tenderness" (Noddings, 1984, p. 121) upon which the ethical ideal is based. From the strengths-based perspective, meaning is created through narrative; "individuals impart, receive, or affirm meanings largely through telling and retelling stories and recounting narratives, the plots often laid out by culture"

(Saleebey, 1996, p. 302). Finally, caring relations are characterized by respect for self-determination and absence of manipulation; the one-caring embraces the aspirations and visions of the one cared-for. As described by Noddings (1984), the one-caring allows the one cared-for to “turn freely toward his projects” (p. 75). Like the strengths-based perspective, caring encourages capabilities and potentialities in the one cared-for.

Beyond the parallels and inferences drawn here, care, caring, and an ethic of care have been discussed directly in the social work literature. Though reaching different conclusions regarding the place of caring, Imre (1982, 1989), Tucker (1996), and Morris (1977) have addressed the relevance of caring for the profession. Dismissing positivisms’ relegation of values to mere matters of preference, Imre (1982) suggested that social work is intrinsically involved with moral issues, with what is “good.” Principles such as autonomy, freedom, justice, and caring may all be equated with “good.” Thus, “it is possible to know, not just prefer, what is good and valuable and also to seek knowledge about what this means in practice for those who would do social work” (Imre, 1982, p. 107).

Borrowing Mayerhoff’s (1971) conceptualization of caring, encouraging and fostering growth in those cared-for, Imre (1982) suggested that “caring is a fundamental moral principal which in effect motivates social workers to be concerned about the freedom and well being of others” (p. 108). Thus, caring and justice are compatible principles; justice is a requirement of caring (Imre, 1989). As social workers, we are ethically concerned that our clients not be excluded from the resources needed to live a good life. Noting the seeming incompatibility between the intellectual traditions of moral philosophy and ethical decision making in the context of social work practice, Imre (1989) also suggested that “the perspective of care ... provides a vital starting place for

[social work's] ethical deliberations" (p. 22); through elaboration and supplementation, an ethic of care provides the foundation for ethical decision making in social work.

Noting a lack of paradigm development by the profession, Tucker (1996) suggested that caring might provide an *organizing problematic*, an integrated framework of concepts, propositions, and practices that together define the central organizing problem addressed by social work. Although social work has searched for a problematic in the area of the individual-environmental interface, knowledge development has centered around practice principles and treatment approaches applied at the level of individuals and communities; the ecological approach has failed to generate a specialized, abstract body of knowledge (Tucker, 1996). Tucker (1996) defined caring as acts of tending and acts of development, more specifically, tending refers to "work undertaken in support of those who ... cannot do for themselves," (p. 421) while development refers to "work undertaken to advance the fulfillment of people's potential as well as to enhance their state of material and emotional well-being, or to promote the recovery of such a state of well-being" (p. 421). Thus defined, caring may be examined at multiple levels: individuals, families, organizations, populations, and communities of populations. Tucker (1996) proposed the following organizing question for the profession: "Why are there so many kinds of caring, and why are there not more" (p. 422)?

Morris (1977) suggested that as a profession social work has failed to achieve recognition due to failure to move from *caring about* people to *caring for* people. Typically employed by large host agencies to perform selected, ancillary tasks in the interest of those agencies (e.g., hospitals, mental health facilities, income maintenance programs), social workers are not central to or ultimately accountable for service outcomes. Social work has failed to take responsibility for any particular vulnerable population. Noting that approximately 10% of clients challenged by

poverty, mental health problems, and physical disabilities require not intermittent, but long-term continuous care, Morris (1977) suggested that social work should assume a greater role in development and administration of systems of continuous care. *Caring for* would be equated with the “the creation and management of social environments” (Morris, 1977, p. 357) designed to provide continuous care. Through the administration of such social environments, social work’s professional status might be improved; taking care of people who must be cared for would become “an exclusive domain of social work” (Morris, 1977, p. 358).

### *Scales Measuring Caring*

This section discusses efforts to quantify human caring and related constructs, and is included because the goal of the proposed study is to develop a reliable, valid measure of human caring for social work. The lack of conceptual agreement regarding caring is reflected in the instruments which have been developed to measure this complex construct. Variety among the conceptual models upon which scales are based has led to a number of theorized dimensions of the construct of caring. For example, Donius’ (1994) Instrumental Caring Inventory (ICI) was based on a model of instrumental friendship (Rawnsley, 1990) and included affective, cognitive, and conative dimensions reflected in three subscales: compassion, empathy, and altruism. In contrast, Moffett’s (1993) Caring Inventory for Nurses (CI-N), was based on Noddings’ (1984) ethic of care and focused on only the affective dimensions of caring. The CI-N (Moffett, 1993) consists of four subscales: receptivity; responsivity; moral/ethic consciousness; and professional commitment. Although conceptually quite different, each of these scales was designed to measure caring among nurses.

Although the nursing profession has produced several measures of caring, most include items that lack applicability in other professional contexts. For example, the CARE-Q instrument

(Larson, 1986), which identifies nurses' perceptions of the most important caring behaviors, consists of six subscales: accessible; explains and facilitates; comforts; trusting relationship; anticipates; and monitors and follows through. Items included in the accessible subscale, such as, *gives medications on time* and *gives a quick response to the patient's call*, capture context specific aspects of *caring for* and lack meaning in most social work settings. The Caring Behaviors Assessment (CBA) (Cronin & Harrison, 1988) measures patients' perceptions of important caring behaviors and includes items like *knows how to give shots, IVs, etc.*, *knows how to handle equipment*, and *knows when to call the doctor*. Furthermore, almost without exception, the scales developed for nurses have not been subject to rigorous validation studies. For example, items have been selected for retention based on the highest mean rating of Likert-type items. The psychometric properties of the few instruments developed to measure caring, which appear applicable to social work, are now discussed.

#### *The Instrumental Caring Inventory*

A Likert-type scale designed to measure caring among nurses, the Instrumental Caring Inventory (ICI) (Donius, 1994) consists of 60 items. The three dimensions of the scale are defined as follows: (a) compassion – sharing the suffering of others and the desire to relieve suffering; (b) empathy – a cognitive process essential for communicating understanding to the one suffering; and (c) altruism – action or intervention to meet the needs or improve the welfare of others with no intended self benefit. These subscales correspond with the affective, cognitive, and conative dimensions of caring. Content validity of the ICI (Donius, 1994) was established by having a panel of 12 experts, from a variety of helping professions, categorize the items according to the operational definitions of the theorized dimensions. Construct validity was first examined in a pilot study of a purposive sample of nurses (n=102). Intercorrelations among the

three subscales ranged from  $r = .56$  to  $r = .43$ , and the majority of items on each subscale were determined to measure elements of the same concept. Factor analysis was not performed. The ICI failed to discriminate among a sample of nurses ( $n = 254$ ) and a sample of non-nurses ( $n = 85$ ). Using a purposive sample of nurses ( $n=391$ ), construct validity was examined again by correlating ICI subscale scores with external measures; all correlations were statistically significant. “The ICI displayed a strong relationship to existing measures for the concepts of compassion ( $r = .56$ ), empathy ( $r = .59$ ), and a significant relationship to the existing measurement for the concept of altruism ( $r = .36$ )” (Donius, 1995, p. 137). ICI data demonstrated moderate internal consistency reliability. Alpha coefficients for three study samples ( $n = 102$ ,  $n = 254$ , and  $n= 391$ ) ranged from .71 to .73 for the Compassion Subscale; from .72 to .79 for the Altruism Subscale; and from .70 to .77 for the Empathy Subscale.

#### *Inventory to Assess Three Dimensions of Caring Morality*

Based on a review of the caring literature from multiple disciplines, Boggess (1995) conceptualized a model of caring morality, or caring moral orientation, which may be distinguished from a justice moral orientation. This measure includes three dimensions: (a) relating – attachment to others, maintaining or restoring relationships with others, commitment to relationships; (b) feeling – empathy and/or compassion toward others, avoiding hurting others; and (c) helping – supporting or responding to others in need with a sense of altruism or benevolence. Items in this inventory refer to relationships with other people in general (i.e., friends and family) and would be difficult to adapt to professional social work relationships. For example, the following items were included in the helping and feeling subscales, respectively: *If a neighbor were ill, I would offer to help in whatever way possible*; *A tear comes to my eye when I remember a friend who will experience their first holiday after the*

*loss of a parent*. Discussion of this instrument is included because it was subject to a more rigorous validation process and allows for the examination of a conceptual model of caring morality developed from the perspective of education.

The original inventory consisted of 62 items, rated on a 7 point Likert-type scale. Face validity was established by having a panel assign items to each subscale; items which achieved two-thirds rater agreement were retained, resulting in 60 items. To further examine the validity of the instrument and the internal consistency reliability of data, the 60 item version was administered to a purposive sample (n=212) of college students in various fields of study. Following item analysis and factor analysis, 40 items were retained. Coefficient alpha for data for the total inventory was .89, and .69, .82, and .87 for the data from the helping, feeling, and relating subscales, respectively.

Efforts to examine the criterion-related validity of the caring morality inventory by correlating subscale scores with several external measures of similar constructs produced mixed results. The helping subscale was moderately correlated,  $r = .61$ , with the helping disposition subscale of Severy's (1975) Helping Dispositions Scales; however, the feeling subscale demonstrated a stronger positive correlation,  $r = .64$ , than did the helping subscale. A positive correlation between the feeling subscale and the feeling/thinking subscale of the Meyers-Briggs Type Indicator (Meyers & McCaulley, 1985) was hypothesized; however, the scores reflected a moderately strong correlation,  $r = .43$ , leading Boggess (1995) to conclude the feeling subscale was "measuring a construct of caring other than a personality trait" (p. 70). The final external criterion, the relating subscale of the Caring Relationships Inventory (CRI) (Shostrom, 1966), was only weakly correlated,  $r = .21$ , with the relating subscale of the caring morality inventory.

### *Relationship Self Inventory*

Based on the work of Gilligan (1982), The Relationship Self Inventory (RSI) (Pearson et al., 1998) is a 60-item set of self-report scales, which assesses two general self-orientations: (a) the Separate Self (SS) (18 items), and (b) the Connected Self (CS) (12 items). Two additional scales further assess manifestations of connection: (a) Primacy of Other Care (POC) (14 items), and (b) Self and Other Care (SOC) (16 items). The SS scale includes items that focus on independence, separation, hierarchical organization, and justice. The CS scale includes items that focus on interdependency, connection with others, egalitarian exchange, and context specific concern for individuals. The CS scale and the connection subscales appear conceptually related to human caring. The POC aspect of connection is characterized by priority of care of others over care of self while the SOC aspect of connection reflects a more balanced care orientation in which both others and self are felt to be equally deserving of care. The self-descriptive value of each item is rated on five-point Likert-type scale.

To assess the validity of the RSI, four diverse samples (n=1145), ranging in age from 16 to 78 years, including high school and undergraduate students, recently divorced persons, and adult learners, completed the scales. Confirmatory factor analysis confirmed unidimensionality of the scales. Because connection was hypothesized to be more central to women and separation more central to men, Pearson et al. (1998) were particularly interested in the effect of gender on internal consistency reliability. With the exception of POC, the scales demonstrated acceptable internal reliability. Cronbach's alphas on each scale for men and women, respectively, were: SS (.85, .77); CS (.76, .76); POC (.67, .68); and SOC (.78, .77). Intercorrelations among the scales supported Gilligan's (1982) underlying theory of gendered moral orientation. The correlation between SS and CS for both women and men were relatively low, and negative (-.23, -.33,

respectively). Correlations between CS and its two forms, POC and SOC, were moderate and positive for both men and women. Of interest, women scored significantly higher on the CS scale and men scored significantly higher on the SS scale. There were no gender differences in the mean scores for the POC and SOC scales.

To explore concurrent validity, a sub-sample of participants ( $n=604$ ) completed measures of personality, temperament, and psychological adjustment, which served as external criteria. As predicted, nurturance was positively correlated the CS scale ( $r=.21, p< .01$ ) and negatively correlated with the SS scale ( $r=-.25, p< .01$ ). Autonomy was positively correlated with the SS scale ( $r=.25, p< .01$ ) and negatively correlated with the POC scale ( $r= -.19, p< .01$ ). Anger was positively correlated with the SS scale ( $r=.25, p<.01$ ). For both men and women, emotional overdependence was correlated with POC ( $r=.42, p< .01$ ), and for women, POC was also correlated with fear ( $r=.22, p< .01$ ) and depression ( $r=.19, p< .01$ ). Of importance, for women, the correlation between CS and depression ( $r= -.02$ ) was low and not statistically significant. Pearson et al. (1998) concluded that the RSI was an adequate tool for assessing connected and separate self-orientation.

### *Caring Inventory for Nurses*

Although the validation sample for the Caring Inventory for Nurses (CI-N) (Moffett, 1993) was composed of registered nurses, the instrument was designed to measure caring in the helping professions. Borrowing from Benner and Wrubel (1989), Moffett defined caring as “the subjective feelings or attitudes which indicate that someone or something matters” (Moffett, 1993, p. 15). Moffett’s conceptual model of caring suggested that caring included two key components: (a) caring affect, and (b) specialized skills and knowledge. These two components and environmental factors in the context in which care is provided impact the expression of

caring behavior, which then influences client outcomes. A self-rating scale, the CI-N (Moffett, 1993) measures the affective component of caring. The final version of the scale included four dimensions defined as follows: receptivity – sensitivity to the needs and feeling of others, ease in forming relationships with others; responsivity – “the tendency to be supportive, nurturing, and responsive to the needs of others” (p. 16); moral/ethical consciousness – “the tendency to treat others with dignity and respect and to take responsibility for one’s own actions and for the welfare of others” (p. 16); and professional commitment – “a consistent course in order to fulfill values and goals within a specific professional context” (p. 16).

The psychometric properties of the CI-N (Moffett, 1993) have been subject to rigorous investigation. An initial pool of items was derived from the theoretical and empirical literature and from structured interviews concerning caring characteristics of nurses with a sample of 22 nurses and 42 patients. The initial pool consisted of 50 items, 40 human caring items and 10 social desirability items. Four dimensions of the affective component of caring were hypothesized: interpersonal warmth, acceptance, affective sensitivity, and commitment. To insure face validity, the 40 human caring items were reviewed by a panel of experts (8) for relevance and readability. All items achieved acceptable ratings as indicators of human caring, thus 40 items were retained. One item was rewritten to improve readability and two reviewers noted overlap between the hypothesized dimensions of moral/ethical consciousness and professional commitment.

Next, a sample of registered nurses (n=225) completed the CI-N (Moffett, 1993) and responses were analyzed through exploratory factor analysis. The proposed dimensions were not supported by factor loadings, thus the subscales were redefined and items revised resulting in a

32-item scale hypothesized to measure four dimensions of caring affect: receptivity, responsiveness, moral/ethical consciousness, and professional commitment.

Test re-test reliability of the new version of the scale was established by administering the instrument to a sample (n=38) of nurses, and having the sample complete the scale again two weeks later. Test-retest reliability was excellent, .98 for the total scale. Cronbach's alpha for the pre-test data was .89, indicating good internal consistency reliability. Discriminant validity was established by having the supervisors of the 38 nurses who participated in the test-retest reliability study rate each participant on a three point scale of caring, ranging from *very caring* to *not very caring*. Statistically significant, higher scores on the CI-N (Moffett, 1993) were achieved by those nurses rated *very caring* by their supervisors.

Following a careful review of retained items for clarity and relevance, an additional four items were developed for a total of forty human caring items. The revised item pool was submitted to a panel of experts (10) for review. All 40 items were retained. Next, a sample of 739 nurses, employed in 14 acute care hospitals, were surveyed using the new 50 item version (40 human caring items, 10 social desirability items) of the CI-N (Moffett, 1993). A return rate of 57% resulted in a sample of 421 nurses. Exploratory factor analysis resulted in a four-factor solution, which accounted for 33.5% of the variance in the data, thus confirming separate, but related, hypothesized dimensions. Thirty-one of the forty human caring items were retained. Cronbach's alphas for the subscale data were as follows: receptivity = .66; responsiveness = .74; moral/ethical consciousness = .52; and professional commitment = .79. Findings suggested the need for subsequent research to better operationalize the receptivity and moral/ethical consciousness subscales. Criterion-related validity was examined using seven external measures and results confirmed "that the subscales of the CI-N contained indicators representing the

constructs such as empathy, nurturance, open-mindedness and commitment” (Moffett, 1993, p. 132). Statistically significant correlations between the responsiveness and professional commitment subscales of the CI-N and patients’ perceptions of caring by nurses, as well as significant correlations between peer perceptions of caring and all the CI-N subscales provided further evidence of criterion-related validity.

#### *Human Caring Inventory for Social Work*

The Human Caring Inventory for Social Work (HCI-SW) (Ellett & Ellett, 1996) was adapted from Moffett’s (1993) CI-N. Moffett’s conceptual model and conceptual definitions of caring and its four dimensions provided the theoretical and conceptual framework for the HCI-SW (Ellett & Ellett, 1996). The 31 items retained in the final version of Moffett’s (1993) CI-N were modified for relevance to social work settings. This pool of items was reduced to 25 following factor analyses of data from a study sampling child welfare workers in Louisiana (Ellett & Ellett, 1996).

A self-rating scale, the most current version of the HCI-SW (Ellett & Ellett, 1996) consists of 25 items, including 4 social desirability items (Appendix A). Each item is rated on a forced choice Likert-type scale, with 4 indicating *strong agreement*, and 1 indicating *strong disagreement*. The psychometric properties of the HCI-SW were first evaluated during a statewide retention study of child welfare workers in Louisiana (Ellett & Ellett, 1996). A modified version of the HCI-SW was included in a study of retention among public child welfare workers in Louisiana and Arkansas (Ellett, 2000), allowing further examination of the psychometric properties of the scale. Because a separate measure of professional organizational culture was included in the Ellett (2000) study, the Professional Commitment subscale of the HCI-SW was omitted, resulting in a modified version, which included only the Receptivity,

Responsivity, and Moral/Ethical Consciousness subscales. This version contained only 19 items, 4 of which were social desirability items. Face and content validity of the modified version were explored using a panel of seven child welfare experts, each expert possessed an MSW degree and had 20 or more years experience in the field of child welfare. Based on the suggestions of the expert panel, minor content revisions were made to a few items. The scale was then reviewed for item clarity by a second panel of 12 experts with no resulting changes. The HCI-SW was included in a packet of instruments mailed to all public child welfare workers in Louisiana and Arkansas (n=2,140), a 44% return rate was achieved, resulting in a large sample of public child welfare workers (n=941).

Following a series of principal components analyses using oblique rotation of factors, a one-factor solution, which explained 26% of the total item variance, was obtained. Thirteen of 15 items were retained in this solution. Based on the results of factor analyses, Ellett (2000) offered the following conceptual definition of the affective component of human caring:

the tendency to be supportive, nurturing, responsive and sensitive to the needs and feelings of others, to easily form relationships, to treat others with human dignity and respect and to take responsibility for one's actions for the welfare of others.

(p. 174)

Data from the revised version of the HCI-SW demonstrated acceptable internal consistency reliability, Cronbach's alpha .79.

The HCI-SW (Ellett & Ellett, 1996) was included in survey materials for a third study (Ellett et al., 2003) of retention among public child welfare workers. The population of approximately 2,250 public child welfare employees in Georgia engaged in direct service, supervision, and administration was surveyed by mail with a 62% return rate (n=1,423). The original, 25 item (21

human caring items plus 4 social desirability items) version of the HCI-SW (Ellett & Ellett, 1996), including receptivity, responsivity, moral/ethical consciousness, and professional commitment subscales, was used in this study. Data were subjected to a series of principal components factor analyses. Four factors, explaining 40 % of the variance, were identified for the HCI-SW: responsivity, moral/ethical consciousness, professional commitment, and involvement. However, the involvement subscale contained only one item, indicating a need for additional item development and this subscale was omitted from further analyses. Seventeen of the twenty-one human caring items were retained. Cronbach's alphas ranged from .84 for the professional commitment subscale, to .63, less than desirable, for both the responsivity and moral/ethical consciousness subscales.

#### *Chapter Summary*

Though assumed integral to the helping professions, including social work, the lack of both conceptual and operational definitional consensus has resulted in a variety of conceptual models of the construct of caring. Though caring relationships are mentioned in early social work literature (Hollis & Woods, 1982; Perlman, 1979) and more recently feminist social workers have provided insights into the role of caring the lives of women (Baines et al., 1991), discussion of caring, per se, has received little attention in the social work literature. Concrete definitions of caring seem to be obscured by the invisibility of caring in professional discourse and by the variety among culturally determined expressions of caring. The Kohlberg/Gilligan debate regarding the moral development of women has served as a catalyst for the construction of an ethic of care. Though largely conceptual in nature, our understanding of caring has been enhanced by contributions from the profession of nursing and the field the feminist ethics.

Toward an understanding of caring, this chapter presented the main points of the Kohlberg/Gilligan debate and contrasted an ethic of care with an ethic of justice. Growing from the feminist ethic of care, Noddings' (1984) conceptual model of caring and feminine ethic of care were presented as the theoretical basis for the HCI-SW (Ellett & Ellett, 1996). The psychometric properties of scales measuring caring and related constructs were described. The chapter concluded with a description of the process used to develop the HCI-SW (Ellett & Ellett, 1996) and the psychometric properties of the most current version of the instrument. Further revisions of the seventeen human caring items composing the most recent version of the HCI-SW (Ellett et al., 2003) and the proposed evaluation of the psychometric properties of the resultant scale are described in the following chapters.

## CHAPTER 3

### Conceptual Framework

This chapter begins with a description of the conceptual model upon which the current study was based. As depicted in Figure 3.1, professional caring is composed of interacting affective, cognitive, and behavioral components. Figure 3.2 incorporates these three components of professional caring into a broader conceptual model, emphasizing the role of caring in the context of public child welfare practice. The current study focused on the refinement of a measure of the affective component of caring, the HCI-SW (Ellett & Ellett, 1996). This chapter provides conceptual definitions of relevant constructs. Issues pertaining to the validity of the HCI-SW (Ellett & Ellett, 1996) and reliability of HCI-SW data are then discussed; these issues served as the basis for the research questions for the current study. Through revisions of the existing HCI-SW (Ellett & Ellett, 1996) scale, the main goal of the current study was to improve the psychometric properties of the measure.

As discussed in the previous chapter, although discussion of caring, per se, is noticeably absent from the social work literature, the client-worker relationship is characterized by caring and caring is central to social work practice. Over two decades ago, Perlman (1979), one of few social workers who directly addressed caring, noted a dearth of information concerning professional caring relationships. Davis (1985) suggested that the rift between clinical practitioners and researchers might be understood as differences between male and female voices in social work; the female voice that speaks of connection to and responsibility for others, intuition, and understanding through narrative has been suppressed while the male voice,

characterized by a focus on outcomes and objective measures, has dominated the academy. Imre (1982) attributed social work's lack of attention to client-worker relationships to concern with the achievement of professional status and an accompanying emphasis on positivism. As described by Perlman (1979):

Especially in our present age, when science and fact and proof are held in topmost esteem, it is unfashionable, to say the least, for a professional person to assert the moving quality and therapeutic potency of something one cannot put one's finger on, which is not subject to precise description, itemization, quantification, analysis, or even to verification by one or more of the five senses. (p. 22)

With the profession's current emphasis on evidence-based practice (Gibbs & Gambrill, 2002), Perlman's (1979) words achieve even greater poignancy today. If efforts to quantify social work practice overestimate the importance of technique at the expense of the relational components of intervention, that which is operative may fail to be acknowledged (Imre, 1982). This study assumes that women's traditional caring represents "a rational field of inquiry" (Freedberg, 1993, p. 535) and that human caring can be quantified; perhaps human caring can be made visible through quantification.

### *Conceptual Model*

The conceptual model that guides this study is shown in Figure 3.2. A synthesis of Noddings' (1984) theoretical model of caring, Moffett's (1993) conceptual model of caring in the helping professions, and Ellett's (2000) conceptual model of the child welfare work context, this conceptual model depicts professional caring in the context of child welfare practice. Three interacting presage variables, (a) life experiences, (b) social and cultural factors, and (c) social work education directly influence the affective and cognitive components of caring in the

professional context. Although natural caring is understood as basic to human nature and everyone possesses a longing for connection to others, life experiences as one cared-for and as one-caring assume significance in the development of the our capacity for caring relations (Noddings, 1984). As previously discussed, expressions of caring are influenced by culture (Baines et al., 1991; Bowden, 1997; Tarlow, 1996). Within our own culture, in both the public and private sectors, caring tends to be gendered and devalued (Baines et al., 1991). The final presage variable, social work education, encompasses specialized knowledge such as social work methods and practice skills, plus professional values and ethics. Social work education influences both the affective and cognitive components that result in professional caregiving behavior. Interaction between the affective and cognitive components is hypothesized. As suggested by Moffett (1993), “while values and attitudes motivate the acquisition of knowledge and skills, knowledge may reinforce or modify attitudes and values” (p. 9).

Professional caregiving behavior is equated with direct social work intervention, and is composed of two principal, interacting components: (a) caring affect, and (b) professional knowledge, skills, and abilities (Moffett, 1993). As depicted in Figure 3.1, the affective component of caring is composed of four dimensions: receptivity, responsivity, interpersonal reward, and professional commitment. Each of these dimensions represents a subscale of the revised HCI-SW and conceptual definitions of each dimension are provided in the following section. Experts within the field of child welfare have devoted much attention to defining the specialized knowledge, skills, and abilities (or competencies) necessary for child welfare practice. One of the best known list of *core competencies*, jointly developed by the Child Welfare League of America and the Institute for Human Services (2002), included the following groupings of skill and knowledge: legal aspects of child protection; family-centered child

protection; case planning and family-centered casework; effects of child abuse on child development; and separation, placement and reunification. In the proposed model, competencies are joined with the affective component of caring, resulting in professional caring behavior or direct social work intervention. Competencies are represented by the cognitive component of caring.

Social work intervention in the child welfare context, or the behavioral component of human caring, is influenced by a variety of organizational factors and by the broader socio-political environment (Ellett, 2000). Inevitably, caring is influenced by the bureaucratic structure of our public child welfare system. “Bureaucracy, by its nature, distorts and fragments the caring process through its division of labor, through the hierarchy or authority and power, and through the need to reduce problems to a standard form” (Fisher & Tronto, 1990, p. 50). At the local level, the child welfare practitioner is influenced by the size of caseloads, the amount of paperwork, and the availability of resources. Additionally, the worker must comply with agency policy. For example, in Georgia, policy dictates the time for responding to reports of maltreatment. Reports of maltreatment to a child under the age of three, reports of serious multiple bruises or welts, and reports of bizarre punishment require a response within 24 hours (Georgia Division of Family and Children Services, 1999). Agency policy, scarcity of local resources, and inadequate supervision exemplify agency factors that may hamper caring.

At the broader, socio-political level, social work intervention as caring is also regulated by state and federal child welfare policy. As noted by Fisher and Tronto (1990), the political processes that create the bureaucracies responsible for the delivery of social services, in this case, public child welfare services, “[define] what the bureaucracy will care about and [shape] caring to the agency’s changing purposes” (p. 49). For example, emphasizing permanency, the Adoption

and Safe Families Act of 1997 (P.L. 105-89) requires workers to file for termination of parental rights for children who have been in out-of-home care for 15 of the past 22 months. Such requirements pose dilemmas for workers when their caring extends to incarcerated parents.

Based on a review of the literature regarding retention and turnover among public child welfare workers, it is suggested that numerous factors influence the retention of workers. As depicted in the conceptual model, the development of professional skills and the acquisition of knowledge, as well as organizational factors, and factors in the external environment influence retention among workers. Research (Ellett, 2000; Ellett & Ellett, 1996; Ellett, et al., 2003) has demonstrated the relationship between the affective component of caring, as measured by the HCI-SW (Ellett & Ellett, 1996), and retention. Although the relationship between client outcomes and worker turnover merits further investigation, the model suggests that turnover impacts client outcomes.

Finally, client outcomes resulting from professional caregiving behavior, or direct social work intervention, then influence two of the presage variables: life experiences, and social work education. Client outcomes are incorporated into the child welfare worker's life experiences, thus influencing the affective component of caring. Empirical investigation of client outcomes form the basis of evidenced-based practice, thus influencing social work education and the cognitive component of caring.

The previously described conceptual model depicts the affective, cognitive, and behavioral components of professional caring in the context of public child welfare practice. The current study focuses on only one component of the broader model, the affective component of caring. The affective component of caring consists of four dimensions: receptivity, responsivity, professional commitment, and interpersonal reward, each conceptualized as a subscale of the

revised version of the HCI-SW (Ellett & Ellett, 1996). Conceptual definitions relevant to the current study, including definitions of the four subscales that form the revised version of the HCI-SW (Ellett & Ellett, 1996), are now presented.

### *Conceptual Definitions*

Caring: A fundamental motivational disposition to protect and enhance the welfare of those who matter to us. The theoretical works of Mayerhoff (1971) and Noddings (1984) regarding caring served as the basis for this conceptual definition of caring. According to both Mayerhoff and Noddings, the well-being and growth of others are the central concerns of caring. The motivational element of the definition is derived from the previously described works of Imre (1982), van Hooft (1995), and Noddings (1984). Noddings (1984) referred to the nonrational, ontological need for connection with others and to the *I must* take action response experienced when others are perceived to be in need. Noddings also discussed the motivational shift in engrossment; the one-caring allows his/her motivational energy to be directed toward the welfare, protection, and enhancement of the one cared-for.

Professional Caregiving: Activities or behaviors in the work setting, motivated by the affective component of caring, which use specialized knowledge and skills to assist others in meeting their needs (Moffett, 1993). For the purpose of this study, professional caring is equated with direct social work intervention delivered by child welfare workers. Based on Moffett's study of caring behavior among nurses, this definition emphasizes the interaction of the affective and instrumental, or cognitive, components of caring. The interaction of these components produces professional caregiving, or the behavioral component of caring. The literature concerning caring repeatedly distinguishes between *caring about* and *caring for*, equating *caring for* with action on behalf of those in need. As discussed in the previous chapter, Noddings'

(1984) model of caring consisted of three core components: engrossment, attitude, and *observable action*. Noddings described *observable action* as a rational process, in which decisions are made through deliberation with the one cared-for, and should produce a favorable outcome for the one cared-for.

Receptivity: Sensitivity to the perspectives, needs, and feelings of others resulting in the ability to easily form relationships. This definition is directly derived from Moffett (1993), who previously defined receptivity as “the tendency of an individual to easily form relationships and to be sensitive to the needs and feelings of others” (p. 16). The word *perspective* was added because social work seems to be concerned with a broader understanding of clients, with understanding the worldview of clients. The inclusion of perspective is also supported by Noddings (1981); “caring involves stepping out of one’s own personal frame of reference into the other’s” (p. 145). As stated here, the definition also implies causality; sensitivity to the perspectives, feelings, and needs of others facilitates relationships with clients. Although Moffett’s definition was based on literature from the nursing profession, both Noddings (1984) and Perlman (1979) directly discussed the importance of receptivity, of meeting others with an attitude of openness and acceptance. *Engrossment*, *non-selective attention*, and *receptive mode* are all terms used by Noddings (1984) to describe receiving or seeking to understand those for whom we care.

Responsivity: The tendency to respond actively to the perceived needs of others/clients and to view others/clients as partners in the problem-solving process. This definition expands upon a prior definition formulated by Moffett (1993), by including the notion of client involvement in problem-solving. The definition proposed here incorporates social work’s strengths-based perspective and is more consistent with client self-determination, a primary ethical principal for

the profession. Similar to the concept of self-determination, Noddings (1984) discussed *inclusion* - the potential contributions of the one cared-for are welcomed by the one-caring.

Interpersonal Reward: Positive affect experienced by the one-caring as a result of a sense of connection with those who receive caring. These affective rewards sustain both personal and professional caring under adverse circumstances. This definition is derived from Noddings (1984). The central role of reciprocity in Noddings' theoretical model of caring is unique. Through a basic sense of connection with the one cared-for, the one-caring receives an affective reward, which Noddings termed *joy*.

Professional Commitment: Persistence, responsibility, and endurance in using specialized social work knowledge and skills in a manner consistent with the values and goals of the profession. This definition is based upon Moffett's (1993) conceptual definition of the professional commitment subscale of the CIN, discussion of commitment in the literature on caring, and the literature on professional commitment. Though not clearly defined, commitment was frequently discussed in the literature on caring (Blustein, 1991; Noddings, 1984; van Hooft; 1995). According to Blustein (1991), there can be no commitment without caring; commitment issues from caring (van Hooft, 1995). Noddings (1984) discussed a sort of dual commitment in caring, commitment to action on behalf of the one cared-for, and commitment to self in maintaining the ethical ideal.

Beyond the literature on caring, this definition is also based on the literature concerning professional commitment. Professional commitment consists of two dimensions: affective commitment and continuance commitment (Meyer & Allen, 1984). Affective commitment refers to feelings and attitudes toward the profession and commitment to the profession's values, ideals, and practices. Continuance commitment refers to a disposition to engage in a consistent

course of action (Meyer & Allen, 1984), or an individual's "staying power," based on consideration of more tangible items such as job security, status, salary, and the availability of attractive alternatives (Cohen, 1999; Lazar, Cohen, & Guttman, 1995). Both the affective and continuance dimensions of commitment are captured in the proposed conceptual definition of professional commitment.

Moral/Ethical Consciousness: "The tendency to treat others with respect and dignity and to take responsibility for one's own actions and for the welfare of others" (Moffett, 1993, p. 16). Although previous studies (Ellett, 2000; Ellett & Ellett, 1996; Ellett et al., 2003, Moffett, 1993) have included moral/ethical consciousness as a subscale of the affective component of human caring, moral/ethical consciousness was not included as separate subscale of human caring in the conceptual model of the current study. As described in the following chapter, revisions to the HIC-SW (Ellett & Ellett, 1996) incorporated this subscale into the professional commitment subscale. Commitment to professional values, such as treating clients with respect and dignity, is encompassed by the conceptual definition of professional commitment discussed above.

### *Research Questions*

The research questions explicated in Chapter 1 were formulated based upon the conceptual model described in this chapter (Figure 3.2). The first three questions are considered primary and related to the psychometric properties of the Revised Human Caring Inventory (RHCI). The final five questions are considered secondary and examine relationships between the factored subscales of the RHCI and other study variables.

#### *Primary Questions*

1. To what extent do the individual items of the RHCI represent the human caring dimensions *Receptivity, Responsivity, Professional Commitment*, and

*Interpersonal Reward?*

2. To what extent are the factored subscales of the RHCI internally consistent?
3. To what extent does the RHCI demonstrate stability of scores over time, test-retest reliability?

*Secondary Questions*

4. Is there a statistically significant relationship between workers' self-ratings on the RHCI and supervisors' ratings of job capabilities?
5. Is there a statistically significant relationship between workers' self-ratings on the RHCI and ratings of human caring attributes by their supervisors?
6. Is there a statistically significant relationship between human caring and intent to remain employed?
7. Are there statistically significant differences in levels of human caring between groups of workers with social work degrees and workers with other degrees?
8. Are there statistically significant differences in levels of human caring among child welfare workers with varying length of employment?

*Chapter Summary*

This chapter described the conceptual model of professional caring, in the context of child welfare practice, upon which the current study was based. As depicted by the model, three presage variables, (a) life experiences, (b) socio-cultural factors, and (c) social work education influence the affective and cognitive components of caring, which in turn influence professional caregiving behavior. Professional caregiving behavior is further influenced by a variety of organizational and environmental factors. Prior research (Ellett 2000; Ellett & Ellett, 1996; Ellett et al., 2003) has confirmed the relationship between workers' intentions to remain employed and

the affective component of human caring depicted by the model. Although the conceptual model presented is rather broad, the current study focused in only one component of the model, the affective component of human caring.

The research questions which guide the current study address problems with the reliability and validity of the only measure of the affective component of human caring for social work, the HCI-SW (Ellett & Ellett, 1996); the main goal of the study is develop a more reliable and valid measure of the affective component of human caring. It has been suggested that human caring is central to direct social work practice and that human caring can be defined and quantified. Further, revision of the HCI-SW (Ellett & Ellett, 1996), to improve the reliability and validity of this measure, represents a significant contribution to the social work knowledge base and may have practical significance for improving the selection of public child welfare employees.

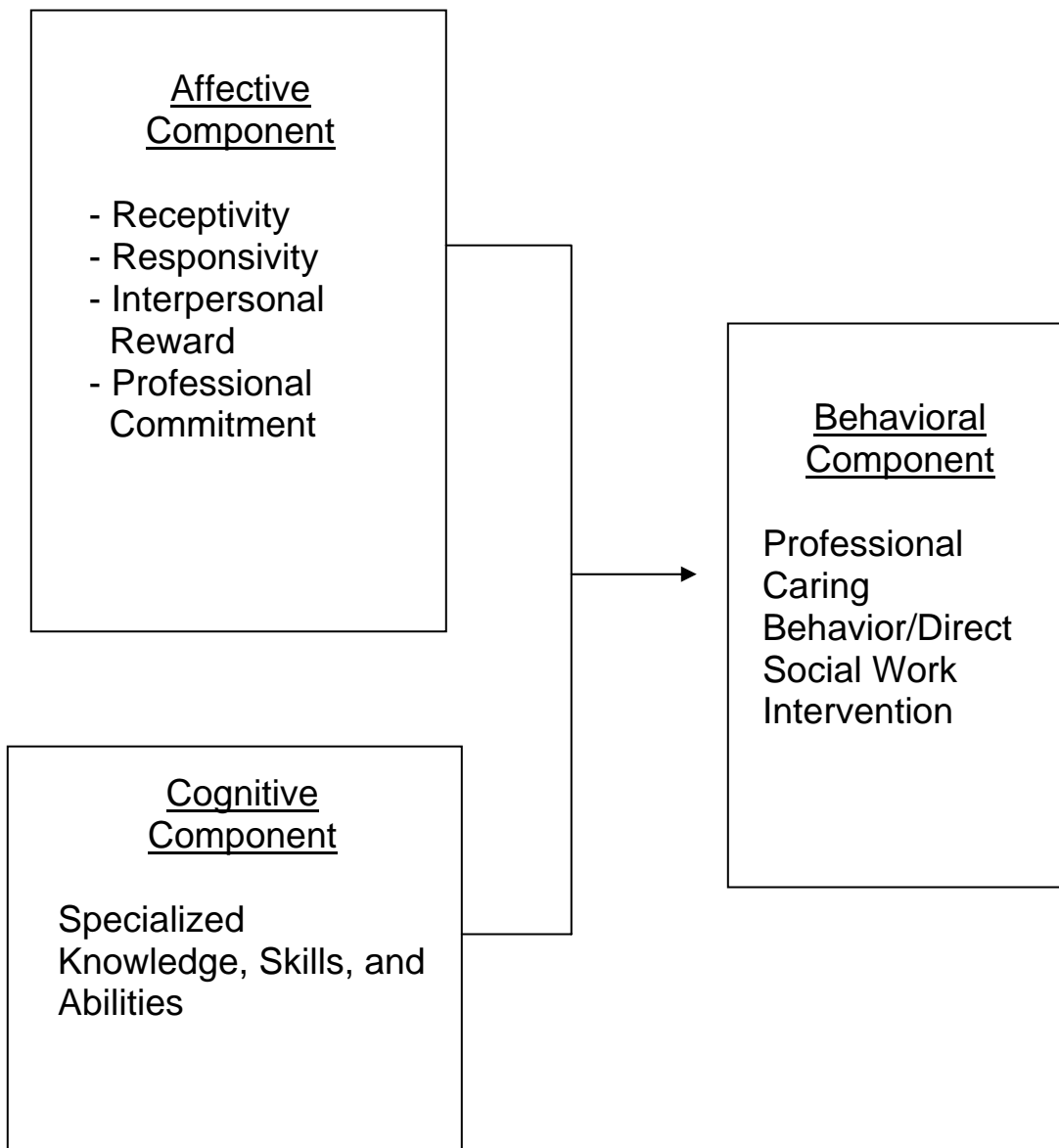


Figure 3.1 Three Components of Professional Human Caring.

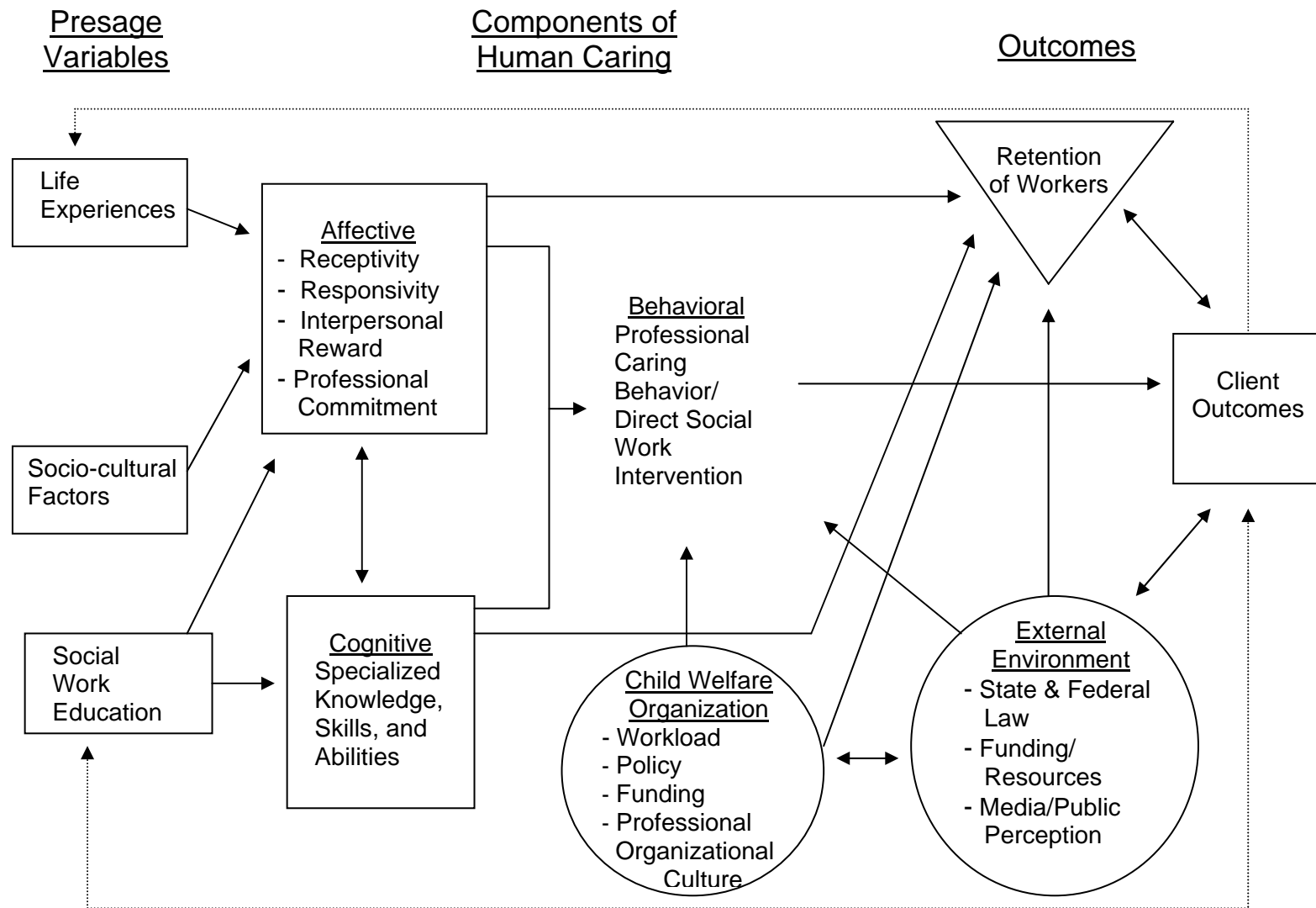


Figure 3.2 Conceptual Model of Professional Caring in Child Welfare Context.

## CHAPTER 4

### Methodology

This chapter describes the research methodology used in this study. The research design, population of interest, sampling procedures, and survey measures used are described. A detailed explanation of changes made to the HCI-SW (Ellett & Ellett, 1996) is provided; the Revised Human Caring Inventory (RHCI) is included in Appendix B. The chapter concludes with a description of the data collection and analysis procedures used in this study.

#### *Design*

A correlational design, incorporating a survey methodology, was used in the study. Correlational designs “investigate the extent to which variations in one factor correspond with variations in one or more other factors based on correlation coefficients” (Isaac & Michael, 1995, p. 46), such as in a factor-analytic study. In this study, principal components analyses were used to examine the extent to which variation in individual scale items of the RHCI corresponded with the variation of other items in the same subscale and with the scale as a whole. Although lacking internal validity and unable to establish causality, correlational designs allow for the examination of relationships among multiple variables at a single point in time (Rubin & Babbie, 2001). This study also explored other psychometric properties of the RHCI (i.e., internal consistency reliability, test-retest reliability, and criterion-related validity); tested for differences in levels of human caring among child welfare caseworkers possessing social work degrees and those with other types of degrees; and tested for difference in levels of human caring among child welfare caseworkers with varying length of employment in public child welfare.

### *Sampling Frame*

The population of interest was defined as follows: all caseworkers employed by the Georgia Department of Family and Children Services (DFCS) who were engaged in the provision of direct services to alleged maltreating and maltreating families. The exact number of caseworkers included in the population was difficult to determine. DFCS Professional Development Section estimated a population of approximately 2,000 caseworkers (J. Wheeler, personal communication, June 25, 2003); however, this estimate may have actually exceeded the number of workers engaged in direct services. Demographic data from Ellett et al.'s (2003) Study of Personal and Organizational Factors Contributing to Employee Retention and Turnover in Child Welfare in Georgia indicated a population of 2,500 employees, this included caseworkers providing direct services plus supervisors and administrative staff. The list of participants provided by DFCS included 2,190 caseworkers, but this list was last updated 6 months prior to this study and was likely inaccurate.

### *Sample*

The number of participants required for exploratory factor analyses was an important factor in determining the sample size for this study. Although it is widely accepted that in applications of factor analysis, larger samples tend to “provide results such that the sample factor loadings are more precise estimates of population loadings and are also more stable, or less variable, across repeated sampling” (MacCullum, Widaman, Zhang, & Hong, 1999, p. 84), recommendations regarding the minimum sample size necessary vary. Kline (1979) and Gorsuch (1983) recommended that  $N$  should be at least 100. Cattell (1978) suggested that stability was reached by 250 subjects; however, “500 subjects would be a good number to aim at” (p. 509). Comrey (1973) recommended that  $N$  should be at least 500, but cautioned that in most situations, little is

gained by samples exceeding 1000. Some experts recommend that sample size should be based on the minimum ratio of the number of participants to the number of variables analyzed: *N:p ratio*. Gorsuch (1983) recommended a minimum of five participants for each variable; while Everitt (1975) recommended an *N:p ratio* of at least 10.

Based on (a) Everitt's (1975) more conservative recommendation, (b) the number of human caring items in the RHCI (57), and (c) a conservative anticipated survey return rate of 40%, the necessary sample size was determined to be 1427 participants. Beyond the sampling requirements for factor analyses, three additional factors influenced the sample size for this study: (a) concerns about inaccuracy in estimating the size of the population and the impact vacancies might have upon the survey return rate; (b) the availability of funds for the study; and (c) the need to over-sample workers with social work degrees for the comparison specified in Research Question 7 - "Are there statistically significant differences in levels of human caring between groups of caseworkers with social work degrees and caseworkers with other degrees"? Ellett et al. (2003) found that only 19% of child welfare workers in Georgia possessed social work degrees. Further, the DFCS Professional Development Section indicated that among direct service workers, supervisors, and administrators, only 131 DFCS employees possessed MSW degrees and only 339 possessed BSW degrees (J. York, personal communication, September 15, 2003). Based on all of the factors discussed, the decision was made to survey the entire sampling frame of child welfare caseworkers engaged in the delivery of direct services (n=approximately 2,190).

Two sub-samples of this larger, main sample of caseworkers were selected to address specific research questions. For Research Question 4 (criterion-related validity), a randomly selected sub-sample of 300 participants was identified to receive survey packets including human caring

measures for self-ratings and measures for supervisors' ratings. Further details are provided in the Data Collection Procedures section of this chapter.

To address Research Question 3 (test-retest reliability), surveys were administered face-to-face by the researcher to caseworkers employed in Clarke and Walton Counties. This purposive sub-sample of caseworkers (n=39), was selected based on geographical proximity to the researcher. Further details are provided in the Data Collection Procedures section of this chapter.

### *Measures*

Six measures were used in the study, three for caseworkers and three for supervisors. A brief description of each of these measures follows. Because the psychometric properties of the revised version of the HCI-SW (Ellett & Ellett, 1996) were central to the research questions addressed by this study, the process used to revise the HCI-SW is described in detail.

### *Demographic Questionnaires*

The Demographic Questionnaire for Child Welfare Caseworkers (Appendix C) is a single page, pencil-and-paper survey consisting of seven items. Item one requests information regarding the participants' primary work assignment (i.e., child protective services, foster care, adoptions). Items two through four request demographic information such as gender, age, and race. Item five pertains to participants' highest level of education and whether or not participants have obtained degrees in social work. Item six requests information regarding years of experience in public child welfare and item seven concerns the size of the participants' caseload. Items included in the Demographic Questionnaire for Supervisors (Appendix E) mirrored the items included in the Demographic Questionnaire for Child Welfare Caseworkers with the exception of one item. Instead of caseload size, supervisors were asked the length of time they

had supervised the caseworker who was the subject of their human caring and competency ratings.

### *Intent to Remain Employed*

Intent to remain employed and intent to turnover are frequently used in child welfare research as proxy measures of actual turnover for two reasons: (a) research indicates that intent to turnover is the best predictor of actual turnover; and (b) the practicality of cross-sectional studies (Mor Barak et al., 2001). The Intent to Remain Employed (IRE) scale (Ellett, 2000) measures workers' personal determination to persist in child welfare practice "because the career benefits centered on professional growth and self actualization, professional purpose and mission, professional needs gratification, and importance of their work, are valued more than other job factors such as financial incentives, characteristics of the general work environment and associated work tensions and frustrations" (pp. 26-27).

The IRE measure (Ellett, 2000) is a single page, pen-and-paper survey consisting of 10 items rated on a 4-point, forced-choice, Likert scale (Appendix D). Ratings of individual items are summed resulting in scores ranging from 10 to 40. The content and face validity of the IRE (Ellett, 2000) have been explored through review by a panel of experts. In two studies of large samples of child welfare caseworkers (Ellett, 2000; Ellett et al., 2003), IRE data demonstrated strong internal consistency reliability ( $\alpha = .86$ ;  $\alpha = .85$ ).

### *Revised Human Caring Inventory*

Developed by Ellett and Ellett (1996), the original version of the HCI-SW was adapted from the Human Caring Inventory for Nurses (Moffett, 1993). The scale has been used in three large studies of public child welfare caseworkers (Ellett, 2000; Ellett & Ellett, 1996; Ellett et al., 2003) and has under gone a number of revisions. The original measure consisted of 33 items

representing 4 dimensions (i.e., *Receptivity*, *Responsivity*, *Moral/Ethical Consciousness*, and *Professional Commitment*). Items are rated on a 4-point, forced-choice, Likert scale. The scale is *not* zero-based and 2.5 is the scale midpoint. Though item revisions have been made, social desirability items have been included in all versions of the measure.

As discussed in Chapter 3, a review of the professional literature regarding human caring revealed the need to continue to explore the face and content validity of the HCI-SW (Ellett & Ellett, 1996). Prior principal components analyses of the measure have resulted in both unidimensional (Ellett, 2000) and multidimensional (Ellett et al., 2003) solutions. Further, data for some sub-scales has failed to demonstrate acceptable levels of internal consistency reliability. The primary goal of the current study was to further previous efforts to improve the psychometric properties of the HCI-SW (Ellett & Ellett, 1996).

#### *Prior Scale Revisions.*

The version of the HCI-SW used in the statewide retention study of Georgia child welfare workers (Ellett et al., 2003) consisted of 21 human caring items and 4 social desirability items (items 5, 10, 15, and 20) (Appendix A). This version of the HCI-SW differed slightly from the previous version of the scale used in a retention study of child welfare workers in Louisiana and Arkansas (Ellett, 2000). Two scale items from the 2000 study that failed to load beyond the established .33 minimum criterion were omitted from the version of the HCI-SW used in the 2003 study. The following items, both conceptualized as indicators of the *Receptivity* domain, were omitted: (a) *I don't particularly enjoy finding out about other people*; and (b) *I have trouble relating with clients who abuse or neglect their children*. For the 2003 study, several items were added to the HCI-SW: (a) *My work is worthwhile*; (b) *It is important that clients and staff for whom I am responsible know that I personally care about them*; and (c) *I do not find social work*

*much of a challenge* (items 1, 7, and 8). Additionally, the *Professional Commitment* subscale items that were omitted from the version of the measure used in the 2000 study were included in the version of the HCI-SW used in the 2003 study.

Principal components analyses of this version of the HCI-SW resulted in a 3 factor solution, which explained 40% of the item variance and included the following factors or subscales: *Responsivity* (items 12, 14, 19, 21, 23); *Moral/Ethical Consciousness* (items 2, 3, 7, 8, 9, 16); and *Professional Commitment* (items 6, 11, 13, 18, 22, 25) (Appendix A). Sixteen of the original twenty-one human caring items were retained in the three factor solution. Items expected to define the domain of *Receptivity* failed to load on a common factor. Alphas for the identified factors were as follows: *Responsivity*, .63; *Moral/Ethical Consciousness*, .63; and *Professional Commitment*, .84. Alphas for the *Responsivity* and *Moral/Ethical Consciousness* subscales failed to reach an acceptable level of .70 (Nunnally, 1978).

#### *Current Revisions.*

Efforts to improve the face and content validity, as well as the internal consistency reliability, of the most current version of the HCI-SW (Ellett et al., 2003) included strategies for deleting problematic items and developing new scale items. A review of the professional literature related to human caring generated concerns regarding the theorized dimensions (i.e., *Receptivity*, *Responsivity*, *Moral/Ethical Consciousness*, and *Professional Commitment*) of the HCI-SW. While the literature provided conceptual support for two dimensions of the most current version of the scale, *Receptivity* and *Responsivity*, by definition, *Professional Commitment* appeared to encompass the dimension of *Moral/Ethical Consciousness*. Furthermore, a potentially significant dimension of human caring, *Interpersonal Reward*, was not included in any of the previous versions of the scale. *Interpersonal Reward* refers to positive affect experienced, or

affective rewards garnered, by the one-caring as a result of a sense of connection with those cared-for. These rewards sustain caring under difficult circumstances (Noddings, 1984) and may be related to intent to remain employed in child welfare; caseworkers who experience greater affective rewards as a result of their work may be more likely to remain committed to practice in child welfare. The RHCI (Appendix B) used in this study was conceptualized to include four dimensions: (a) *Receptivity*; (b) *Responsivity*; (c) *Interpersonal Reward*; and (d) *Professional Commitment*.

#### ELIMINATING PROBLEMATIC ITEMS

With the goal of increasing the internal consistency reliability of the scale data, the first step toward revision of the HCI-SW involved a review of the performance of individual items included in the 2000 (Ellett, 2000) and 2003 (Ellett et al., 2003) studies. Alpha is influenced by two characteristics: “the extent of covariation among the items and the number of items in the scale” (DeVellis, 2003, p. 97). Because items with poor variability reduce alpha, the standard deviations of all HCI-SW items were reviewed.

Interestingly, the four items with the smallest standard deviations for both the 2000 (Ellett, 2000) and the 2003 (Ellett et al., 2003) studies were identical. For example, in the 2003 study of Georgia workers (Ellett et al., 2003), the following item from the *Moral/Ethical Consciousness* domain achieved a mean score of 3.56 and a standard deviation of .52: *Preserving a client’s dignity is as important as delivering direct services*. Similarly, in the 2000 study of workers in Louisiana and Arkansas, the same item achieved a mean score of 3.68 and a standard deviation of .52. In both studies, when compared to other items, the responses of participants to this item showed the least amount of variation. Due to previous lack of variation, the above item and the following items were deleted from the RHIC: (a) *I speak up when practices seem contrary to the*

welfare of others; (b) *When someone is having troubles, I am sensitive to their needs and feelings*; and (c) *I advocate for clients who cannot or do not speak for themselves*.

Alpha may also be improved by eliminating items with low item-scale correlation and items with weak interitem correlations ( DeVellis, 2003). Factor analyses performed during the 2003 study (Ellett et al., 2003) revealed four items that failed to load on an identified factor.

Accordingly, the following items were omitted: (a) *My work is worthwhile*; (b) *I usually try to avoid becoming too involved in clients' problems*; (c) *I find it easy to read clients' and colleagues' feelings*; and (d) *It bothers me when clients do not receive the services they need*.

Following the elimination of 8 items as previously described, only 13 items, distributed across the following domains remained: *Responsivity* (2); *Moral/Ethical Consciousness* (5); and *Professional Commitment* (6). Because human caring in relationships with clients among caseworkers providing direct services was the focus of this study, minor changes were made in the wording of three retained items. The word *staff* was omitted from item 7, and the word *colleagues* was omitted from items 9 and 23 (Appendix A). The next step in improving the reliability and content validity of the HCI-SW involved the development of a pool of new items.

#### DEVELOPING NEW ITEMS

New items for the RHCI were developed in accordance with DeVellis' (2003) guidelines for scale development. First, the overarching construct of *human caring* and its subdomains were clearly defined. Next, multiple indicators of the latent variables underlying each subdomain were formulated. A rather large pool of potential indicators was generated for review by a panel of child welfare experts. In the initial stages of scale development, a large pool of items is desirable as a "form of insurance against poor internal consistency" (DeVellis, 2003, p. 66).

As described above, only 13 items were retained from the existing HCI-SW (Ellett & Ellett, 1996). Eleven of these items belonged to the *Professional Commitment* and *Moral/Ethical Consciousness* domains. Conceptually, the RHCI posits four dimensions of human caring: *Receptivity*; *Responsivity*; *Interpersonal Reward*; and *Professional Commitment*. Based on the conceptual definition of professional commitment discussed in Chapter 3, the previously distinct dimensions of *Professional Commitment* and *Moral/Ethical Consciousness* were combined in the revised version of the scale. Thus, 11 of the items remaining were assigned to the *Professional Commitment* domain. Most of these items were indicators of the longevity aspect of professional commitment. To address the value aspect of professional commitment, nine new items reflecting core social work ethical principles and responsibilities to clients (i.e., honesty, trust, competence, commitment to clients, confidentiality, etc.) (NASW, 1997) were developed. Because no previously included items from the *Receptivity* domain were retained, a pool of 17 items was developed for this domain. A pool of 11 items was developed for the newly conceptualized domain, *Interpersonal Reward*. As only 2 items were retained from the previous *Responsivity* items, a pool of 10 responsivity items was developed to reflect this domain. In summary, a pool of 47 new items was developed (Appendix G).

A panel of 10 experts was then asked to review each newly developed item. Each panel member: (a) had earned either a master's or doctoral degree and social work, and (b) had a minimum of two years practice experience in child welfare. Panel members were furnished with conceptual definitions of each of the RHCI domains and were asked to rate the strength of each item as an indicator of the human caring dimension. Appendices H and G include the cover letter and survey form mailed to expert panel members. Ninety percent of the surveys (n=9) were returned. Items receiving a minimum of 80% of their maximum possible score were

retained for the RHCI (Appendix I). Most items were rated as strong or very strong indicators of their designated human caring domain. Only two potential items, one an indicator of *Receptivity* and one an indicator of *Responsivity*, were eliminated. In summary, revisions to the HCI-SW (Ellett, 2000) resulted in a measure consisting of 45 new and 13 previously included items, a total of 58 human caring items potentially capturing 4 domains or factors: *Receptivity* – 16 items; *Responsivity* – 11 items; *Interpersonal Reward* – 11 items; and *Professional Commitment* – 20 items. The four-point, forced-choice rating scale used with the HCI-SW (Ellett & Ellett, 1996) was retained because an even number of responses eliminates a neutral midpoint and has the advantage of forcing respondents to make “at least a weak commitment in the direction of one or the other extreme” (DeVellis, 2003, p. 77).

Four social desirability items were also included (items 12, 26, 33, and 47) in the RHCI and were used as one method for assessing the validity of the scale. Because response styles of acquiescence and desirability pose threats to validity, DeVellis (2003) suggested the inclusion of social desirability items as a method of assessing how strongly scores of individual scale items are influenced by the desire of participants to respond in socially acceptable ways. The four social desirability items included in the RHCI were used in Ellett et al.'s (2003) study and were taken from A Short Social Desirability Scale (Greenwald & Satow, 1970) (item 12) and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) (items 27, 33, & 47). These items were summed to form a social desirability subscale, the *Social Desirability Index*. During the data analysis process, intercorrelations between the factored subscales of the RHCI and the *Social Desirability Index* were evaluated to determine the influence of social desirability on the subscale scores.

*Pilot Study of the Revised Human Caring Inventory.*

Prior to surveying the study population (N=2190) previously described in this chapter, a pilot study, using a purposive sample of child welfare workers engaged in the delivery of direct services was conducted. The sample for the pilot study, selected for convenience and accessibility, included nine child welfare workers employed by Newton and Rockdale County DFCS. The purpose of the pilot study was to determine the amount of time required to complete the RHCI and to insure the readability of the survey items and the survey instructions.

Pilot study data was collected in participants' county DFCS offices and survey materials were administered face-to-face by the researcher. All participants completed the RHCI in less than 15 minutes. Participants provided written and verbal feedback concerning the clarity of scale items. Seven of the nine participants reported confusion in relation to one survey item: *I have refused to allow clients access to their records*. This item was developed as an indicator of social work values, an aspect of *Professional Commitment*. The circumstances under which DFCS releases records to clients and exactly which portions of records may be released are dictated by policy. Records are released only if a request is made by the client in writing. Based on the feedback from pilot study participants, this item was omitted from the RHCI. The final version of the RHCI used in this study is included in Appendix G. After all revisions were completed, the measure consisted of 57 human caring items and 4 social desirability items.

*Revised Human Caring Inventory – Adapted for Supervisory Rating*

The Revised Human Caring Inventory – Adapted for Supervisory Rating was developed for this study and consisted of the same 62 items (58 human caring items, plus 4 social desirability items) included in the pilot study of the RHCI. Like the RHCI, the supervisory measure was rated on a four-point, forced-choice Likert scale. However, each item was adapted to allow

supervisors to rate levels of human caring among supervisees. For example, item 3 of the self-rating scale for child welfare workers reads: *Most days I do not look forward to going to work.* The adaptation of this item included in the measure for supervisory ratings read: *Most days this worker probably does not look forward to coming to work.* Because this measure was developed for the current study, no data regarding the validity or the reliability of the measure were available.

*Pilot Study of the Revised Human Caring Inventory – Adapted For Supervisory Rating.*

As described above for the RHCI, a pilot study of the version of the measure adapted for supervisory rating was completed using a small, purposive sample of child welfare supervisors employed by Newton and Rockdale County DFCS. To determine the amount of time required to complete the measure and to insure readability of survey items and instructions, five supervisors completed the instrument and provided feedback to the researcher. Data for the pilot study was collected face-to-face by the researcher in participants' DFCS county offices.

Initial concerns by the researcher that supervisors might find it difficult to rate workers on some of the items because the items required interpretation of the supervisees' internal states, opinions, and thoughts that may not have been directly expressed to the supervisor were not validated. Participants expressed no overall difficulties rating the survey items and were able to complete the measure in less than 15 minutes. Like the caseworkers who participated in the pilot study, two of the supervisors felt the item concerning allowing clients access to their records was confusing. As described above, this item was deleted from the final version of the human caring measure used in the study. The Revised Human Caring Inventory - Adapted For Supervisory Rating is included in Appendix F.

### *Supervisory Perception of Child Welfare Workers Capabilities Questionnaire*

The Supervisory Perception of Child Welfare Workers Competency (SPC) (Fox, Miller, & Barbee, 2003) is a 31 item scale designed to measure supervisors' perception of child welfare workers' level of competency regarding specific job-related skills (e.g., *Building positive working relationships with families; Identifying the indicators of neglect; Asking appropriate questions during intake*) necessary for public child welfare practice. Each item is rated on a six-point scale: 1=Little Capability; 2=Some Capability; 3=Adequate Capability; 4=High Capability; 5=Exceptional Capability, and 6=Not Applicable. Originally developed by the Kentucky Cabinet For Families and Children and its University Training Consortium, the SPC has been used as an outcome measure for Kentucky's IV-E Public Child Welfare Certification Program (PCWCP) (Fox et al., 2003). The measure is based on joint efforts by officials from the Cabinet For Families and Children and representatives of eight BSW programs to identify the skills necessary for social work practice in public child welfare. Items have been reviewed for face and content validity by experts from the public agency (i.e., Kentucky Cabinet for Families and Children) and the members of the University Training Consortium. In an evaluation of recent graduates of the PCWCP, scale data demonstrated strong internal consistency reliability, Cronbach's alpha .95.

A modified version of the SPC was used for this study (Appendix J). Although the content of items was not changed substantially, seven items which were determined by the researcher to convey two or more ideas, *double barreled items*, were rewritten as separate items. For example, the original item, *Identifying indicators and understanding the dynamics of neglect* was reworded as two items: (a) *Identifying the indicators of neglect*, and (b) *Understanding the dynamics of neglect*. Because the scale failed to include items addressing workers' abilities to

recognizing indicators of substance abuse and serious mental illness, two items were added to address these issues which are frequently encountered by public child welfare workers. Finally, one item was added to address child welfare workers' understanding of the dynamics of attachment. With the addition of the items described above, the version of the SPC used for this study included 42 items, rated on the six-point scale previously described. Because the measure included a *not applicable* response category, scores were derived by summing all items rated and dividing the sum by the number of items rated.

#### *Data Collection Procedures*

Data collection procedures for this study mirrored the data collection procedures described in Ellett et al.'s (2003) survey of child welfare personnel in Georgia, which achieved a 63% return rate. The Georgia Department of Human Resources provided organizational and logistical support for the study and furnished the researcher with a list of all child welfare caseworkers providing direct services in the state, aggregated by county. Accompanied by a cover letter from the Director of the Division of Family and Children Services that explained the purpose of the study and provided instructions for survey distribution (Appendix K), survey packets were mailed to the DFCS county director in each county office for distribution to individual participants.

Each participant's packet was personally addressed to the participant (mailing label on each packet) and included a cover letter from the researcher (Appendix L) explaining the purpose of the study, voluntary participation, and confidentiality. Each packet included survey materials and a pre-addressed, postage-paid envelope for returning surveys. Participants were asked to return completed surveys within two weeks of receipt. Each survey was coded by county to allow for a follow up letter to be mailed to counties with low return rates. Participants returned

completed surveys by mail to the Center for Survey Research at the University of Georgia for electronic scanning and transfer of responses to a computerized data file.

Table 1 shows the measures that were used for the larger, main sample, and the measures that were used with the two, smaller sub-samples. The main sample of case managers (n=1864) was asked to complete the Demographic Questionnaire For Child Welfare Caseworkers (Appendix C), the RHCI (Appendix B), and the Intent to Remain employed (Appendix D). To insure an adequate return rate to evaluate test-retest reliability, the smaller, purposive sub-sample of case managers (n=39) was surveyed face-to-face by the researcher. Pretest data (same three measures completed by the main sample of case managers) was collected from child welfare case managers in Walton (n=15) and Clarke (n=24) during a regularly scheduled, monthly unit meeting held at the respective county offices. This sub-sample completed the RHCI and the IRE measure a second time two weeks following the initial administration of these measures. Post-test data was also collected in county offices. Finally, a randomly selected sub-sample of 300 child welfare case managers surveyed by mail received packets containing rating forms to be given to their direct supervisors. Cover letters addressed to this sub-sample (Appendix M) requested that the case manager participant complete the survey instruments included in his/her survey packet (i.e., the Demographic Questionnaire For Child Welfare Workers, RHCI, and the IRE measure) and provide their direct supervisors with the survey instruments requiring supervisory ratings (a packet within a packet). This sub-sample of surveys was coded to allow for matching the responses of the case manager and the responses of his/her supervisor. Supervisory survey packets included a cover letter (Appendix N) identifying the case manager to be rated by the supervisor; survey instruments (i.e., the Demographic Questionnaire for Supervisors, Revised Human Caring Inventory - Adapted for Supervisory Rating, and the

Table 1

*Samples and Distribution of Measures Used In the Study*

Measures	Sample			
	<u>Case managers</u> (n=1,851)	<u>Purposive Sub- sample Case managers</u> (n=39)	<u>Random Paired Sub-sample</u> (n=300 pairs)	
			<u>Case managers</u>	<u>Supervisors</u>
Demographic Form Case mangers	X	X	X	
RHCI	X	X	X	
IRE	X	X	X	
Re-test RHCI		X		
Re-test IRE		X		
Demographic Form Supervisors				X
RHCI Adapted for Supervisors				X
Caseworker Capabilities Rating Scale				X

RHCI = Revised Human Caring Inventory; IRE = Intent to Remain Employed Measure.

Supervisory Perception of Child Welfare Worker Competency Questionnaire); and a self-addressed, postage-paid envelope for returning the supervisory rating forms. This sub-sample of surveys was returned and processed as described above.

### *Data Analysis Procedures*

The research questions addressed by the study were explicated in the previous chapter. Because this study attempted to answer several types of research questions, multiple statistical procedures were used in the analysis of the data. These included:

1. summaries of descriptive statistics (frequencies and percentages) for the demographic characteristics of the total sample,
2. descriptive statistics (means and standard deviations) for the items included in the RHCI and the IRE measure,
3. principal components analyses of the RHCI and IRE measure to empirically identify measurement dimensions,
4. reliability analyses of the overall RHCI and the empirically identified measurement subscales of the RHCI (Cronbach's alphas and bivariate correlations to examine test-retest reliability of the factored subscales of the RHCI),
5. Pearson product moment correlations among the factored subscales of the RHCI, the Social Desirability Index, and the IRE measure,
6. Pearson product moment correlations between the factored subscales of the RHCI and two external criterion measures (the Revised Human Caring Inventory – Adapted for Supervisory Rating and the Supervisory Perception of Child Welfare Worker Capabilities Questionnaire),
7. stepwise multiple regression analyses regressing the IRE measure (dependent variable) on the factored subscales of the RHCI (independent variables),
8. MANOVA to examine the portion of variance in IRE scores explained by type of degree and length of experience in public child welfare.

### *Chapter Summary*

This chapter described the methodology employed in the present study. A correlational design, incorporating a survey methodology, was used to evaluate the psychometric properties of the RHCI. The sampling procedures, revisions of the HCI-SW (Ellett & Ellett, 1996), measures used in the study, data collection procedures, and data analysis procedures were described.

## CHAPTER 5

### Results

This chapter reports the results of the study. A description of the characteristics of the study sample is presented followed by descriptive statistics for the study measures. Next, the results of factor analyses for the Revised Human Caring Inventory (RHCI) and Intent to Remain Employed (IRE) measure are presented. Internal consistency reliability and test-retest reliability coefficients for the factored subscales of the RHCI and the IRE measure are reported. The criterion-related validity of the RHCI was tested using workers' self-ratings and two external criteria (supervisory ratings of workers' levels of human caring and supervisory ratings of workers' job-related capabilities); correlations among RHCI scores and these external criteria are reported. Results of a multiple regression analysis to examine the extent to which the factored subscales of the RHCI predicted variation in the IRE measure are presented. Finally, the results of a multivariate analysis of variance that examined the effects of education and length of service on the factored subscales of the RHCI are reported. The chapter concludes with a summary of results pertinent to each of the research questions framing the study.

#### *Sample Characteristics*

Approximately 2,190 surveys were distributed statewide to Department of Family and Children Services (DFCS) child welfare case managers engaged primarily in the delivery of direct services. Data collection took place during May and June 2004. The exact number of employees comprising the target population was not known because the DFCS employee roster furnished by the Georgia Department of Human Resources had not been updated since December 2003. Furthermore, this roster fluctuates daily and it likely included names of

employees who had terminated employment with DFCS. The list failed to include the names of recently hired employees as well.

A total of 840 scannable surveys (raw return rate of 38%) was returned to the Survey Research Center at the University of Georgia for processing. Surveys (n=17) from workers in positions not included in the target population (i.e., Adult Protective Service Workers, Family Support Workers, and supervisors) and surveys (n=37) with excessive missing data were excluded. Surveys were excluded if: (a) more than three item responses were missing on the RHCI; or (b) any items were missing on the Intent to Remain Employed measure. The resulting sample consisted of 786 surveys, a usable return rate of 36%.

#### *Demographic Characteristics of the Sample*

Table 2 presents a summary of the demographic characteristics of the survey respondents. As expected, most respondents were female (88.8%); males comprised only 11.2% of the respondents. The largest percentages of those returning surveys were Caucasian (60.3%) and African American (36.7%). Over one half of the respondents (54.7%) were between the ages of 20 and 35. The percentages in the age brackets from 36 to 55 were fairly evenly distributed, ranging from 10.9% (ages 46-50) to 7.7% (ages 51-55).

Most respondents possessed non social work, baccalaureate degrees (59.4%), followed by baccalaureate degrees in social work (16.2%) and master's degrees in areas other than social work (10.5%). Those with master's degrees in social work comprised only 7.1% of the sample. When combined, BSWs and MSWs comprised 23.3% of the total sample. The largest percentages of respondents were working in child protective services (CPS) (48.9%)

Table 2

*Summary of Descriptive Statistics for Demographic Characteristics of the Survey Sample (n=786)*

Characteristics	n	%
Gender		
Female	692	88.8
Male	87	11.2
Age		
20-25	95	12.2
26-30	206	26.4
31-35	126	16.1
36-40	79	10.1
41-45	77	9.9
46-50	85	10.9
51-55	60	7.7
56-60	42	5.4
Over 60	10	1.3
Race		
African American	287	36.7
Asian/Pacific Islander	4	.5
Caucasian	471	60.3
Hispanic/Latino	4	.5
Native American	4	.5
Multi-racial	7	.9
Other	4	.5
Highest Education Level		
High School Diploma/GED	25	3.2
Associate Degree	27	3.4
Baccalaureate Degree (Non Social Work)	466	59.4
Baccalaureate Degree (Social Work)	127	16.2
Master's Degree (Non Social Work)	82	10.5
Master's Degree (Social Work)	56	7.1
Doctoral Degree	1	.1

Primary Program Area	213	27.1
CPS Investigations/Intake	171	21.8
CPS Ongoing	203	25.8
Foster Care Intake/Ongoing	24	3.0
Adoptions	44	5.6
Resource Development	124	15.8
Multiple Program Areas		
Years Experience In Public Child Welfare		
Less than 1 year	89	11.3
1-2 years	192	24.5
3-5 years	227	28.9
6-10 years	129	16.4
11-15 years	59	7.5
16-20 years	46	5.9
21-30 years	37	4.7
31-34 years	5	.6
Current Caseload		
0	109	14.0
1-10	31	4.0
11-15	51	6.6
16-20	93	12.0
21-25	138	17.8
26-30	151	19.4
31-35	70	9.0
36-40	50	6.4
41-45	31	4.0
46-50	13	1.7
51-55	5	.6
56-60	11	1.4
60+	22	2.8

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*Note.* Numbers and percentages may not total 100% due to missing data.

followed by foster care (25.8%). Smaller percentages of respondents were employed in multiple program areas (15.8%), resource development (5.6%), and adoptions (3.0%).

Eighty-nine respondents (11.3%) indicated they were in their first year of employment with DFCS; a total of 281 respondents (35.8%) indicated they were in their second year or less of employment with DFCS. Approximately 65% (n=508) indicated they were in year five or less of

employment with DFCS. Those reporting six or more years of experience with DFCS comprised 35.1% (n=276) of the sample.

The final item included in the Demographic Form for Caseworkers concerned current caseload size. Numbers of cases assigned ranged from 0 to 121 with a mean of 24.68 (*SD* 16.90). Of interest, 109 (14.0%) of the respondents indicated they currently had no caseload assignment. Approximately 22.6% of the respondents indicated caseloads of 1 to 20, while 37.2% of respondents reported caseloads of 21-30. Thus, most respondents (73.6%) indicated caseload assignments of 30 or fewer cases. Caseloads of greater than 30 were indicated by 25.9% of the respondents.

#### *Descriptive Statistics for Study Measures*

A summary of item means and standard deviations for each survey measure completed by the sample of case managers (n=786) is included in Appendix P. Item numbers can be cross referenced with item statements included in Appendices B and D. Items for both the RHCI and the IRE were rated using a four-point Likert scale (1=Strongly Disagree to 4=Strongly Agree). Twenty-three RHCI items and 3 IRE items were directionally recoded; thus, higher scores always indicate stronger levels of human caring and intent to remain employed.

For the RHCI, item means ranged from 2.14 to 3.67. The highest mean was for item #32 (*I have discussed clients with other clients*), an item that was directionally re-coded; thus, a high score on this item indicates greater disagreement with the item. Item #32 was included as an indicator of *Professional Commitment*/commitment to the values of social work, specifically commitment to respect clients' confidentiality. The lowest mean was for item #24 (*I cannot imagine enjoying any profession as much as social work*) an indicator of the theorized dimension of *Professional Commitment*.

For the IRE measure, means ranged from 2.01 to 2.77. As described in Chapter 4, IRE items were rated on a scale of 1 to 4; the IRE is not a zero-based scaled. Means for 70% the items exceeded the measure midpoint (2.5) indicating either agreement or strong agreement with most items. The highest mean was for item #5 (*I am actively seeking other employment outside the field of child welfare*). This item was directionally re-coded; thus, higher scores indicate greater disagreement with the item. The lowest mean was for item #2 (*I will remain employed in child welfare even though I might be offered a position outside of child welfare with a higher salary*). Higher scores indicate greater agreement with this item; thus, the lower mean indicates less agreement with the item.

#### *Factor Analyses of the Study Measures*

Data for the RHCI and the IRE were analyzed in a series of principal components analysis procedures to identify the latent constructs measured. Exploratory analyses using principal components procedures and orthogonal rotation were used to extract factors. It is recognized here that principal components analysis, while yielding very similar results is not the same procedure as common factor analysis. For ease with language, *component* and *factor* are used interchangeably. The following general decision rules were used to retain items on particular factors:

1. The minimum item/factor loading to consider retaining an item on a factor was .33.
2. Items loading at least .33 on more than one factor were retained on the factor with the highest loading.
3. If an item loaded at or above .33 on more than one factor, the item was retained on the factor with the highest loading only if the difference between the two highest squared

loadings was at least .10 (ten percent greater item/factor common variance for the highest loading item than for the next highest loading item).

Results of the factor analyses of the RHCI and bivariate correlations among the factored subscales are presented first, followed by results of the factor analyses of the IRE measure.

#### *Factor Analyses of the Revised Human Caring Inventory*

Fifty-seven individual items representing the theorized dimension of human caring were included in the factor analyses of the RHCI; *the four social desirability items were excluded from these analyses*. An unconstrained solution, using the default option of retaining only factors that explained at least 1.0% of the total item variance, resulted in a 14 factor solution that explained 56.0% of the item variance.

Following initial extraction, rotated solutions including from one to multiple factors were examined; factor loadings, eigen values, and variance explained by factors identified in the various solutions were used to arrive at the final factor solution. Orthogonal rotation was used because independent dimensions of the affective component of human caring were theorized (see Figure 3.1, page 73). *The goal of this process was to arrive at a solution containing the fewest meaningful factors relative to the total variance explained by the solution.*

A one-factor solution retained 46 of 57 total items and explained 19.25% of the total item variance. Table 3 provides a summary of the item communalities and factor loadings for the one-factor solution. Item loadings ranged from .34 to .62. These results suggest that items comprising the RHCI operationalize, at the most general conceptual level, a one-factor measurement dimension of human caring. When total variance explained by the unconstrained

Table 3

*Summary of Item Communalities and Factor Loadings for a One-Factor Solution for the Revised Human Caring Inventory (n=786)*

Item Number <sup>a</sup>	Communality	Item/Factor Loading <sup>b</sup>
1.	0.06	.25
2.	0.11	<b>.34<sup>c</sup></b>
3.	0.14	<b>.37</b>
4.	0.16	<b>.40</b>
5.	0.04	.20
6.	0.24	<b>.49</b>
7.	0.05	.22
8.	0.18	<b>.42</b>
9.	0.15	<b>.39</b>
10.	2.50	.05
11.	0.19	<b>.44</b>
13.	0.16	<b>.40</b>
14.	0.28	<b>.53</b>
15.	0.30	<b>.55</b>
16.	0.35	<b>.59</b>
17.	0.32	<b>.57</b>
18.	0.13	<b>.36</b>
19.	0.26	<b>.51</b>
20.	0.16	<b>.40</b>
21.	0.10	.32
22.	0.22	<b>.47</b>
23.	0.21	<b>.46</b>
24.	0.17	<b>.41</b>
25.	0.28	<b>.53</b>
27.	0.11	<b>.34</b>
28.	0.23	<b>.48</b>
29.	0.27	<b>.52</b>
30.	0.18	<b>.42</b>
31.	0.22	<b>.47</b>
32.	0.04	.21
34.	0.10	.31
35.	0.27	<b>.52</b>
36.	0.18	<b>.43</b>
37.	0.23	<b>.48</b>
38.	0.28	<b>.53</b>
39.	0.17	<b>.41</b>
40.	0.25	<b>.50</b>
41.	0.06	.25
42.	0.38	<b>.62</b>

43.	0.21	<b>.46</b>
44.	0.30	<b>.55</b>
45.	0.11	<b>.34</b>
46.	0.33	<b>.58</b>
48.	0.04	.20
49.	0.23	<b>.48</b>
50.	0.18	<b>.43</b>
51.	0.24	<b>.49</b>
52.	0.19	<b>.44</b>
53.	0.28	<b>.53</b>
54.	0.30	<b>.55</b>
55.	0.11	<b>.34</b>
56.	0.28	<b>.53</b>
57.	0.10	.32
58.	0.22	<b>.47</b>
59.	0.09	.30
60.	0.24	<b>.49</b>
61.	0.25	<b>.50</b>
Eigen Value		10.97
% Variance Explained		19.25

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<sup>a</sup> Item numbers may be cross referenced with Appendix B. <sup>b</sup> Item/Factor loadings are correlations. <sup>c</sup> Bolded numbers indicate that this was item was retained in the one-factor solution.

solution (56.0%, strongly suggesting more than one factor) and the total variance explained by the one-factor solution (19.25%) were considered, the decision to conduct further analyses was made and a series of iterative solutions was completed extracting from one to multiple factors.

In examining results of all principal components analysis solutions and with concern for parsimony of interpretation of the results, the decision was made to accept a seven-factor solution for the RHCI. Table 4 presents a summary of the item communalities and factor loadings for the seven-factor principal components analysis solution with orthogonal rotation. This solution retained 49 of 57 total items and accounted for 42.02% of the total item variance. Items retained on each of the seven factors are shown in bold type.

Table 4

*Summary of Item Communalities and Factor Loadings for a Seven-Factor Solution for the Revised Human Caring Inventory (n=786)*

<u>Item #<sup>a</sup></u>	<u>Communalities</u>	<u>Item/Factor Loadings<sup>b</sup></u>						
		Factor I	Factor II	Factor III	Factor IV	Factor V	Factor VI	Factor VII
1.	.18	.10	<b>.39<sup>c</sup></b>	.03	.03	.00	.01	-.12
2.	.33	.06	<b>.53</b>	-.02	.02	.12	.12	-.13
3.	.48	.05	.19	-.07	<b>.62</b>	.14	.09	-.16
4.	.34	.08	.33	.06	.11	.33	.14	-.29
5.	.20	.01	.19	.11	.01	-.06	<b>.38</b>	-.06
6.	.41	.11	<b>.59</b>	.11	.10	.13	.11	.06
7.	.12	.05	.13	.06	.08	.12	.23	-.17
8.	.42	-.05	<b>.59</b>	.19	.18	.02	.04	-.06
9.	.33	.10	<b>.47</b>	.05	.19	-.02	.23	-.06
10.	.20	.03	-.17	-.08	.09	.13	<b>.37</b>	.00
11.	.48	.06	<b>.53</b>	.11	-.02	.26	-.04	.34
13.	.63	.06	.19	-.02	<b>.75</b>	-.04	.16	-.04
14.	.53	.20	.32	.13	.05	.22	<b>.54</b>	.18
15.	.62	.13	.42	.16	.05	.17	<b>.53</b>	.30
16.	.54	.22	.43	.20	.05	.16	.45	.20
17.	.54	.11	<b>.61</b>	.11	.35	.09	.03	.13
18.	.38	.04	.21	.28	.00	.05	<b>.49</b>	-.13
19.	.43	.09	<b>.57</b>	.21	.03	.12	.17	.07
20.	.60	.07	.15	.03	<b>.71</b>	-.08	.24	.03
21.	.15	.12	.27	.14	.16	-.01	.08	.13
22.	.49	.12	<b>.55</b>	.13	.27	.01	-.15	.25
23.	.41	.07	.23	.30	<b>.36</b>	.23	-.27	.11
24.	.60	.04	.06	.16	<b>.73</b>	.07	-.08	.12
25.	.34	.18	.19	<b>.44</b>	.07	.25	.10	.00
27.	.32	.04	.16	.13	.07	<b>.41</b>	.06	-.31
28.	.43	.09	.18	.37	.04	.40	-.07	.29
29.	.69	.09	.11	.21	<b>.77</b>	.14	-.07	.07
30.	.23	.12	.23	<b>.36</b>	.16	.07	-.03	.02
31.	.52	.07	.09	.10	<b>.64</b>	.30	-.01	-.03
32.	.28	.08	-.07	.23	.04	.15	.20	<b>-.39</b>
34.	.33	.06	.08	.19	.08	.17	.11	<b>.49</b>
35.	.38	.12	.10	<b>.43</b>	.12	.30	.22	.13
36.	.30	.11	.05	.33	.10	.38	.07	-.14
37.	.55	.13	.03	<b>.71</b>	.07	.04	.13	-.06
38.	.38	.16	.08	.26	.32	<b>.42</b>	.05	-.01

39.	.44	.07	.02	<b>.58</b>	-.04	.15	.24	-.14
40.	.40	.14	.11	.18	.21	<b>.54</b>	.01	.07
41.	.30	.03	.03	-.02	-.02	<b>.51</b>	.16	.10
42.	.58	.19	.10	<b>.67</b>	.09	.24	.15	-.01
43.	.42	.09	.03	.39	.01	.46	.19	-.12
44.	.49	.23	.32	<b>.45</b>	.20	.09	-.22	.20
45.	.30	.17	-.02	.17	-.09	<b>.45</b>	.19	.03
46.	.47	.18	.17	<b>.59</b>	.18	.15	.00	.08
48.	.32	.10	.23	<b>.41</b>	-.22	-.19	.00	-.08
49.	.52	.16	.16	.07	.21	<b>.63</b>	-.15	.00
50.	.32	.24	.10	<b>.49</b>	.06	.04	-.04	.09
51.	.51	<b>.65</b>	.08	.08	.09	.21	.05	-.13
52.	.38	<b>.47</b>	.08	-.03	.16	.34	.07	-.08
53.	.55	<b>.68</b>	.05	.25	.05	.06	.13	.06
54.	.53	<b>.65</b>	.19	.23	.05	.04	.04	.12
55.	.49	.46	.12	.08	-.05	.21	-.01	-.46
56.	.46	<b>.48</b>	.22	.06	.23	.32	-.13	-.09
57.	.36	.39	.12	.00	-.03	.13	.08	.41
58.	.43	<b>.58</b>	.13	.15	.14	.05	-.07	.17
59.	.33	<b>.44</b>	.11	.13	-.10	.10	-.03	-.30
60.	.54	<b>.68</b>	.02	.21	.06	.02	.15	.09
61.	.57	<b>.71</b>	.07	.20	.02	.03	.13	-.08
Eigen								
Values	23.95	4.26	4.17	4.16	4.00	3.28	2.18	1.90
% Variance								
Explained								
	42.02	7.47	7.31	7.30	7.01	5.75	3.83	3.34

<sup>a</sup> Item numbers may be cross referenced with Appendix B. <sup>b</sup> Item/Factor loadings are correlations. <sup>c</sup> Bolded numbers indicate final item/factor locations.

Factor one was defined by nine items that loaded from .44 (item #59) to .71 (item #61). The first factor accounted for 7.47% of the total item variance and was named *Receptivity*, previously defined in the conceptual model framing the study as *sensitivity to the perspectives, feelings, and needs of clients resulting in the ability to easily form interpersonal relationships*. The second factor was defined by nine items that loaded from .39 (item #1) to .61 (item #17). This factor accounted for 7.31% of the total item variance and was labeled by the researcher *Personal Responsibility/Reward*. A third factor was extracted that retained 10 items with item loadings ranging from .36 (item #30) to .71 (item #37). Not previously conceptualized as a

separate dimension of human caring, this factor accounted for 7.30% of the total item variance and was named *Commitment to Clients*. Factor four was defined by seven items that loaded from .36 (item #23) to .77 (item #29). Accounting for 7.01% of the total item variance, factor four was labeled *Professional Commitment*, previously conceptually defined as *persistence, endurance, and a sense of responsibility in using specialized social work skills in a manner consistent with the values and goals of the profession*. Like Factor two, Factors five, six, and seven were not previously included in the theoretical model of human caring upon which the study was based. Factor five was defined by 6 items that loaded from .41 (item #27) to .63 (item #50). This factor accounted for 5.75% of the total item variance and was named *Personal Attachment*. Factor six, which accounted for 3.83% of the total item variance, was defined by five items that loaded from .37 (item #10) to .54 (item #14). Factor six was named *Respect for Clients*. Finally, factor seven accounted for 3.34% of the total item variance and was defined by only two items loading at -.39 and at .49. Factor seven was not named and was excluded from subsequent analyses because (a) this factor retained only two items creating concerns about face validity and measurement reliability; and (b) though statistically related, the two items retained on factor seven appeared to be conceptually unrelated.

Table 5 provides a summary of the factored subscales of the RHCI including the number of items retained on each factor; the range of factor loadings for each factor; variance explained by each factor; and the item numbers included in each of the factored subscales. From seven to ten items were retained on each of the first four factors and each of these factors explained more than 7.0% of the total item variance. Slightly fewer items were retained on factors five and six. As would be expected with principal components analyses, these factors made a smaller

Table 5

*Summary of the Factored Subscales of the Revised Human Caring Inventory*

Factor	# of Items	Range of Factor Loadings	% Variance Explained	Item # <sup>a</sup>
I. Receptivity	9	.44 to .71	7.47	51-54, 56, 58-61
II. Personal Responsibility/Reward	9	.39 to .61	7.31	1-2, 6, 8-9, 11, 17, 19, 22
III. Commitment to Clients	10	.36 to .71	7.30	25, 30, 35, 37, 39, 42, 44, 46, 48, 50
IV. Professional Commitment	7	.36 to .77	7.01	3, 13, 20, 23-24, 29, 31
V. Personal Attachment	6	.41 to .63	5.75	27, 38, 40-41, 45, 49
VI. Respect for Clients	5	.37 to .54	3.83	5 <sup>b</sup> , 10 <sup>b</sup> , 14-15, 18
VII. Not Named	2	.39 to .49	3.34	32, 34
Total	48	.36 to .77	42.02	N/A

<sup>a</sup>Item numbers may be cross referenced with Appendix B. <sup>b</sup>Item deleted to improve alpha.

contribution to the explanation of the total item variance. Only two items loaded on factor seven; as previously explained, this factor was excluded from subsequent analyses.

*Intercorrelations Among Factored Subscales of RHCI and the Social Desirability Index.*

Pearson product moment correlation coefficients were computed among all factored subscales of the RHCI to examine interrelationships among the factored subscales. Correlation coefficients between each of the factored subscales of the RHCI and the *Social Desirability Index* were also

computed. Table 6 provides a summary of these correlations. These correlations were all positive in direction and were statistically significant at the  $p < .01$  level. The correlations among the factored subscales of the RHCI ranged from .22 (F6, *Respect for Clients* with F4, *Professional Commitment*) to .52 (F1, *Receptivity* with F3, *Commitment To Clients*). Generally, correlations among the factored subscales were moderate in magnitude. Correlations between the *Social Desirability Index* (SD) and other factored subscales of the RHCI ranged from .09 (F4, *Professional Commitment* with *Social Desirability*) to .42 (F5, *Personal Attachment* with *Social Desirability*), and considered collectively, these correlations were low to moderate in magnitude.

Table 6

*Summary of Pearson Product Moment Intercorrelations among the Factored Subscales of the Revised Human Caring Inventory and the Social Desirability Index (n=786)*

	F1	F2	F3	F4	F5	F6	SD
F1	_____	.36	.52	.30	.44	.33	.36
F2		_____	.46	.44	.35	.48	.28
F3			_____	.32	.46	.44	.39
F4				_____	.37	.22	.09
F5					_____	.34	.42
F6						_____	.32

*Note:* All correlations significant at the  $p < .01$  level. SD = Social Desirability Index.

#### *Factor Analyses of the Intent to Remain Employed Measure*

An unconstrained solution, using the default option of retaining only factors that explained at least 1.0% of the total item variance, resulted in a one-factor solution. The one-factor solution

retained all 10 items and explained 53.4% of the total item variance. The results suggest that items comprising the IRE measure operationalize a one-factor measurement dimension of intent to remain employed. Table 7 presents a summary of the item communalities and factor loadings for the one-factor solution. Factor loadings for items #1 through #9 exceeded .70. The factor loading for item #10 was the smallest loading, .49.

Table 7

*Summary of Item Communalities and Factor Loadings for the One-Factor Solution for the Intent to Remain Employed Measure (n=786)*

Item # <sup>a</sup>	Communalities	Item/Factor Loadings <sup>b</sup>
1.	.62	.79
2.	.52	.72
3.	.55	.74
4.	.56	.75
5.	.62	.79
6.	.53	.73
7.	.55	.74
8.	.62	.79
9.	.50	.71
10.	.24	.49
Eigen Value	5.31	
% Variance Explained	53.40	

<sup>a</sup>Items can be cross referenced with Appendix D. <sup>b</sup> Item/factor loadings are correlations.

### *Reliability Analyses*

This study examined internal consistency reliability of all data collected in the study (n=786) and test-retest reliability of RHCI and IRE data collected for a sub-sample (n=29) of the study participants.

#### *Internal Consistency Reliability*

Using the sample of caseworkers engaged in direct services (n=786), Cronbach's alpha reliability coefficients were computed for the one-factor solution of the RHCI and for each of the measurement dimensions of the RHCI identified using the seven-factor solution. Alpha for the one-factor solution for the RHCI was .91. Table 8 shows the alpha coefficients for the seven factors identified through principal components analysis and for the IRE measure. Alpha for the IRE measure was .90. Excluding the *Social Desirability Index*, coefficients for the remaining subscales of the RHCI ranged from .64 (*Personal Attachment*) to .83 (*Receptivity* and *Professional Commitment*); alpha for four of the RHCI subscales (*Receptivity*, *Personal Responsibility/Reward*, *Commitment to Clients*, and *Professional Commitment*) exceeded .75.

Alpha for Factor VI (*Respect for Clients*) was improved by deleting two items. When the five items that were initially retained on this factor were included in the analysis, alpha for Factor VI was .56. Deletion of item #10 (*I tell my clients how they should parent their children*) increased alpha to .62. A second increase in alpha, from .62 to .67, was obtained by deleting item #5 (*I try to examine my personal biases when I perform my job*). For further analyses, only items #14, #15, and #18 (*Although I may not approve of my clients' behavior, I am accepting of them as people; I try to understand my clients' views of their problems; and I request permission before looking in a client's cabinets*) were used to operationalize Factor VI.

Table 8

*Cronbach's Alpha Internal Consistency Reliability Coefficients for the Seven Factored Subscales of the Revised Human Caring Inventory, the Social Desirability Index, and the Intent to Remain Employed Measure (n=786)*

Measure	Alpha Coefficient
<u>Revised Human Caring Inventory</u>	
Factor I – Receptivity (9) <sup>a</sup>	.83
Factor II – Personal Responsibility/Reward (9)	.77
Factor III – Commitment to Clients (10)	.79
Factor IV – Professional Commitment (7)	.83
Factor V – Personal Attachment (6)	.64
Factor VI – Respect for Clients (3)	.67
Factor VII – Unnamed (2) <sup>b</sup>	.47
Social Desirability – (4)	.62
<u>Intent to Remain Employed Measure</u>	
	.90

<sup>a</sup>Number of items comprising subscale. <sup>b</sup>Factor deleted from further analyses.

Considered collectively, the alpha reliability results show that data for four (*Receptivity*, *Personal Responsibility/Reward*, *Commitment to Clients*, and *Professional Commitment*) of the seven subscales of the RHCI identified through principal components analyses demonstrated strong internal consistency reliability. Data for both the *Personal Attachment* and *Respect for Clients* subscales demonstrated moderate reliability. When understood as a unidimensional construct (one-factor solution), the internal consistency reliability of the RHCI data was very strong.

### *Test-Retest Reliability*

A sub-sample (n=29) of caseworkers employed in counties in northeast Georgia were surveyed face-to-face, using a two-week interval to assess the stability of the responses generated by the RHCI and the IRE measure. Participants were predominately female (93.1%), Caucasian (69.0%), and most were between the ages of 26 and 35 (72.4%). Most possessed baccalaureate degrees in areas other than social work (44.8%). Over half of the participants (55.2%) had less than two years child welfare experience and most worked in CPS (65.5%). Caseloads for the sub-sample ranged from 7 to 44; 96.1% of these respondents reported caseloads of 30 or less.

Table 9 provides a summary of the results for the six factored subscales of the RHCI and for the IRE measure. RHCI subscale test-retest reliability coefficients were all statistically significant ( $p < .001$ ) and ranged from .91 for Factor IV (*Professional Commitment*) to .59 for Factor VI (*Respect for Clients*). The stability coefficient for the IRE measure was .62.

### *Criterion-Related Validity of the Revised Human Caring Inventory*

A series of analyses was completed to test the relationships among the factored subscales of the RHCI and other measures in the study. The relationship between workers' self-ratings on the RHCI and two external criteria, (a) supervisory ratings of workers' levels of human caring and (b) supervisory ratings of workers' capabilities, were examined to assess the criterion-related validity of the RHCI. Although both of the external criteria used in the following analyses were examined in an effort to gather evidence of concurrent validity of the RHCI, one analysis examined the relationship between scores on a single variable (i.e., human caring) obtained through multiple methods (self-report and report by supervisors), while the second analysis examined the relationship between human caring and a second variable (i.e., job-related capabilities as rated by supervisors).

Table 9

*Summary of Test-Retest Coefficients of Stability for the Six Factored Subscales of the Revised Human Caring Inventory and the Intent to Remain Employed Measure (n=29)*

Measure	Stability Coefficient
<u>RHCI Subscale</u>	
Factor I – Receptivity	.72
Factor II – Personal Responsibility/Reward	.74
Factor III – Commitment to Clients	.77
Factor IV – Professional Commitment	.91
Factor V – Personal Attachment	.82
Factor VI – Respect for Clients	.59
<u>IRE</u>	.62

A random sub-sample of 300 pairs of direct service workers and their supervisors was selected for this analysis. *Due to errors in coding of these surveys by contracted services that necessitated a second mailing*, the response rate for this sub-sample was extremely low.

Although 40 workers and 37 supervisions returned surveys, only 15 of these could be matched for subsequent statistical analyses.

Direct service workers in the sub-sample (n=15) were primarily female (93.3%), Caucasian (86.7%), and most were employed in foster care or multiple program areas (73.3%). Ten of the 15 respondents were between the ages of 20 and 35 (67.0%). Approximately 60 percent had been employed for five or fewer years. Caseloads ranged from 0-30, with over half of the respondents reporting caseloads of 15 or fewer cases.

Supervisors in the sub-sample (n=15) were all female, predominately Caucasian (86.7%), and slightly older than the direct service workers: 40.0% between the ages of 36 and 40; 26.7% between the ages of 51 and 55. Only three (20.0%) of the supervisors possessed an MSW degree. Of interest, 20% of the supervisors responding to the survey had less than two years of experience in public child welfare while 73.3% reported from 6 to 30 years of experience. Although 20 percent had supervised the worker he/she rated for less than six months, most (66.7%) had supervised the worker rated from one to five years.

As stated, due to coding errors, only 15 matched pairs of surveys were available for this analysis. Thus, results must be interpreted with considerable caution. Bivariate correlations between workers' self-ratings on the factored subscales of the RHCI and supervisory ratings of workers' on the subscales of the Human Caring Inventory – Adapted for Supervisory Rating (Appendix F) were all positive in direction, but were generally not statistically significant. Only the correlation between workers' self-ratings and supervisory ratings of Factor 4, *Professional Commitment*, was statistically significant ( $r=.52, p<.05$ ). Similarly, only one of the correlations between workers' self-ratings on the RHCI and supervisors' ratings of workers' job-related capabilities (Supervisory Perception of Child Welfare Worker Capabilities Questionnaire, Appendix J) was statistically significant. The correlation between workers' self-ratings on Factor 3, *Commitment to Clients*, and supervisory ratings of workers' capabilities was positive in direction, moderate in magnitude, and statistically significant ( $r=.63, p<.01$ ).

#### *Regression Analysis*

A multiple regression analysis using stepwise procedures for entering variables in the regression model was completed to examine the extent to which combinations of the RHCI factored subscales explained variation in the IRE measure. Prior to the regression analysis,

bivariate correlations between the factored subscales of the RHCI, the *Social Desirability* subscale, and the IRE measure were examined. These correlations are shown in Table 10. Statistically significant correlations ranged from .45 (*Professional Commitment* with IRE) to .10 (*Respect for Clients* with IRE). The *Social Desirability* subscale of the RHCI was not significantly correlated with the IRE measure.

Table 10

*Summary of Pearson Product Moment Intercorrelations between the Factored Subscales of the Revised Human Caring Inventory and Intent to Remain Employed Measure (n=786)*

RHCI Subscale	Intent To Remain Employed
F1	.34
F2	.21
F3	.21
F4	.45
F5	.11
F6	.10
Social Desirability	.00*

*Note.* Correlations significant at the  $p < .01$  level unless asterisked.

\* *NS*

The multiple regression analysis was completed using the IRE measure as the dependent variable which was regressed on the six factored subscales of the RHCI (independent variable set). Table 11 shows the results of the regression analysis for the total sample of respondents (n=786). Included in Table 11 for each step of the analysis are the variable entered, the values of

Table 11

*Summary of Stepwise Multiple Regression Analysis Regressing the Intent to Remain Employed Measure on the Factored Subscales of the Revised Human Caring Inventory (n=786)*

Step	Variable Entered	R	R <sup>2</sup>	$\Delta R^2$	F	p
1.	Factor 4	.46	.21	_____	204.96	.001
2.	Factor 1	.50	.25	.04	132.25	.001
3.	Factor 5	.52	.27	.02	98.11	.001
4.	Factor 6	.53	.28	.01	74.46	.093

the multiple correlation (R), the squared multiple correlation (R<sup>2</sup>), change in the squared multiple correlation ( $\Delta R^2$ ), the F value for the variable entered into the regression equation, and probabilities for the F statistic for the variable entered.

As shown in Table 11, *Professional Commitment* was the first variable to enter the regression equation (highest bivariate correlation with the IRE measure). At step two, the *Receptivity* variable entered the equation and increased the squared multiple correlation (R<sup>2</sup>) from .21 to .25. *Personal Attachment* (Factor 5) entered the equation in step three and increased the squared multiple correlation (R<sup>2</sup>) to .27. Factor 6 entered the regression model at step four, but was not statistically significant. The results in Table 11 show that respondents' intentions to remain employed in child welfare were largely explained by *Professional Commitment*, followed by *Receptivity* and *Personal Attachment*. The stepwise regression model including these three variables predicted 28 percent of the variation in the IRE measure.

*Multivariate Analysis of Variance*

A 2 x 4 factorial design was completed to examine possible group differences (main and interaction effects) between survey respondents' RHCI subscale scores aggregated by type of degree and years of experience in public child welfare. Two levels of education (social work degree or degree other than social work) and four levels of length of employment (0-2 years, 3-5 years, 6-10 years, and 10+ years) were used in this analysis. As shown in Table 12, no statistically significant main effects were detected for education or length of employment upon any of the six factored subscales of the RHCI. Therefore, no post hoc tests were completed.

Table 12

*Summary of 2 (Education) x 4 (Length of Experience) Multivariate Analysis of Variance of Revised Human Caring Inventory Subscale Scores (n=786)*

Revised Human Caring Inventory Subscale	<i>Sums of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>p</i>
Receptivity	58.83	7	8.40	0.84	.55
Personal Responsibility/Reward	36.41	7	5.20	0.45	.87
Commitment to Clients	53.22	7	7.60	0.68	.69
Professional Commitment	150.90	7	21.56	1.23	.28
Personal Attachment	38.53	7	5.50	0.94	.47
Respect for Clients	7.17	7	1.02	0.66	.71

### *Results Pertinent To Each Research Question*

Eight research questions were formulated for the study. Three primary questions addressed the factor structure of the RHCI and the reliability of the RHCI data. Five exploratory questions examined relationships between the RHCI and other study variables. The study questions are listed below along with data analysis results pertinent to each research question.

#### Question 1

To what extent do the individual items of the RHCI operationalize the human caring dimensions *Receptivity*, *Responsivity*, *Professional Commitment*, and *Interpersonal Reward*?

Results of the study provide support for the conceptualization of human caring as a complex, multidimensional construct; however, with the exception of items from the *Receptivity* and *Professional Commitment* factors, individual items did not load as theorized on the remaining subscales identified in the conceptual model of human caring upon which the study was based (i.e., *Responsivity* and *Interpersonal Reward*). Neither *Responsivity* nor *Interpersonal Reward* was empirically identified as a separate RHCI factor through principal components analyses. Additionally, four factors not included in the conceptual model of human caring guiding the study were identified: *Personal Responsibility/Reward*, *Commitment to Clients*, *Personal Attachment*, and *Respect for Clients*. Collectively, these six factors explained 42.02% of the total RHCI item variance.

#### Question 2

To what extent are the RHCI and the RHCI subscales internally consistent?

Cronbach's alpha internal consistency reliability coefficients for the RHCI and for the factored subscales of the RHCI were as follows: overall RHCI (one-factor solution), .90; *Receptivity*, .83; *Personal Responsibility/Reward*, .77; *Commitment to Clients*, .79; *Professional*

*Commitment*, .83; *Personal Attachment*, .64; and *Respect for Clients*, .67. Reliability coefficients for the overall RHCI (one-factor solution) and for the first four factors of the seven-factor solution exceeded .75 and provide reasonably strong statistical support for the reliability of the data for this sample. Reliability coefficients for the final two factors, *Personal Attachment* and *Respect for Clients* were lower than desired. *Respect for Clients* included only three items and the small number of items retained on this factor may have contributed to the lower alpha coefficient.

### Question 3

To what extent does the RHCI demonstrate stability of scores over time?

Stability of the RHCI and the factored subscales of the RHCI was examined using test-retest procedures over a two week period. Twenty-nine respondents completed both administrations of the measure. All Stability coefficients were statistically significant ( $p < .001$ ). Coefficients for the overall measure/one-factor solution and for the factored subscales of the RHCI were as follows: one-factor solution for the RHCI, .91; *Receptivity*, .72; *Personal Responsibility/Reward*, .74; *Commitment to Clients*, .77; *Professional Commitment*, .91; *Personal Attachment*, .82; and *Respect for Clients*, .59.

### Question 4

Is there a statistically significant relationship between workers' self ratings on the RHCI and supervisors' ratings of workers' job capabilities?

As can be expected with a small sample ( $n=15$ ) and low power, most of the correlations were not statistically significant. However, the correlation coefficient for workers' self-ratings on the *Commitment to Clients* subscale and supervisors' ratings of Worker Capabilities was positive in direction, rather strong in magnitude ( $r=.63$ ), and was statistically significant ( $p < .01$ ).

### Question 5

Is there a statistically significant relationship between workers' self-ratings on the RHCI and ratings of their human caring attributes by their supervisors?

The same sub-sample (n=15) of workers and their supervisors which was used to answer Question 4 was used in this analysis. Only the correlation between ratings on the *Professional Commitment* subscale was statistically significant ( $r=.52$ ,  $p<.05$ ).

### Question 6

How much of the variation in intention to remain employed is explained by the factored subscales of the RHCI?

Results of the stepwise analysis regressing the IRE on the six factored dimensions of the RHCI demonstrated statistical significance ( $p<.001$ ) through three steps in the analysis. The first variable to enter the regression model, *Professional Commitment*, accounted for most of the variation in the IRE measure (21%). The remaining two variables in the regression model, *Receptivity* and *Personal Attachment* explained an additional 6% of the variation in the dependent variable.

### Question 7

Are there statistically significant differences in levels of human caring between groups of workers with social work degrees and workers with other degrees?

No statistically significant differences in levels of human caring were found between public child welfare workers with social work degrees and those with other types of degrees. Results of a MANOVA analysis showed no main effects for degree type.

### Question 8

Are there statistically significant differences in levels of human caring among workers with varying length of employment?

Results of a MANOVA that included four levels of length of employment showed no statistically significant main effects for length of employment across any of the factored RHCI subscales.

### *Chapter Summary*

Chapter 5 described the results of a variety of data analyses completed in the study. These analyses included: (a) descriptive statistics to describe demographic characteristics of the total sample; (b) descriptive statistics of the study measures; (c) principal components analyses to refine the RHCI and the IRE measure; (d) internal consistency reliability analyses of the IRE measure and the factored subscales of the RHCI identified through principal components analyses; (e) test-retest analyses of the IRE measure and the six factors of the RHCI identified through principal components analyses to examine reliability of the data; (f) bivariate correlations to examine the relationships among the study variables and to answer the research questions framing the study; (g) multiple regression analyses to explore the relationship between the IRE measure and the six factored dimensions of the RHCI; and (h) MANOVA to explore differences in RHCI subscale scores among various groups classified by level of education and length of experience. The chapter concluded with a brief summary of results pertinent to each of the research questions formulated for the study. Chapter 6 that follows includes a discussion of the major findings and conclusions of the study and implications of these findings for theory, research, and social work practice.

## CHAPTER 6

### CONCLUSIONS, DISCUSSION, and IMPLICATIONS

This chapter presents a brief overview of the study that includes its purpose, conceptual framework, design, and intended contributions to the social work knowledge base. A summary of the major findings and conclusions of the study is presented followed by a discussion of the empirically verified subscales of the Revised Human Caring Inventory (RHCI). The relationship between scores on the Intent to Remain Employed (IRE) measure and the components of human caring and the reliability of the IRE data are also discussed. This chapter concludes with a discussion of the implications of the findings of the study for theory, research, and practice.

#### *Overview of the Study*

This study emanated from (a) the professional literature pertaining to the *human caring* construct, and (b) research supporting the importance of human caring as a personal factor related to retention among public child welfare workers. Although the professional literature from the field of humanistic psychology (Fromm, 1956; Rogers, 1989); the profession of nursing (Benner & Wrubel, 1990; Moffett, 1993; Morse et al., 1990) and the discipline of philosophy (Mayerhoff, 1971; van Hooft, 1995), particularly feminist ethics (Benner, 1994; Gordon et al., 1996; Noddings 1984), includes discussion of human caring, the constructs of *care* and *caring* have remained difficult to define and measure. While this literature provides a rich history of discussion of the concept of human caring, rigorous efforts to develop measures of human caring in the helping professions have been rather limited.

This study continues a line inquiry initiated by Moffett (1993), who developed a measure of human caring for nurses, and Ellett and Ellett (1996) who adapted Moffett's measure to examine human caring in the context of social work practice. Furthermore, previous research (Ellett, 2000; Ellett & Ellett, 1996; Ellett et al., 2003) has confirmed the relationship between human caring and intention to remain employed among public child welfare workers. Other studies (Harrison, 1995; Kern et al., 1993; Landsman, 2001; Reagh, 1994; Rycraft, 1994; Samantrai, 1992) have confirmed the relationship between retention among child welfare workers and a number of personal factors similar to human caring (i.e., obligation or inclination to help others, a sense of mission, altruism, personal satisfaction in working with clients, and a service orientation). While frontline workers form the core of our public child welfare system, this system continues to experience a *workforce crisis* characterized by difficulty recruiting competent staff and high rates of turnover- 20 to 40% nationally (Cyphers, 2001; GAO, 2003). At a practical level, a valid measure of human caring that yields reliable information can play an important role in understanding and improving retention in the public child welfare workforce.

This study addressed a significant gap in the social work knowledge base by: (a) explicating a theory-based model of human caring; and (b) exploring and attempting to improve the psychometric properties of a revised version of the only available measure of human caring in social work settings, the Human Caring Inventory – Social Work (Ellett & Ellett, 1996). Specifically, this study sought to improve the fit between the HCI-SW (Ellett & Ellett, 1996) and the theoretical model of human caring upon which it was based (Noddings, 1984) by developing items intended to capture the theorized dimension of *Interpersonal Reward*, a dimension not included in the HCI-SW (Ellett & Ellett, 1996). Thus, the study expanded the existing conceptual model of human caring in social work practice, including the theorized new dimension –

*Interpersonal Reward*. The conceptual model upon which the study was based was shown in Figure 3.2 (page 74). As depicted in this model, four dimensions of the RHCI were theorized: *Receptivity, Responsivity, Interpersonal Reward, and Professional Commitment*. A series of principal components analyses was used to examine the factor structure of the RHCI.

Additionally, this study attempted to improve the internal consistency reliability of measurement with the RHCI through the deletion of problematic individual items and the development of new items. Specifically, new items were developed to operationalize the *Receptivity, Responsivity, and Professional Commitment* subscales (Appendix G). Test-retest reliability of the RHCI data for a purposive sub-sample of twenty-nine caseworkers was also examined. The study examined the criterion-related validity of the RHCI using two external criteria: (a) supervisors' ratings of workers' levels of human caring, and (b) supervisors' ratings of workers' competency. Finally, using the revised version of the human caring measure, this study attempted to replicate previous findings regarding the relationship between human caring and intent to remain employed in public child welfare.

Data for the study were collected during May and June 2004 from all public child welfare case managers in Georgia engaged primarily in direct services. Surveys were mailed to 2190 case managers; the anonymity of participants was maintained. A total of 786 usable returns was available for analysis. Data analyses included descriptive statistics to examine the characteristics of the sample(s) and the study measures; exploratory principal components analyses of the RHCI and the IRE measure; reliability analyses of study data; correlations between the factored subscales of the RHCI and external criteria to examine criterion-related validity of the RHCI; bivariate correlations and regression analyses to answer research questions, and MANOVA to

examine possible group differences between survey respondents' RHCI scores classified by type of degree and years of experience in public child welfare.

The section that follows re-states the research questions framing the study and, for each research question, provides a summary of the major findings and conclusions of the study. Important supplemental findings beyond the scope of the specified research questions are also discussed. These supplemental findings include the relationship between the *Social Desirability Index* and the factored subscales of the RHCI and the test-retest reliability of the IRE data.

### *Research Questions, Findings, and Conclusions*

Three primary and five exploratory research questions guided the study. The primary questions addressed the factor structure of the RHCI and the reliability of measurement with the RHCI. The exploratory questions examined the relationship between the RHCI and other study variables. Major findings and conclusions for each research question follow.

#### Question 1

To what extent do the individual items of the RHCI operationalize the human caring dimensions *Receptivity, Responsivity, Interpersonal Reward, and Professional Commitment*?

#### Major Finding

Items comprising the RHCI operationalize, at the most general conceptual level, a one-factor measurement dimension of human caring. The empirically derived factors confirm the multidimensionality of the RHCI. *However, distinct subscales differ somewhat from the theorized model of human caring upon which the study was based.* As described in Chapter 3, four dimensions of the affective component of human caring were theorized and operationalized in the RHCI: *Receptivity, Responsivity, Interpersonal Reward, and Professional Commitment.* The addition of *Interpersonal Reward* items, formulated from the descriptive work of Noddings'

(1984), constituted a significant change in the former version of the scale, the HCI-SW (Ellett & Ellett, 1996). A series of principal components analyses of the RHCI resulted in six empirically derived dimensions: *Receptivity*, *Personal Reward/Responsibility*, *Commitment to Clients*, *Professional Commitment*, *Personal Attachment*, and *Respect for Clients*. Although the *Interpersonal Reward* items failed to form a distinct dimension, all of these items were retained in accordance with the study decision rules described in Chapter 5. Some of the items loaded on each of the empirically derived factors. Thus, *Interpersonal Reward* is not a single construct, but permeates the factored subscales of the RHCI.

Ten new items were also developed to operationalize the theorized dimension of *Responsivity*. Nine of these items were retained. However, like the *Interpersonal Reward* items, these items failed to form a distinct subscale. *Responsivity* is a core element of caring threaded through several distinct subscales (e.g., *Receptivity*, *Personal/Responsibility/Reward*, *Commitment to Clients*, and *Personal Attachment*).

### Conclusions

Several conclusions may be derived from the study findings. (1) The affective component of human caring may be understood at two conceptual levels. Results of the one-factor solution indicate that the items of the RHCI operationalize a one-factor measurement dimension of human caring. With respect for parsimony, the scale could be used as an overall index of human caring in future studies that aim to develop theory incorporating general abilities as they relate to some dependent variable. For example, global measures of workers' capabilities, human caring, self-efficacy, and job satisfaction (independent variables) might be used to develop a theory of client outcomes (dependent variable). It might be theorized that each of these independent variables influences client outcomes.

In contrast, the researcher's decision to accept the seven-factor solution for the RHCI measure for this study illustrates the benefits of a multidimensional understanding of human caring when intent to remain employed was used as a dependent variable. As reported in Chapter 5, on a practical level, the *Professional Commitment* subscale of the RHCI was the only subscale that increased understanding of variance in IRE scores. Had the researcher accepted the one-factor solution for the RHCI, as a global measure of human caring, the correlation between RHCI and IRE scores would have been statistically significant, positive, and moderate in magnitude ( $r=.37$ ). However, the multiple squared correlation ( $R^2$ ) would have been only .16 and would have provided only limited information about the relationship between human caring and intent to remain employed. At a practical level, measures developed as part of the screening process for potential public child welfare workers should focus on the *Professional Commitment* subscale, not human caring as global measure.

(2) Human caring may also be understood as a complex, multidimensional construct. Results of the study indicate that the affective component of human caring is more complex than conceptualized, suggesting modification of the conceptual model upon which the study was based. Noddings' (1984) model of human caring was limited to three distinct components: engrossment, an attitude characterized by acceptance, and action. Though Noddings stressed the importance of reciprocity and the affective rewards received by the *one-caring*, she failed to clarify the relationship between these affective rewards and the three main components included in her model of human caring. The principal components analyses of the RHCI suggest a more complex conceptual model of the affective component of human caring. The following sections of this chapter include a discussion of the dimensionality of the RHCI and the implications of the study for expanding existing theory of human caring.

(3) At the measurement level, rather than developing items to measure *Interpersonal Reward* as a separate construct, item development should focus on the meaning of *Interpersonal Reward* in relation to each of the factored subscales. For example, what does *Interpersonal Reward* mean as an aspect of *Professional Commitment*? A similar conclusion may be derived from the findings regarding the theorized dimension of *Responsivity*. Like *Interpersonal Reward*, *Responsivity* must be understood and operationalized within the more distinct subscales of human caring empirically verified by the study.

#### Question 2

To what extent are the factored subscales of the RHCI internally consistent?

#### Major Finding

Four of the factored subscales of the RHCI (*Receptivity*, *Personal Responsibility /Reward*; *Commitment to Clients*; and *Professional Commitment*) demonstrated adequate internal consistency reliability. For the sample studies, internal consistency reliability for the *Personal Attachment* and *Respect for Clients* subscales was less than desired.

#### Conclusions

Two conclusions may be derived from the study findings. (1) The RHCI used in this study can be trusted, for the most part, to differentiate adequately, and consistently, levels of human caring among public child welfare workers in a manner that is adequately free of measurement error. (2) Four of the six factored subscales of the RHCI can be used with considerable confidence in future research; two of the factored subscales need additional work to improve the reliability of measurement. Clear conceptual definitions of the *Personal Attachment* and *Respect for Clients* subscales are needed followed by the development and testing of items operationalizing these subscales.

### Question 3

To what extent does the RHCI demonstrate stability of scores over time?

#### Major Finding

Findings related to the stability of the RHIC over a two week period demonstrated that the *Receptivity, Personal Responsibility/Reward, Commitment to Clients, Professional Commitment, and Personal Attachment* subscales are reasonably stable over time. However, the test-retest coefficient for the *Respect for Clients* subscales was not as stable.

#### Conclusion

Measurement of the human caring construct is relatively stable over time. However, some of the subscales of the RHCI (i.e., *Respect for Clients*) may be more influenced by day to day interactions with clients than other subscales. The day to day experiences of workers influence some aspects of caring more than others. For example, workers' abilities to remain accepting of clients (item #14) and to try to understand clients' views of their problems (item #15) may fluctuate when workers must confront severely physically abusive individuals.

### Question 4

Is there a statistically significant relationship between workers' self ratings on the RHCI and supervisors' ratings of job capabilities?

#### Major Finding

Because of the small sample size (n=15) and low power, only the correlation between *Commitment to Clients* and supervisors' ratings of job capabilities was statistically significant.

#### Conclusion

Due to the small sample (n=15) of matched pairs of surveys available for this analysis, no definitive conclusions may be reached.

### Question 5

Is there a statistically significant relationship between workers' self-ratings on the RHCI and ratings of human caring attributes by their supervisors?

### Major Finding

Correlation coefficients between workers' self-ratings on the factored subscales of the RHCI and ratings by their supervisors on an adapted version of the RHCI were all positive in direction. However, only the correlation between self-ratings and supervisors' ratings on the *Professional Commitment* subscale was statistically significant.

### Conclusion

Due to the small sample (n=15) of matched pairs of surveys available for this analysis, no definitive conclusions may be reached.

### Question 6

How much of the variation in intention to remain employed is explained by the factored subscales of the RHCI?

### Major Finding

Human caring, specifically the *Professional Commitment*, *Receptivity*, and *Personal Attachment* subscales, predicted more than twenty-eight percent of the variance in the IRE measure.

### Conclusion

Intent to remain employed is largely explained by *Professional Commitment*. The results clearly identify the importance of *Professional Commitment* relative to the other components of human caring in explaining intent to remain employed. Further, the results suggest that the conceptual model upon which the study was based (Figure 3.2, page 74) should be modified.

Each of the factored subscales of the RHCI does not contribute to changes in IRE scores as depicted in the model; among the factored subscales of the RHCI, only the *Professional Commitment* subscale of the RHCI accounts for a meaningful portion of the variance in intent to remain employed.

#### Question 7

Are there statistically significant differences in levels of human caring between groups of workers with social work degrees and workers with other degrees?

#### Major Finding

No statistically significant differences in levels of human caring were found between public child welfare workers with social work degrees and those with other types of degrees.

#### Conclusion

The affective component of human caring as measured by the RHCI is not limited to those who possess social work degrees. As depicted in Figure 3.2 (page 74), professional social work education was theorized to influence both the affective and cognitive components of human caring. Although the professional literature suggests that the social work degree best provides the necessary knowledge, skills, and abilities for practice in the area child welfare (cognitive component of human caring), the study's findings fail to provide support for the theorized link between social work education and the affective component of human caring. Because human caring has received only limited attention in the social work literature, it is likely that social work education provides no more emphasis on human caring than other helping professions; through professional education, students from a variety of helping professions develop relatively similar levels of human caring.

### Question 8

Are there statistically significant differences in levels of human caring among child welfare workers with varying lengths of employment?

### Major Finding

No statistically significant differences in levels of human caring were found among workers with varying lengths of employment. Human caring is independent of length of employment. Examination of the variance within each level of length of employment studied indicates that variation in human caring is not considerably different across groups. In other words, variation of human caring in groups does not change with length of employment.

### Conclusion

It seems likely that this finding is due to methodological limitations of the study; comparing group means at a single point in time is not the best method for understanding changes in human caring over time. Longitudinal studies, employing mixed methods, should be considered for future research. Because it is possible that self-report measures are less sensitive to change over time, future studies might include observational ratings of worker's levels of caring. Qualitative methods might also be employed in concert with quantitative ratings to gain a deeper understanding of specific events associated with changes in caring scores on quantitative measures.

Contrary to the findings of this study, it is hypothesized by the researcher that levels of human caring in professional situations *do* change over time. In the public child welfare context, levels of human caring among workers entering the system may be higher for two reasons: (a) individuals with higher levels of caring would naturally be attracted to employment in public child welfare and other helping professions, and (b) these individuals would be fairly idealistic

about their abilities to affect positive outcomes for clients, thus they anticipate higher levels of interpersonal reward as a result of contact with clients. Caring might be expected to increase during the first 2-3 years of employment as new workers develop the skills necessary for success in public child welfare. As depicted in Figure 3.1, the cognitive component of human caring (specialized knowledge, skills, and abilities) influences and is influenced by the affective component of human caring. Among samples of public child welfare workers, studies have confirmed the relationship between human caring and self-efficacy (Ellett 2000; Ellett et al., 2003). As idealism fades and veteran workers are confronted with case failures despite their best efforts, caring would be expected to wane, likely around years 3-5 of employment. At this point, do workers who are unable to maintain caring leave? How do workers who have experienced lapses in caring recover their ability to care? Obviously further research is indicated to increase understanding of human caring over time.

#### *Supplemental Findings*

Two supplemental findings not specifically addressed by the research questions framing the study are pertinent to the previously reported study findings. The first of these is the influence of social desirability upon the RHCI scores. Bivariate correlations among the factored subscales of the RHCI and the *Social Desirability Index* indicate weak to moderate to relationships. The *Commitment to Clients* and *Personal Attachment* were more strongly related to social desirability than the other factored subscales. Results show that the *Professional Commitment* subscale of the RHCI was least influenced by social desirability. In the continuing development of the RHCI, the influence of social desirability should continue to be examined.

The second important supplemental finding concerns the test-retest reliability of the IRE data. Although the internal consistency reliability of the IRE data for the study sample (n=786) was

strong (alpha .90), the stability coefficient for data from the sub-sample (n=29) was .62. The IRE stability coefficient was likely attenuated by low reliability on the pretest and post-test data (pretest alpha .27, post-test alpha .19). The content of items included in the IRE measure is presented in Appendix D. Examination of pretest and post-test correlations among individual scale items shows that some of the IRE items were much more stable than others, for example items #1 ( $r=.78$ ) and #9 ( $r=.80$ ). Items #3 and #4 were less stable ( $r=.36$ ,  $r=.39$ , respectively). It is possible that as a construct, IRE is perhaps less stable, is influenced by daily on the job experiences, and fluctuates on a daily basis.

#### *Discussion of Major Findings*

The most important goals of the study were (a) to develop a theory-based measure that operationalized the affective component of human caring, and (b) to examine the relationship between the human caring measure and intent to remain employed among public child welfare workers. Therefore, a detailed discussion of the findings relative to the dimensionality of the RHCI follows. As depicted in Figure 3.1 (page 73), the model of human caring upon which the study was based, professional human caring is composed of three components: affective, cognitive, and behavioral components. The affective component of professional human caring is equated with *caring about*, which may be distinguished from *caring for* (i.e., to attend to needs or provide services to), the behavioral component of professional human caring. Following discussion of the dimensionality of the RHCI, this section concludes with a discussion of the portions of variance in intent to remain employed explained by the factored subscales of the RHCI.

### *Dimensionality of the Revised Human Caring Inventory*

Exploring the dimensionality of the RHCI was central to the study. As described in Chapters 3 and 4, a thorough review of the descriptive and empirical literature regarding *human caring* resulted in substantial modifications of the conceptualization and operationalization of the human caring construct. The initial conceptualizations of professional human caring in the social work setting included four dimensions: *Receptivity*, *Responsivity*, *Professional Commitment*, and *Moral/Ethical Consciousness* (Ellett & Ellett, 1996; Ellett, 2000). This study was based on a multidimensional conceptual model of human caring that included the following dimensions: *Receptivity*, *Responsivity*, *Interpersonal Reward*, and *Professional Commitment* (Figure 3.1, page 73). Thus, the *Interpersonal Reward* subscale was added and the *Professional Commitment* subscale was re-conceptualized to include the previous *Moral/Ethical Conscious* subscale. Further, individual items were added to the *Professional Commitment* subscale to operationalize commitment to social work values (e.g., honesty, trust, and professional competency) and ethical responsibilities to clients (e.g., valuing self-worth and respecting confidentiality).

Principal components analyses provided empirical support for two of the dimensions of human caring included in the conceptual model of the affective component of human caring upon which the study was based: *Receptivity* and *Professional Commitment*. In addition, four other components were identified: *Personal Reward/Responsibility*, *Commitment to Clients*, *Personal Attachment*, and *Respect for Clients*. A summary of individual items that loaded on each of the empirically identified factors is included in Appendix Q.

While items loading on Factor 1 were consistent with the conceptual definition of *Receptivity* – *sensitivity to the perspectives, needs, and feelings of others resulting in the ability to easily form relationships*, individual items developed to capture *Receptivity* as well as items theorized

to reflect other theorized dimensions of human caring loaded on this factor. For example, item #54 (*When clients are in need, I experience a natural motivation to help*) and item #59 (*I wait for clients to request material resources before I offer to help*) were formulated as *Responsivity* items. A distinct factor consistent with the conceptual definition of *Responsivity* failed to emerge from the data.

Findings of the study fail to support *Receptivity* and *Responsivity* as separate constructs as theorized by Noddings (1984). Noddings' theoretical model of human caring was not specific to the professional context and suggested that, in personal relations, after receiving/coming to understand the needs of the one *cared-for*, the non-rational motivation to take action on behalf of the one *cared-for* may be rejected. Noddings' model affords the *one-caring* a choice. It is possible that in the professional setting, the *one-caring* indeed does not experience the choice of inaction. Public child welfare workers who are receptive to the needs of clients may then be compelled to take action on their behalf. Thus, results of the study confirm the connection between *Responsivity* and *Receptivity*; in the public child welfare context, *Receptivity* and *Responsivity* are not distinct constructs.

A second factor, *Personal Responsibility/Reward*, is primarily composed of items formulated to represent the *Responsivity* and *Interpersonal Reward* domains. The findings in this study suggest that a sense of personal satisfaction is empirically related to taking action on behalf of clients and as a result of a basic sense of connection to others. As theorized by Noddings (1984), interpersonal reward was experienced by the *one-caring* as a result of a basic sense of connection with the one *cared-for*. Items #6, #11, #17, #19, and #22 all support the importance of a basic sense of connection with clients, while the *Responsivity* items (items #2, #9, and #19) support the importance of taking action. Items #6 and #19, initially formulated as *Responsivity* items, also

provide support for Noddings' theory of caring. According to Noddings, the act of caring is not complete unless the one cared-for actually receives the caring. These two items reflect recognition on the part of the one-caring of the completion of caring when the one cared-for receives caring; recognition of reciprocity. Of further interest, when factor loadings were examined, all items formulated to represent the subscale *Interpersonal Reward* (identified by <sup>a</sup> in Table 10, page 119) loaded on one of the other factored subscales. Thus, the *Interpersonal Reward* items are integral to understanding multiple affective components of human caring.

Individual interpersonal reward items permeated the first five identified factors. Each of these empirically confirmed factors includes elements of personal satisfaction as a result of connection with clients. This finding provides support for the centrality of *reciprocity* in Noddings' (1984) theoretical model of human caring. Through caring, workers receive affective rewards; and, therefore, caring is not essentially based on altruism.

The results of the study support the findings of previous studies (Ellett 2000; Ellett, et al., 2003) regarding the latent construct *Professional Commitment*. Individual items loading on the *Professional Commitment* subscale in previous studies loaded on this subscale in the current study; item/factor loadings were essentially replicated. However, the results fail to confirm the expanded conceptual definition of *Professional Commitment* used in this study. In previous studies (Ellett, 2000; Ellett et al., 2003), items operationalizing the *Professional Commitment* subscale were limited to the continuance and persistence elements of this construct. For this study, eight additional items were developed to reflect commitment to social work values and goals (Appendix G). These newly developed items failed to load with the continuance and persistence items, loading primarily on Factor 3, *Commitment to Clients*. This finding might be due to the limited number of participants (n=187) who possessed professional social work

degrees; results might differ with a sample that included only professional social workers. The finding suggests that among the study participants, most of whom were not professionally educated social workers, *Professional Commitment* is best understood regarding endurance and persistence while professional values are best understood in the context of relationships with clients.

Factor 5, *Personal Attachment*, was not included in the conceptual model of human caring upon which the RHCI was based. Individual items formulated as indicators of *Responsivity* (item #27), *Interpersonal Reward* (items #38, #40, and #49), and *Professional Commitment* (item #45) all loaded on this emergent factor. Beyond the empirical relationship among the items confirmed through principal components analyses, conceptually, these items are clearly related. Individual items loading on Factor 5 share content regarding personal distance/closeness in relationships with clients.

#### *The Relationship Between Intent to Remain Employed and Human Caring*

Findings from this study are congruent with the findings from previous studies (Ellett, 2000; Ellett & Ellett 1996, Ellett et al., 2003) that examined the influence of human caring on intent to remain employed. In a study of child welfare workers in Georgia (n=1423), a statistically significant, positive, and strong correlation ( $r=.67$ ) was found between the *Professional Commitment* subscale of the HCI-SW and scores on the IRE measure (Ellett et al., 2003). In the current study, the correlation between the *Professional Commitment* subscale of the RHCI and scores on the IRE measure was also statistically significant and moderately strong ( $r=.45$ ); when the IRE measure was regressed on the six factored subscales of the RHCI, the *Professional Commitment* subscale explained 21% of the variance in the IRE scores.

The results generate a number of questions regarding the relationships between intent to remain employed and the remaining factored subscales of the RHCI. Specifically, why did *Interpersonal Responsibility/Reward*, *Commitment to Clients*, and *Respect for Clients* fail to contribute to the regression model? Items included in the *Professional Commitment* subscale of the RHCI reflect a broad, higher level commitment to child welfare, that seems to differ from the type of commitment reflected in the items of the *Personal Reward/Responsibility* and *Commitment to Clients* subscales. Items included in these latter two subscales reflect commitment at the micro level. It is possible that due to organizational factors that limit caring (e.g., large caseloads, inadequate client resources, a system that often seems to prioritize paperwork and meeting deadlines and quotas rather than people) workers whose strongest commitment is actually to clients find it more difficult to make a commitment to a system that often fails to meet the needs of its clients. *Perhaps workers who really care about clients at the level depicted in these subscales leave.*

As depicted in Figure 3.2 (page 74), a complex set of personal and organizational factors was theorized to influence retention among public child welfare workers. Results of the study provide support for the conceptual model framing the study. Human caring is an important personal factor in retention of public child welfare workers. Given the myriad of personal and organizational factors that might influence intent to remain employed (e.g., salary, benefits, competing opportunities for employment, workload, public perception of child welfare, etc.), the findings of this study suggest the importance of identifying and developing human caring, particularly *Professional Commitment*, among the child welfare workforce.

### *Implications*

The results of the study have implications for the development of theory, for future research, and for social work practice. The following section includes a discussion of implications in each of these areas. From a theoretical perspective, results of the study confirm the multidimensionality and complexity of the human caring construct, and provide the ground work for expanding knowledge of human caring in the professional context. Results of the study suggest several lines of inquiry for future research, including continued refinement of a measure of human caring as well as future studies that include multi-method, multi-trait designs. Returning to the practical problem that stimulated this line of inquiry, the *workforce crisis* in public child welfare, the section concludes with a discussion of implications of the results of the study for social work practice.

#### *Implications for Theory*

The results of the study have implications for theory and theory development on two levels: (a) understanding human caring in the context of social work practice; and (b) furthering the development of a conceptual model for understanding the role of human caring in retention of the public child welfare workforce. Although a relationship characterized by human caring between the social work practitioner and the client has long been considered central to the change process (Biestek, 1957; Hollis, 1970; Perlman, 1957; Richmond, 1917), the professional literature concerning human caring is largely conceptual and efforts to develop psychometrically sound measures of the human caring construct in the context of social work practice have been rather limited (Ellett, 2000, Ellett & Ellett, 1996, Ellett et al., 2003). Yet, sound measurement is necessary to provide an empirical basis for advancing theory and testing theory-derived hypotheses.

The human caring construct studied was grounded in a body of richly descriptive literature from multiple disciplines (e.g., humanistic psychology, nursing, education, and social work) and feminist perspectives and writings that reflected the elusive nature of this construct. Revisions of the only measure of human caring in the context of social work practice addressed in this study, the HCI-SW (Ellett & Ellett, 1996), were based upon the conceptual work of Noddings (1984). Human caring was conceptually defined as *a fundamental motivational disposition to protect and enhance the welfare of those who matter to us*, in the case of social work practice, professional caring *about* and caring *for* our clients. Noddings suggested that caring is not motivated by altruism; rather, caring is characterized by reciprocity. In caring relationships, the *one-caring* benefits for a basic sense of connection with the one *cared-for*. Noddings posited three central elements of human caring: *engrossment* in the one *cared-for*; an *attitude* that conveys acceptance, trust, and regard for the one *cared-for*; and *observable action* in response to the perceived needs of the one *cared-for*. Although Noddings discussed the significance of *joy*, referred to in this study as *Interpersonal Reward*, in sustaining caring, she failed to clarify the relationship between *joy*, *engrossment*, an attitude of acceptance, and observable action.

While the RHCI operationalized each of Noddings' (1984) core elements using a self-report measure, the conceptual model of human caring upon which this study was based differed somewhat from Noddings' conceptualizations. As previously described, for this study, human caring was theorized to include three components (see Figure 3.1, page 73): affective component, cognitive component, and a behavioral component. Specifically, the individual items of the RHCI operationalize the affective component of human caring theorized to include four dimensions: *Receptivity*, *Responsivity*, *Professional Commitment*, and *Interpersonal Reward*.

Comparing the two models, *Receptivity* parallels *engrossment*; *Responsivity* parallels observable action; and *Interpersonal Reward* parallels Noddings' concept – *joy*.

Principal components analyses of the RHCI provided empirical support for the core elements included in Noddings' (1984) theory of human caring. Although the factored subscales of the RHCI failed to mirror the exact individual elements of caring described by Noddings, the factored subscales included combinations of these elements. The study made a contribution to the development of theory by empirically verifying the multiple sub-elements of the affective component of human caring and examining their interrelations.

The findings of this study indicate modifications of the original model of the components of professional caring as shown in Figure 3.1 (page 73). Figure 6.1 depicts changes in the model of the affective component of human caring derived from the study findings. Two-way arrows linking each of the three components of professional human caring indicate triadic reciprocal relationships. For example, the child welfare workers' level of receptivity to the needs of clients (affective component) influences the selection of an intervention strategy (cognitive component), which in turn influences the actual services provided by worker (behavioral component).

The new model of the three components of professional human caring includes the empirically verified subscales of the RHCI and the bullets indicate the sub-constructs derived from the core content of subscales items. For example, *Receptivity* is characterized by active listening (items #51, #53, #61), understanding (items #52 and # 53), an attitude of acceptance (items # 52 and # 60), engaged relations (items # 56 and # 58), and motivation to take action on behalf of the one cared-for (item # 54). Within the *Receptivity* subscale, several elements of caring as theorized by Noddings (1984) may be found: engrossment, acceptance, and action. As

depicted in Figure 6.1, the other factored subscales of the RHCI also include a mix of sub-constructs theorized by Noddings.

At a broader level, the study provides empirical support for the Conceptual Model of Professional Caring in the Child Welfare Context (Figure 3.2, page 74) that framed the study and for the development of a nomological network (Cronbach & Meehl, 1955) by evaluating the construct validity of the RHCI. Figure 3.2 depicted theorized interrelationships between human caring in the public child welfare context and a number of presage (e.g., life experiences, socio-cultural factors, and social work education) and outcome variables (e.g., intent to remain employed and client outcomes). Overall, the study provides empirical support for the theorized relationship between human caring and the intentions of public child welfare employees to remain employed; each of the factored subscales of RHCI was positively and significantly correlated with intent to remain employed. In combination, the *Professional Commitment*, *Receptivity*, and *Personal Attachment* subscales explained 28% of the variation in intent to remain employed. Results of the study failed to confirm the relationship between social work education and the affective component of human caring. When the complexity of the conceptual model and the number of organizational and environmental factors theorized to influence intent to remain employed are considered, these findings contribute significantly to our understanding of intent to remain employed.

#### *Implications for Research*

The findings of the study raise a number of questions concerning the human caring construct and theorized relationships among variables conceived to be part of the nomological network (Cronbach & Meehl, 1955) of professional human caring. Two lines of inquiry are prioritized: (a) further development of the RHCI and, (b) further examination of the criterion-related validity

of this measure. Regarding continuing scale development, data for the *Respect for Clients* and *Personal Attachment* subscales demonstrated less than desirable internal consistency reliability (alpha .67 and .64, respectively). These findings are understandable as these subscales were not included in the conceptual model framing the study and items were not developed specifically for these subscales. Furthermore, as currently constructed, the *Respect for Clients* subscale includes only three items and lacks conceptual clarity. Study results suggest the need to formulate clear conceptual definitions of these constructs and the formulation of additional items as indicators in an effort to improve the stability of subscale data.

Because the theorized dimensions of the RHCI and the individual items included in the measure differed significantly from the prior version of the measure (Ellett 2000; Ellett et al., 2003), the principal components analyses completed in this study were considered exploratory in nature. Future studies might be completed with confirmatory factor analyses to determine whether the latent constructs measured by the RHCI can be statistically replicated and fit to a conceptual model. If the latent structures of these measures hold, and if they continue to measure with reliability, examination of the relationships between the affective component of human caring and the presage and outcome variables included in the conceptual model framing the study (Figure 3.2) could ultimately expand the line of inquiry to enhance construct validity.

To date, in social work, the human caring construct has been examined only in the context of social work practice in public child welfare. Human caring in other social work settings has not been studied. The professional literature indicates that caring is bound by context (Bowden, 1997; Tarlow, 1996). A continuing line of inquiry might examine the utility of the RHCI as a measure of human caring in social work practice contexts other than public child welfare. For example, would the factored subscales of the RHCI vary if the study sample consisted of social

workers in a hospital setting or social workers employed in correctional settings engaged in the treatment of violent offenders? If it could be shown that the dimensions of human caring vary, or fail to vary, with the social work context, understanding of how human caring operates could be increased.

While new items can be developed and tested to improve measurement reliability, consideration should also be given to the development of a short form of the RHCI to improve efficiency. At present, the measure is rather lengthy, consisting of 44 items. For example, the *Commitment to Clients* subscale includes 10 items and might be shortened by selecting the items with the largest factor loadings. The benefits of deleting items to shorten the subscales would have to be balanced with consideration of compromised measurement reliability.

The second, and broader line of inquiry related to further development of the RHCI concerns the criterion-related validity of the measure. Due to problems with the coding of surveys and the small sub-sample of matched pairs of surveys available to evaluate the relationship between workers' self-ratings on the RHCI and ratings of workers' levels of human caring and job related capabilities, this part of the study should be completed with an adequate sample. Continued efforts to address the job-related validity of RHCI are indicated if the measure is to be used as a screening tool for potential child welfare employees.

The known groups procedure used in the study to examine the relationship between social work education and RHCI scores raises a number of research questions for further study. Results of the study failed to provide support for the hypothesized relationship between the affective component of human caring and social work education. For example, do levels of human caring among entry level social work students differ significantly from levels of human caring among entry level students in other professions, other helping professions? Longitudinal studies of

social work students could evaluate the development of the affective component of human caring over the course of professional education. Among social work students, do levels of human caring differ at various points in the educational process? Do levels of the factored dimensions of human caring change significantly when students begin/complete field placements? This line of inquiry could increase our understanding of the relationship between social work education and the identified sub-dimensions of human caring.

This study was somewhat limited by the inclusion of only three criterion variables in examining the validity of the RHCI: (a) the IRE measure, (b) supervisors' ratings of child welfare workers' job-related capabilities, and (c) supervisors' ratings of workers' levels of human caring. Future research can enhance the procedures used here by including other important criterion variables. The conceptual model framing the study depicts client outcomes as an important external criterion for future studies. Additional examples include client collaboration and treatment compliance.

The difficulties of engaging maltreating families in treatment are familiar to public child welfare workers. Client collaboration in treatment and client compliance with program expectations are critical to achieving outcomes in family preservation (Littell & Tajima, 2000). Given this situation, a variety of research questions might be used to frame future studies of human caring in the child welfare context. Are workers with higher levels of human caring better able to engage non-voluntary clients in treatment and thus, more likely to be successful in achieving desired client outcomes? Which factored human caring subscales are the best predictors of desired client outcomes? Although results of this study indicated that the *Professional Commitment* subscale was the best predictor of intent to remain employed, other subscales may prove significant predictors when other dependent variables (e.g., collaboration,

compliance, and client outcomes) are considered. Studies designed to answer these research questions can expand the nomological net and provide evidence of the construct validity of the RHCI.

### *Implication for Practice*

The study findings replicate results from Ellett et al.'s (2003) study of retention and turnover among Georgia's public child welfare workforce: *Professional Commitment* plays a significant role in the decision to remain employed in public child welfare. The current study and the Ellett et al. (2003) study involved large, representative samples (n=786, n=1423, respectively) and data were collected at distinct points in time. Findings concerning the significance of *Professional Commitment* in predicting intent to remain in child welfare are consistent across studies. Furthermore, results of both of these studies show that social desirability has little relationship to scores on the *Professional Commitment* subscale.

The findings from this study have important implications for understanding and ameliorating the continuing public child welfare workforce crisis. The quality of services provided by our public child welfare system is essentially determined by the quality of the workforce. The findings suggest that public child welfare organizations could develop methods of pre-employment screening that include assessment of levels of determination, persistence, and potential endurance in child welfare – all aspects of *Professional Commitment*. For example, as part of the interviewing process, potential employees might be asked to respond to case scenarios that tap these personal qualities.

Although research suggests that social work degrees are the best preparation for practice in child welfare (Albers et al., 1993; Booze-Allen & Hamilton, Inc., 1987; Dhopper et al., 1990; Liberman et al., 1988; Olsen & Holmes, 1982), schools of social work are simply unable to

produce the numbers of graduates required to solve the current child welfare workforce crisis. Additionally, results of this study failed to confirm the relationship between social work education and *Professional Commitment*. While the social work degree may be the best preparation for necessary skills, knowledge, and abilities, professional commitment to practice in the area of child welfare is not limited to those with social work degrees.

As depicted in Figure 3.2 (page 74), the affective components of human caring are influenced by life experiences and socio-cultural factors and social work education. This model should be expanded to include other types of education. Thus, potential employees possessing degrees from other helping professions (e.g., marriage and family therapy, counseling, or education) who demonstrate high levels of professional commitment to child welfare practice might also be recruited for employment. Professional commitment is a necessary, but not sufficient, condition for practice in the child welfare context. These potential employees with degrees from other helping professions will likely require more extensive training to develop the knowledge, skills, and abilities for child welfare practice than professional social workers. However, teaching practice skills may be easier than germinating professional commitment to child welfare practice.

Public child welfare agencies must also develop strategies for helping workers maintain high levels of professional commitment. Findings from a number of studies (Conway et al., 2003; Harrison, 1995; Kern et al., 1993; Landsman, 2001; McCarthy, 2003; Rycraft, 1994; Samantria, 1992) suggest that the quality of supervision/quality of relationship with the supervisor plays an important role in retention of child welfare employees. By helping workers maintain perspective and persistence toward broader professional goals, the supportive function (Kadushin, 1976) of supervision might be expanded beyond emotional support to include reinforcement and promotion of professional commitment among workers.

Perhaps Noddings' (2003) theory of human caring provides the framework for a supervisory model designed to promote and sustain caring among public child welfare workers. In a discussion of the "toughness of caring," Noddings reminds that if the *one-caring* "is not supported and cared-for, [he/she] may be entirely lost as one-caring. If caring is to be maintained, clearly, the one-caring must be maintained" (p. 100). In the public child welfare setting, front line supervisors and peers play a critical role in sustaining the ability of workers to care about and for clients. Noddings' (1984) theorized that the ethical ideal is nurtured and maintained through: (a) dialogue regarding thoughts and feelings; (b) situations which afford one the opportunity to practice caring; and (c) through "attribution of the best possible motive" (p. 124). Noddings' (2003, 1984) ideas concerning the development and maintenance of caring could be adapted the public child welfare setting with the goals of improving both retention and the quality of services delivered to clients.

Last, and perhaps most importantly, the findings from the study have implications for the larger social work profession. In recent years, discussion of evidenced-based practice has appeared in the social work literature (Gambrill, 1999; Gibbs & Gambrill, 2002, Myers & Thyer, 1997). This discourse reflects a continuing effort by scholars to establish, enhance, and maintain social work's status as a profession. Our efforts to collect evidence of effectiveness have focused on intervention techniques and strategies. However, as the pioneers of the profession suggested, our relations with our clients are an integral part of social work intervention (Biestek, 1957; Hollis, 1970; Perlman, 1957; Perlman, 1979; Richmond 1917). Yet, the relational aspects of social work intervention have proven difficult to conceptualize and measure. This study was one large scale, and reasonably successful attempt to address this important gap in knowledge.

Evidence supporting our status as a profession necessarily includes evidence defining the nature and place of human caring in social work practice. The long history of concern for human caring in the literature of the helping professions (e.g., nursing, education, and social work) describes human caring as an important practice-related variable. This study was designed to further an emerging line of inquiry that considers human caring as an important and legitimate factor related to effective social work practice and moves beyond description to operationalization of the human caring construct. Results of this study provide continuing empirical support for this professional concern and line inquiry.

#### *Assumptions*

The study is based on the following assumptions:

1. Participants' self-reported responses to the study measures were valid (honest, truthful).
2. Common method variance would not be a major factor affecting the dependability (trustworthiness) of the data.
3. Instruments used for supervisors ratings to examine criterion-related validity have sufficient validity and are trustworthy to be used as criterion variables.

#### *Limitations*

1. The list of potential study participants furnished by the Georgia Department of Family and Childrens Services was prone to some inaccuracy.
2. Participation in the survey was voluntary.
3. The survey return rate of the sub-sample used in some analyses was limited by the survey process.

4. Data were collected during a period of turbulence marked by administrative and policy changes. Thus, the study results may have been influenced by significant external factors in the work context.

#### *Chapter Summary*

Chapter 6 presented an overview of the study, reiterated the research questions guiding the study, and summarized the major and supplemental findings and conclusions of the study. A detailed discussion of the empirically verified dimensions of the RHCI and the relationship between these subscales and the IRE measure was provided. The implications of the findings of the study for theory, research, and practice were also discussed. The chapter concluded with a description of the key assumptions upon which the study was based and a description of the study's limitations.

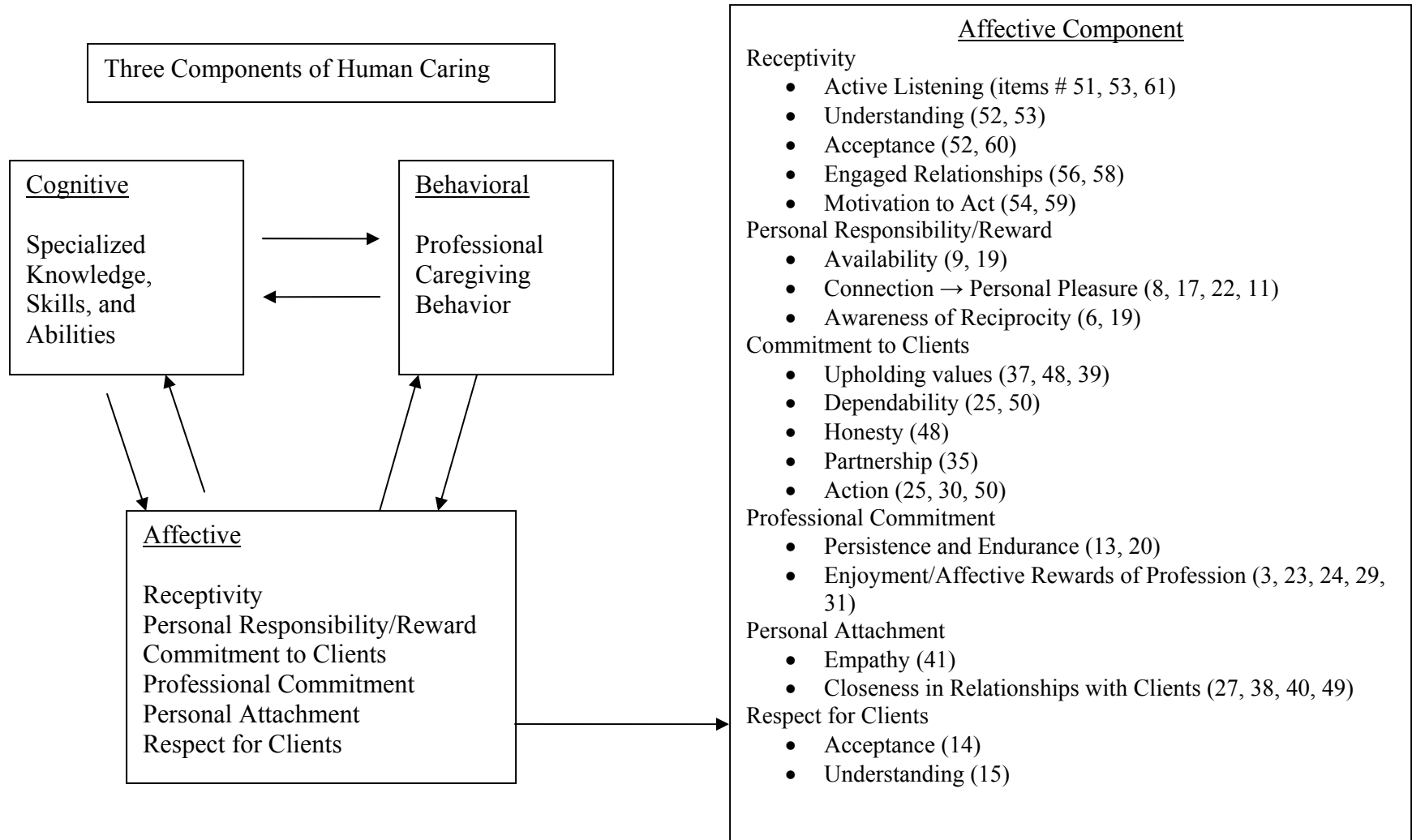


Figure 6.1 Modified Conceptual Model of Professional Human Caring in the Child Welfare Context.

## REFERENCES

- Abbott, P., & Meerabeau, L. (1998). Professional, professionalization and caring professions. In P. Abbott & L. Meeabeau (Eds.), *The sociology of the caring professions* (2nd ed.) (pp. 1-19). London: UCL Press.
- Abel, E.K., & Nelson, M.K. (1990). Circles of care: An introductory essay. In E.K. Abel & M.K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 4-34). New York: State University of New York Press.
- Abramczyk, L.W. (1994). Should child welfare workers have an M.S.W.? Yes. In E. Gambrill & T.J. Stein (Eds.), *Controversial issues in child welfare* (pp. 174-186). Boston: Allyn and Bacon.
- Adoption and Safe Families Act of 1997, P.L. 105-89, 111 Stat. 2115.
- Albers, E.C., Reilly, T., & Rittner, B. (1993). Children in foster care: Possible factors affecting permanency planning. *Child and Adolescent Social Work, 10*(4), 329- 341.
- Allmark, P. (1995). Can there be an ethics of care? *Journal of Medical Ethics, 21*, 19-25.
- American Public Human Services Association (2001). *The child welfare workforce challenge: Results from a preliminary study*. Retrieved March 10, 2003, from <http://www.aphsa.org/cwwchallenge.pdf>
- Anderson, D.G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect, 24*, 839-848.

- Baines, C.T. (1991). The professions and an Ethic of Care. In C.T. Baines, P.M. Evans, & S.M. Neysmith (Eds.), *Women's Caring: Feminist Perspectives on Social Welfare* (pp. 36-72). Toronto: McClelland & Stewart, Inc.
- Baines, C.T., Evans, P.M., & Neysmith, S.M. (1991). Caring: Its impact on the lives of women. In C.T. Baines, P.M. Evans, & S.M. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (pp. 11-35). Toronto: McClelland & Stewart Inc.
- Balfour, D.L., & Neff, D.M. (1993). Predicting and managing turnover in human service agencies: A case study of an organization in crisis. *Public Personnel Management*, 22(3), 473-487.
- Bateson, C.D., Ahamd, N., Lishner, D.A., & Tsang, J. (2002). Empathy and altruism. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 485-498). New York: Oxford University Press.
- Benner, P. (1994). Caring as a way of knowing and not knowing. In S. Phillips & P. Benner (Eds.), *The crisis of care: Affirming and restoring caring practices in the helping professions* (pp. 42-63). Washington, D.C.: Georgetown University Press.
- Benner, P., & Gordon, S. (1996). Caring practice. In S. Gordon, P. Benner, & N. Noddings (Eds.), *Caregiving: Readings in knowledge, practice, ethics, and politics* (pp. 40-55). Philadelphia: University of Pennsylvania Press.
- Benner, P., & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness*. New York: Addison-Wesley Publishing Company.
- Biestek, F.P. (1957). *The casework relationship*. Chicago: Loyola University Press.
- Blum, L.A. (1988). Gilligan and Kohlberg: Implications for moral theory. *Ethics*, 98, 472-491.

- Blustein, J. (1991). *Care and commitment: Taking the personal point of view*. New York: Oxford University Press.
- Bogges, K.A. (1995). Development and validation of an inventory to assess three dimensions of caring morality. *Dissertation Abstracts International*, 56 (07), 2608. (UMI No. 9539984)
- Booz-Allen & Hamilton, Inc. (1987). *The Maryland social services job analysis and personnel qualifications study*. Baltimore, MD: Maryland Department of Human Resources.
- Botes, A. (2000). A comparison between the ethics of justice and the ethics of care. *Journal of Advanced Nursing*, 32, 1071-1076.
- Bowden, P. (1997). *Caring: Gender sensitive ethics*. New York: Routledge.
- Buber, M. (1965). Education. In M. Buber, *Between man and man* (pp. 83-103). New York: McMillan Publishing Company, Inc.
- Bugental, J.F.T. (1978). The third force in psychology. In I.D. Welch, G.A. Tate, & F. Richards (Eds.), *Humanistic psychology: A source book* (pp. 13-22). Buffalo, NY: Prometheus Books.
- Cattell, R.B. (1978). *The scientific use of factor analysis in behavioral and life sciences*. New York: Plenum Press.
- Comrey, A.L. (1973). *A first course in factor analysis*. New York: Academic Press.
- Cluff, L.E., & Binstock, R.H. (Eds.) (2001). *The lost art of caring: A challenge to health professionals, families, communities, and society*. Baltimore, MD: The Johns Hopkins University Press.
- Cohen, B. (1999). The willingness to seek help: Its role in social workers' professional commitment. *Journal of Sociology and Social Welfare*, 26(2), 21-35.

- Conway, P., Shaver, C., Bennett, P., & Aldrich, A. (2003, February). *I can't get no satisfaction: Exploring the relationship between supervision, job satisfaction, and turnover in two rural child protection agencies*. Paper presented at the meeting of the Council On Social Work Education, Atlanta, GA.
- Costin, L.B., Karger, H.J., & Stoesz, D. (1996). *The politics of child abuse in America*. New York: Oxford University Press.
- Crolley-Simic, J., & Ellett, A.J. (2003, February). *Challenging conceptions of burnout in child welfare: A recent literature review with implications for preparation, practice, and future research*. Paper presented at the meeting of the Council on Social Work Education, Atlanta, GA.
- Cronbach, L.J., & Meehl, P.E. (1955). Construct validity in psychological testing. *Psychological Bulletin*, 52, 281-302.
- Cronin, S.N., & Harrison, B. (1988). Importance of nurse caring behaviors as perceived by patients after myocardial infarction. *Heart & Lung*, 17(4), 374-380.
- Crowne, D.P., & Marlowe, D. (1964). *The approval motive: Studies in evaluative dependence*. New York: John Wiley & Sons, Inc.
- Cyphers, G. (2001). *Report from the child welfare workforce survey: State and county data findings*. Washington, D.C.: American Public Human Services Association.
- Cyphers, G. (2002, September). What do we know? What are the issues? In S. Ferguson (Ed.), *Proceedings from the professional education to advance child welfare practice invitational working conference* (p. 4). St. Paul: MN.

- Daly, D., Dudley, D., Finnegan, D., Jones, L., & Christiansen, L. (2001). *Staffing child welfare services in the new millennium*. San Diego, CA: San Diego State University, School of Social Work.
- Davis, L.V. (1985). Female and male voices in social work. *Social Work, 30*, 106-113.
- DeVellis, R. F. (2003). *Scale development: Theory and applications* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Dhooper, S., Royse, D.D., & Wolfe, L.C. (1990). Does social work education make a difference? *Social Work, 35*, 57-61.
- Donius, M.A. H. (1995). *Instrumental Caring Inventory: The development of an instrument measuring caring as a three dimensional construct*. Unpublished doctoral dissertation, Columbia University, New York.
- Drake, B. (1996). Consumer and worker perceptions of key child welfare competencies. *Children and Youth Services Review, 18*, 261-279.
- Drake, B., & Yadama, G.N. (1996). A structural equation model of burnout and job exit among child protective services workers. *Social Work Research, 20*, 179-187.
- Ellett, A.J. (1999, March). *I quit! Can higher education diminish turnover in child welfare?* Paper presented at the meeting of the Council On Social Work Education, San Francisco, CA.
- Ellett, A.J. (2000). *Human caring, self-efficacy beliefs, and professional organizational culture correlates of employee retention in child welfare*. Unpublished doctoral dissertation, Louisiana State University, Baton Rouge.

- Ellett, A.J. (2002, September). *De-professionalization, workforce issues, and re-professionalization of child welfare*. Paper presented at the Child Welfare Workforce Conference, St. Paul, MN.
- Ellett, A.J., Ellett, C.D., & Rugutt, J.K. (2003). *A study of personal and organizational factors contributing to employee retention and turnover in child welfare in Georgia*. Unpublished manuscript.
- Ellett, C.D., & Ellett, A.J. (1996). *Statewide study of child welfare personnel needs: Who stays? Who leaves? Who cares?* Paper presented at the meeting of the Child Welfare Partnership Conference, Baton Rouge, LA.
- Everitt, B.S. (1975). Multivariate analysis: The need for data, and other problems. *British Journal of Psychiatry, 126*, 237-240.
- Ewalt, P. (1991). Trends affecting recruitment and retention of social work staff in human service agencies. *Social Work, 36*, 214-217.
- Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. In E.K. Abel, & M.K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 35-62). New York: State University of New York Press.
- Flanagan, O., & Jackson, K. (1987). Justice, care, and gender: The Kohlberg-Gilligan debate revisited. *Ethics, 97*, 622-637.
- Fox, S., Miller, V.P., & Barbee, A.P. (2003). Finding and keeping child welfare workers: Effective use of training and professional development. *Journal of Human Behavior in the Social Environment, 7(1/2)*, 67-82.
- Freedberg, S. (1993). The feminine ethic of care and the professionalization of social work. *Social Work, 38*, 535-541.

- Fromm, Erich (1941). *Escape from freedom*. New York: Rinehart & Company, Inc.
- Fromm, Erich (1955). *The sane society*. New York: Rinehart & Company, Inc.
- Fromm, Erich (1956). *The art of loving*. New York: Harper & Row, Publishers.
- Fromm, Erich (1973). *Anatomy of human destructiveness*. New York: Holt, Rinehart, and Winston.
- Fryer, G.E., Miyoshi, T.J., & Thomas, P.J. (1989). The relationship of child protection worker attitudes to attrition from the field. *Child Abuse and Neglect*, 13, 345-350.
- Fryer, G.E., Poland, J.E., Bross, J.D., & Krugman, R.D. (1988). The child protective service worker: A profile of needs, attitudes, and utilization of professional resources. *Child Abuse and Neglect*, 12, 481-490.
- Fuller, R.C. (1992). *Ecology of care: An interdisciplinary analysis of the self and moral obligation*. Louisville, KY: Westminster/John Knox Press.
- Gambrill, E. (1999). Evidenced-based practice: An alternative to authority-based practice. *Families in Society: The Journal of Contemporary Human Services*, 80, 341-350.
- General Accounting Office (2003). *HHS could play a greater role in helping child welfare agencies recruit and retain staff* (GAO-03-357). Washington, D.C.: Author.
- Georgia Division of Family and Children Services (1999). *Social Services Manual*. Atlanta, GA: Author.
- Georgia Division of Family and Children Services (2002). *Employee Profile 2002*. Atlanta, GA: Author.
- Georgia Division of Family and Children Services (2003). *Social services course descriptions*. Retrieved November 21, 2003, from <http://www.gadfce.org/dfcs/ss/sshome/html>
- Gibbs, L., & Gambrill, E. (2002). Evidence-based practice: Counterarguments to objections. *Research on Social Work Practice*, 12, 452-476.

- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gleeson, J.P., Smith, J.H., & Dubois, A.C. (1993). Developing child welfare practitioners: Avoiding a single-solution seduction. *Administration in Social Work, 17*(3), 21-37.
- Goerge, R.M. (1994). The effect of public child welfare worker characteristics and turnover on discharge from foster care. In R. Barth, J.D. Berrick, & N. Gilbert (Eds.), *Child welfare research review* (Vol. 1) (pp. 205-215). New York: Columbia University Press.
- Gordon, S., Benner P., & Noddings, N. (1996). *Caregiving: Readings in knowledge, practice, ethics, and politics*. Philadelphia: University of Pennsylvania Press.
- Gorsuch, R.L. (1983). *Factor analysis* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Graef, M.I., & Hill, E.L. (2000). Costing child protective services staff turnover. *Child Welfare, 79*, 517-533.
- Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society, 83*(3), 233-242.
- Greenwald, H.J., & Satow, Y. (1970). Short Social Desirability Scale. *Psychological Reports, 27*, 131-135.
- Harrison, S.G. (1995). Exploration of factors related to intent to leave among child welfare caseworkers. *Dissertation Abstracts International, 56* (09), 3744. (UMI No. 9544581)
- Hollis, F. (1970). The psychosocial approach to casework. In R.W. Roberts & R.H. Nee, *Theories of social casework* (pp. 33-75). Chicago: The University of Chicago Press.
- Hollis, F., & Woods, M.E. (1982). *Casework: A psychosocial therapy* (3rd ed.). New York: Random House.

- Hopkins, K.M., Mudrick, N.R., & Rudolph, C.S. (1999). Impact of university/agency partnerships in child welfare, on organizations, workers, and work activities. *Child Welfare, 78*, 749-773.
- Imre, R.W. (1982). *Knowing and caring: Philosophical issues in social work*. Washington, D.C.: University Press of America Inc.
- Imre, R.W. (1989). Moral theory for social work. *Social Thought, 15*(1), 18-27.
- Institute for Human Services (2002). *Competencies for child welfare caseworkers*. Retrieved August, 8, 2003, from <http://ihs-trainet.com/Pages/TRAINet9.html>
- Isaac, S., & Michael, W.B. (1995). *Handbook in research and evaluation* (3rd ed.). San Diego, CA: Educational and Industrial Testing Services.
- Jayarathne, S., & Chess, W.A. (1984). Job satisfaction, burnout, and turnover: A national study. *Social Work, 29*, 448-453.
- Jayarathne, S., & Chess, W.A. (1985). Factors associated with job satisfaction and turnover in child welfare workers. In J. Laird & A. Hartman (Eds.), *A handbook of child welfare: Context, knowledge, and practice* (pp. 760-766). New York: The Free Press.
- Jones, L.P., & Okamura, A. (2000). Reprofessionalizing child welfare services: An evaluation of a Title IV-E training program. *Research on Social Work Practice, 10*, 607-621.
- Kadushin, A. (1976). *Supervision in social work*. New York: Columbia University Press.
- Kadushin, A. (1972). *The social work interview*. New York: Columbia University Press.
- Kern, H.D., McFadden, T.J., Baumann, D.J., Law, J.R. (1993). *Caseworker study part I: Burnout and turnover*. Austin, TX: Texas Department of Protective and Regulatory Services.
- Kline, P. (1979). *Psychometrics and psychology*. New York: Academic Press.

- Kohlberg, L., & Kramer, R. (1969). Continuities and discontinuities in childhood and adult moral development. *Human Development, 12*, 93-120.
- Landsman, M.J. (2001). Commitment in public child welfare. *Social Services Review, 75*, 386-419.
- Larson, P.J. (1986). Cancer nurses' perceptions of caring. *Cancer Nursing, 9*(2), 86-91.
- Lazar, A., Cohen, B., & Guttman, D. (1995). Professional commitment among graduating BSW students in Israel. *International Social Work, 38*, 341-353.
- Lieberman, A.A., & Hornby, H. (Eds.). (1986, March). *Professional social work practice in public child welfare: An agenda for action*. Recommendations from an invitational conference, Portland: MA.
- Lieberman, A.A., Hornby, H., & Russell, M. (1988). Analyzing the educational backgrounds and work experiences of child welfare personnel: A national study. *Social Work, 33*, 485-489.
- Littell, J.H., & Tajima, E.A. (2000). A multilevel model of client participation in intensive family preservation services. *Social Service Review, 74*, 405-435.
- MacCallum, R.C., Widaman, K.F., Zhang, S., & Hong, S. (1999). Sample size in factor analysis. *Psychological Methods, 4*(1), 84-99.
- Maslach, C., & Jackson, S. (1981). The measurement and experience of burnout. *Journal of Occupational Behavior, 2*, 99-113.
- Mayeroff, M. (1971). *On caring*. New York: Harper and Row, Publishers.
- McCarthy, M. (2003). *Workforce retention research in New York State*. Paper presented at the meeting of the Council On Social Work Education, Atlanta, GA.
- McGregor, E.B. (1988). The public sector human resources puzzle: Strategic management of a strategic resource. *Public Administration Review, 48*, 493-522.

- Mertler, C.A., & Vannatta, R.A. (2002). *Advanced and multivariate statistical methods: Practical application and interpretation* (2nd ed.). Los Angeles, CA: Pyrczak Publishing.
- Meyer, J.P., & Allen, N.J. (1984). Testing the “Side-Bet Theory” of organizational commitment: Some methodological considerations. *Journal of Applied Psychology, 69*(3), 372-378.
- Myers, I.B., & McCaulley, M.H. (1985). *Manual, a guide to the development and use of the Myers-Briggs type indicator*. Palo Alto, CA: Consulting Psychologists Press.
- Meyers, L.L., & Thyer, B. A. (1997). Should social work clients have the right to effective treatment? *Social Work, 42*, 288-298.
- Moffett, B. (1993). Development and construct validation of an instrument to measure caring in the helping professions. Unpublished doctoral dissertation, Louisiana State University, Baton Rouge.
- Monette, D.R., Sullivan, T.J., & DeJong, C.R. (2002). *Applied social research: Tool for the human services* (5th ed.). New York: Harcourt College Publishers.
- Mor Barak, M.E., Nissly, J.A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Services Review, 75*, 625-661.
- Morris, R. (1977). Caring for vs. caring about people. *Social Work, 22*, 353-359.
- Morse, J.M., Solberg, S.M., Neander, W.L., Bottorff, J.L., Johnson, J.L. (1990). Concepts of caring and caring as a concept. *Advances In Nursing Science, 13*, 1-14.
- Moss, D. (1999). The scientific and philosophical context of humanistic psychology. In D. Moss (Ed.), *Humanistic and transpersonal psychology* (pp. 12-23). Westport, CN: Greenwood Press.

- National Association of Social Workers. (1988). *Social work speaks*. Silver Springs, MD: Author.
- National Association of Social Workers (1997). *Code of ethics*. Silver Springs, MD: Author.
- Noddings, N. (1981). Caring. *Journal of Curriculum Theorizing*, 3, 139-156.
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkley, CA: University of California Press.
- Noddings, N. (1989). *Women and evil*. Berkley, CA: University of California Press.
- Noddings, N. (1993). Caring: A feminist perspective. In K.A. Strike & P.L. Ternasky (Eds.), *Ethics for professional in education: Perspectives for preparation and practice*. New York: Teachers College Press.
- Noddings, N. (1996). The caring Professional. In S. Gordon, P. Benner, & N. Noddings (Eds.), *Caregiving: Readings in knowledge, practice, ethics, and politics* (pp. 160-172). Philadelphia: University of Pennsylvania Press.
- Noddings, N. (1999). Two concepts of caring. *Philosophy of Education*, 1999, 36-39.
- Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education* (2nd ed.). Berkley, CA: University of California Press.
- Nugent, W.R., & Halvorson, H. (1995). Testing the effects of active listening. *Research on Social Work Practice*, 5, 152-175.
- Nunally, J.C. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.
- Nunner-Winkler, G. (1984). Two moralities? A critical discussion of an ethic of care and responsibility versus an ethic of rights and justice. In W.M. Kurtines and J.L. Gewirtz, *Morality, moral behavior, and moral development* (pp. 348-361). New York: John Wiley and Sons, Inc.

- Nye, R.D. (2000). *Three psychologies: Perspectives from Freud, Skinner, and Rogers*. Belmont, CA: Wadsworth.
- Okin, S.M. (1989). Reason and feeling in thinking about justice. *Ethics, 99*, 229-249.
- Olsen, L., & Holmes, W.M. (1982). Educating child welfare workers: The effects of professional training on service delivery. *Journal of Education for Social Work, 18* (1), 94-102.
- Pardeck, J.T. (1985). A profile of the child likely to experience unstable foster care. *Adolescence, 20*(79), 689-696.
- Pearson, J.L., Reinhart, M.A., Strommen, E.A., Donelson, E., Barnes, C., Blank, L., et al. (1998). Connected and separate selves: Development of an inventory and initial validation. *Journal of Personality Assessment, 7*(1), 29-48.
- Pecora, P.J., Briar, K.H., & Zlotnik, J.L. (1989). *Addressing the program and personnel crisis in child welfare*. Technical Assistance Report, Commission on Family and Primary Associations. Silver Springs, MD: NASW.
- Pecora, P., Whittaker, J.K., Maluccio, A.N., & Barth, R.P. (2000). *The child welfare challenge: Policy, practice, and research* (2nd ed.). New York: Aldine De Gruyter.
- Perlman, H.H. (1957). *Social casework: A problem-solving process*. Chicago: The University of Chicago Press.
- Perlman, H.H. (1979). *Relationship: The heart of helping people*. Chicago: The University of Chicago Press.
- Phillips, S., & Benner, P. (1994). *The crisis of care: Affirming and restoring caring practices in the helping professions*. Washington, D.C.: Georgetown University Press.
- Powell, M.J., & York, R.O. (1992). Turnover in county public welfare agencies. *Journal of Applied Social Sciences, 16*(2), 111-127.

- Puka, B. (1990). The liberation of caring; a different voice for Gilligan's "Different Voice." *Hypatia*, 5(1), 58-82.
- Rapoport, L. (1970). Crisis intervention as a mode of brief treatment. In R.W. Roberts & R.H. Nee (Eds.), *Theories of social casework* (pp. 265-312). Chicago: The University of Chicago Press.
- Rauktis, M.E., & Koeske, G.F. (1994). Maintaining social worker morale: When supportive supervision is not enough. *Administration in Social Work*, 18(1), 39-60.
- Rawnsley, M.M. (1990). Of human bonding: The context of nursing as caring. *Advances in Nursing Science*, 13(1), 41-48.
- Reagh, R. (1994). Public child welfare professionals – those who stay. *Journal of Sociology and Social Welfare*, 21(3), 69-78.
- Regehr, C., Chau, S., Leslie, B., & Howe, P. (2002). An exploration of supervisor's and manager's responses to child welfare reform. *Administration In Social Work*, 26(3), 17-37.
- Rhodes, M.L. (1985). Gilligan's theory of moral development as applied to social work. *Social Work*, 30, 101-105.
- Richmond, M.E. (1917). *Social diagnosis*. New York: Russell Sage Foundation.
- Ricks, F.S. (1992). A feminist's view of caring. *Journal of Child and Youth Care*, 7, 49-57.
- Rogers, C.R., & Dymond, R.F. (Eds.) (1954). *Psychotherapy and personality change*. Chicago: University of Chicago Press.
- Rogers, C.R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin Company.

- Rogers, C. (1989). Client-centered therapy. In H. Kirschenbaum, & V.L. Henderson, *Carl Rogers: Dialogues* (pp. 9-38). Boston: Houghton Mifflin Company.
- Rossiter, A. (1988). *From private to public: A feminist exploration of early mothering*. Toronto: The Women's Press.
- Rubin, A., & Babbie, E. (2001). *Research methods for social work* (4th ed.). Belmont, CA: Wadsworth.
- Ruddick, S. (1989). *Maternal thinking: Toward a politics of peace*. Boston: Beacon Press.
- Russell, M., & Hornby, H. (1987). *1987 National study of public child welfare job requirements*. Portland, ME: National Child Welfare Resource Center for Management and Administration.
- Rycraft, J.R. (1994). The party isn't over: The agency role in the retention of public child welfare caseworkers. *Social Work, 39*, 75-80.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*, 296-305.
- Saleebey, D., (Ed.). (1997). *The strengths perspective in social work practice* (2nd ed.). White Plains, NY: Longman Publishers.
- Samantrai, K. (1992). Factors in the decision to leave: Retaining social workers with MSWs in public child welfare. *Social Work, 37*, 454-458.
- Severy, L.J. (1975). Individual differences in helping dispositions. *Journal of Personality Assessment, 29*(3), 282-292.
- Shapiro, D. (1976). *Agencies and foster children*. New York: Columbia University Press.
- Shogan, D. (1988). *Care and moral motivation*. Toronto: The Ontario Institute for Studies In Education.

- Shostrom, E.L. (1966). *Caring Relationships Inventory*. San Diego, CA: Educational and Industrial Testing Service.
- Slote, M. (1998). The justice of caring. *Social Philosophy and Policy*, 15(1), 171-195.
- Slote, M. (1999). Caring versus the philosophers. *Philosophy of Education*, 1999, 25-35.
- Sommers, T., & Shields, L. (1987). *Women take care*. Gainesville, FL: Triad.
- Tarlow, B. (1996). Caring: A negotiated process that varies. In S. Gordon, P. Benner, & N. Noddings (Eds.), *Caregiving: Readings in knowledge, practice, ethics, and politics* (pp. 56-82). Philadelphia: University of Pennsylvania Press.
- Tucker, D.J. (1996). Eclecticism is not a free good: Barriers to knowledge development in social work. *Social Service Review*, 70(3), 400-434.
- van Hooft, S. (1995). *Caring: An essay in the philosophy of ethics*. Niwot, CO: University Press of Colorado.
- Vinokur-Kaplan, D. (1991). Job satisfaction among social workers in public and voluntary child welfare agencies. *Child Welfare*, 70, 81-91.
- Wolf, Z.R. (1986). The caring concept and nurse identified caring behaviors. *Topics In Clinical Nursing*, 8(2), 84-93.
- Wilson, E.O. (1980). *Sociobiology*. Cambridge, MA: The Belknap Press of Harvard University Press.
- Zlotnik, J.L. (1993). *Social work education and public human services – developing partnerships*. Alexandria, VA: Council on Social Work Education.
- Zlotnik, J.L. (1997). *Preparing the workforce for family-centered practice: Social work education and public human services partnerships. A report of the Ford Foundation-funded project*. Alexandria, VA: Council on Social Work Education.

Zlotnik, J.L. (2002). Preparing social workers for child welfare practice: Lessons from an historic review of the literature. *Journal of Health & Social Policy* 15(3/4), 5-21.

APPENDICES

## APPENDIX A

HUMAN CARING INVENTORY – SOCIAL WORK  
VERSION USED IN 2003 STUDY OF CHILD WELFARE WORKERS IN GEORGIA

This part of the survey asks you to make a series of judgments about your personal characteristics and behaviors. The best answer is the one that most accurately reflects your personal views and opinions. Fill in the scale point that best reflects the extent to which you personally **DISAGREE** or **AGREE** with each statement.

**Make only ONE response for each statement.**

**SCALE:**

**1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Agree (A), 4 = Strongly Agree**

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
1. My work is worthwhile.	1	2	3	4
2. Parents should be informed of the consequences of their parenting behavior at the outset of agency intervention.	1	2	3	4
3. I try to identify and examine my personal biases when I perform my job.	1	2	3	4
4. I usually try to avoid becoming involved in clients' problems.	1	2	3	4
5. At times, I have wished that something bad would happen to someone I disliked.	1	2	3	4
6. I genuinely enjoy my profession.	1	2	3	4
7. It is important that clients and staff for whom I am responsible know that I personally care about them.	1	2	3	4
8. I do not find social work much of a challenge.	1	2	3	4
9. I am bothered when I can not honor a commitment to a client or colleague.	1	2	3	4
10. I have sometimes taken unfair advantage of another person.	1	2	3	4
11. I would continue to work in the field of social work even if I did not need the money.	1	2	3	4
12. I speak up when practices seem contrary to the welfare of others.	1	2	3	4

- |  |   |   |   |   |
|--|---|---|---|---|
| 13. Most days I do not look forward to going to work.  | 1 | 2 | 3 | 4 |
| 14. When someone is having problems, I am sensitive to his/her feelings and needs.             | 1 | 2 | 3 | 4 |
| 15. I would never think of letting someone be punished for my wrongdoing.                      | 1 | 2 | 3 | 4 |
| 16. Treating clients with dignity and respect is as important as delivering direct services.   | 1 | 2 | 3 | 4 |
| 17. I find it easy to read clients' and colleagues' feelings.                                  | 1 | 2 | 3 | 4 |
| 18. If I could do it all over again, I would choose a profession other than social work.       | 1 | 2 | 3 | 4 |
| 19. I am usually the first to offer help when someone needs something.                         | 1 | 2 | 3 | 4 |
| 20. I sometimes try to get even rather than forgive and forget.                                | 1 | 2 | 3 | 4 |
| 21. I advocate for clients who can not or do not speak for themselves.                         | 1 | 2 | 3 | 4 |
| 22. I find little enthusiasm for working as a social worker.                                   | 1 | 2 | 3 | 4 |
| 23. I would delay personal plans in order to help a client or colleague who needed assistance. | 1 | 2 | 3 | 4 |
| 24. It bothers me that some clients do not receive the services they need.                     | 1 | 2 | 3 | 4 |
| 25. I can not imagine enjoying any profession as much as social work.                          | 1 | 2 | 3 | 4 |

## APPENDIX B

## REVISED HUMAN CARING INVENTORY

Instructions: This survey asks you to make a series of judgments about your personal characteristics and behaviors. The best answer is the one that most accurately reflects your personal views and opinions. Please circle the numerical rating that best reflects the extent to which you personally **Disagree or Agree** with each statement.

Make **only one response** for each statement.

**Scale:**

**1=Strongly Disagree (SD), 2=Disagree (D), 3=Agree (A), 4=Strongly Agree (SA)**

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
1. I take responsibility for attending training to develop skills in areas in which I lack competence.	1	2	3	4
2. I anticipate the needs of my clients and offer to help before clients ask directly for assistance.	1	2	3	4
3. Most days I do not look forward to going to work.	1	2	3	4
4. I avoid returning phone calls to clients.	1	2	3	4
5. I try to examine my personal biases when I perform my job.	1	2	3	4
6. It is important that the clients for whom I am responsible know that I personally care about them.	1	2	3	4
7. I do not find social work much of a challenge.	1	2	3	4
8. When I go the extra mile for clients, I feel good about myself.	1	2	3	4
9. I would delay personal plans in order to help a client in need of assistance.	1	2	3	4
10. I tell my clients how they should parent their children.	1	2	3	4
11. It is easy for me to establish a sense of connection with my clients.	1	2	3	4
12. I would never think of letting someone be punished for my wrongdoing.	1	2	3	4

13. If I could do it all over again, I would choose a profession other than social work. 1 2 3 4
14. Although I may not approve of my clients' behavior, I am accepting of them as people. 1 2 3 4
15. I try to understand my clients' view of their problems. 1 2 3 4
16. I work to identify the strengths of my clients. 1 2 3 4
17. I find my relationships with clients rewarding. 1 2 3 4
18. I request permission before looking in a client's cabinets. 1 2 3 4
19. My clients know they can count on me. 1 2 3 4
20. I would continue to work in the field of social work even if I did not need the money. 1 2 3 4
21. When policies negatively impact clients, I advocate for change. 1 2 3 4
22. A personal sense of connection with clients brings me pleasure. 1 2 3 4
23. When things are difficult at work, I can call upon memories of positive relationships with clients to keep me going. 1 2 3 4
24. I cannot imagine enjoying any profession as much as social work. 1 2 3 4
25. When I make a commitment to help a client, I follow through. 1 2 3 4
26. At times, I have wished something bad would happen to someone I disliked. 1 2 3 4
27. I avoid clients who are too demanding. 1 2 3 4
28. It is easy for me to form positive working relationships with my clients. 1 2 3 4
29. I genuinely enjoy my profession. 1 2 3 4
30. I am usually the first to offer help when someone needs something. 1 2 3 4
31. I find little enthusiasm for working as a social worker. 1 2 3 4
32. I have discussed clients with other clients. 1 2 3 4

- |  |   |   |   |   |
|--|---|---|---|---|
| 33. I have sometimes taken unfair advantage of another person.   | 1 | 2 | 3 | 4 |
| 34. I am able to view problems from the eyes of my clients.  | 1 | 2 | 3 | 4 |
| 35. When developing case plans, I think of clients as partners in the problem solving process.                       | 1 | 2 | 3 | 4 |
| 36. I am not interested when clients share the details of their day to day lives.                                    | 1 | 2 | 3 | 4 |
| 37. If a client has problems that are beyond my expertise, I seek advice from other professionals.                   | 1 | 2 | 3 | 4 |
| 38. I wish I could spend less time talking directly with clients.  | 1 | 2 | 3 | 4 |
| 39. Before entering a client's home, I request permission.   | 1 | 2 | 3 | 4 |
| 40. When I am able to maintain distant relationships with clients, I am more comfortable.                            | 1 | 2 | 3 | 4 |
| 41. I cannot imagine what life must be like for my clients.  | 1 | 2 | 3 | 4 |
| 42. When a client is distressed, I take time to listen.  | 1 | 2 | 3 | 4 |
| 43. I approach clients with a judgmental attitude.   | 1 | 2 | 3 | 4 |
| 44. When clients begin to trust me, I experience a sense of personal reward.   | 1 | 2 | 3 | 4 |
| 45. My clients think I am pushy.   | 1 | 2 | 3 | 4 |
| 46. I am delighted when clients share their success stories.   | 1 | 2 | 3 | 4 |
| 47. I sometimes try to get even rather than forgive and forget.  | 1 | 2 | 3 | 4 |
| 48. Parents should be informed of the consequences of their parenting behavior at the outset of agency intervention. | 1 | 2 | 3 | 4 |
| 49. I find my relationships with clients frustrating.  | 1 | 2 | 3 | 4 |
| 50. I am bothered when I cannot keep a commitment to a client.   | 1 | 2 | 3 | 4 |
| 51. I have difficulty paying attention when clients are talking.   | 1 | 2 | 3 | 4 |
| 52. I blame my clients for their problems.   | 1 | 2 | 3 | 4 |

- |  |   |   |   |   |
|--|---|---|---|---|
| 53. I take time to understand the needs of my clients.                       | 1 | 2 | 3 | 4 |
| 54. When clients are in need, I experience a natural motivation to help.     | 1 | 2 | 3 | 4 |
| 55. To avoid confrontation, I have been untruthful with clients.             | 1 | 2 | 3 | 4 |
| 56. I find relationships with clients unfulfilling.                          | 1 | 2 | 3 | 4 |
| 57. I am able to put my self in the shoes of my clients.                     | 1 | 2 | 3 | 4 |
| 58. I enjoy stories clients share about themselves.                          | 1 | 2 | 3 | 4 |
| 59. I wait for clients to request material resources before I offer to help. | 1 | 2 | 3 | 4 |
| 60. I try to meet clients with an attitude of acceptance.                    | 1 | 2 | 3 | 4 |
| 61. I listen carefully when clients are talking.                             | 1 | 2 | 3 | 4 |

## APPENDIX C

## DEMOGRAPHIC QUESTIONNAIRE FOR CHILD WELFARE CASEWORKERS

Please complete the following personal information items. Data from this study will be aggregated and analyzed so that no individual will be identified.

**Please mark only one answer for each item.**

1. Primary Program Area in which you work:
  - CPS Investigation/Intake       CPS Ongoing
  - Foster Care Intake/Ongoing       Adoptions       Resource Development
  - Multiple Program Areas – please specify \_\_\_\_\_
  
2. Gender:
  - Male       Female
  
3. Age:
  - 20-25       31-35       41-45       51-55       Over 60
  - 26-30       36-40       46-50       56-60
  
4. Race/Ethnicity
  - African American (Non Hispanic)       Hispanic/Latino       Other
  - Asian/Pacific Islander       Native American
  - Caucasian (Non Hispanic)       Multi-racial
  
5. Highest Educational Level:
  - High School Diploma/GED
  
  - Associate Degree (2 year degree)
  
  - Baccalaureate Degree – Non Social Work
  - Baccalaureate Degree – Social Work (BSW)
  
  - Master’s Degree – Non Social Work
  - Master’s Degree – Social Work (MSW)
  
  - Doctoral Degree
  
6. Years Experience in Public Child Welfare?
  - Less than 1 year       3-5 years       11-15 years       21-30 years
  - 1-2 years       6-10 years       16-20 years       31-34 years
  
7. Approximate number of cases on your current caseload? [ \_ \_ ] Cases

## APPENDIX D

## INTENT TO REMAIN EMPLOYED

This part of the survey asks you to make a series of judgments about your attitudes and beliefs. The best answer is the one that most accurately reflects your personal views and opinions. Fill in the scale point that best reflects the extent to which you personally **DISAGREE** or **AGREE** with each statement.

**Make only ONE response for each statement.**

**SCALE:**

**1=Strongly Disagree (SD), 2=Disagree (D), 3=Agree (A), 4=Strongly Agree (SA)**

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
1. I intend to remain employed in child welfare as my long-term professional career.	1	2	3	4
2. I will remain in child welfare even though I might be offered a position outside of child welfare with a higher salary.	1	2	3	4
3. I would leave child welfare work tomorrow if I was offered a job for the same salary but with less stress.	1	2	3	4
4. The personal and professional benefits outweigh the difficulties and frustrations of working in child welfare.	1	2	3	4
5. I am actively seeking other employment outside the field of child welfare.	1	2	3	4
6. I feel the personal and professional gratifications of working in child welfare are greater than those in other professions.	1	2	3	4
7. I frequently think about quitting my job.	1	2	3	4
8. I am committed to working in child welfare even though it can be quite stressful at times.	1	2	3	4
9. My intention to remain in child welfare is stronger than that of most of my colleagues.	1	2	3	4
10. My personal success in working with clients is an important factor in determining whether I will remain employed in child welfare.	1	2	3	4

## APPENDIX E

## DEMOGRAPHIC QUESTIONNAIRE FOR CHILD WELFARE SUPERVISORS

Please complete the following personal information items. Data from this study will be aggregated and analyzed so that no individual will be identified.

**Please mark only one answer for each item.**

1. Primary Program Area in which you work:
  - CPS Investigation/Intake       CPS Ongoing
  - Foster Care Intake/Ongoing       Adoptions       Resource Development
  - Multiple Program Areas – please specify \_\_\_\_\_
  
2. Gender:
  - Male       Female
  
3. Age:
  - 20-25       31-35       41-45       51-55       Over 60
  - 26-30       36-40       46-50       56-60
  
4. Race/Ethnicity
  - African American (Non Hispanic)       Hispanic/Latino       Other
  - Asian/Pacific Islander       Native American
  - Caucasian (Non Hispanic)       Multi-racial
  
5. Highest Educational Level:
  - High School Diploma/GED
  
  - Associate Degree (2 year degree)
  
  - Baccalaureate Degree – Non Social Work
  - Baccalaureate Degree – Social Work (BSW)
  
  - Master’s Degree – Non Social Work
  - Master’s Degree – Social Work (MSW)
  
  - Doctoral Degree
  
6. Years Experience in Public Child Welfare?
  - 1-2       6-10       16-20       26-30
  - 3-5       11-15       21-25       31-34
  
7. Length of time you have supervised the worker identified in the cover letter?
  - less than 6 months       1-2 years       6-10 years       15+ years
  - 6-11 months       3-5 years       11-15 years

## APPENDIX F

REVISED HUMAN CARING INVENTORY –  
ADAPTED FOR SUPERVISORY RATING

Instructions: This survey asks you to make a series of judgments regarding the personal characteristics and behavior of a caseworker you supervise. This worker was identified in your cover letter. In responding to the items, consider supervisory conferences with this caseworker, observations of the caseworker, and information from the caseworker's case records. There are no right or wrong answers. The best answer is the one that most accurately reflects your views or opinions of the identified caseworker. Please circle the number that best reflects the extent to which you **Disagree or Agree** with each statement. Make **only one response** for each statement.

**Scale:**

**1=Strongly Disagree (SD), 2=Disagree (D), 3=Agree (A), 4=Strongly Agree (SA)**

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
1. This worker takes responsibility for attending training to develop skills in areas in which he/she lacks competence.	1	2	3	4
2. This worker anticipates the needs of clients and offers to help before clients ask directly for assistance.	1	2	3	4
3. Most days this worker probably does not look forward to coming to work.	1	2	3	4
4. This worker avoids returning phone calls to clients.	1	2	3	4
5. This worker examines personal biases when performing his/her job.	1	2	3	4
6. It seems important to this worker that clients for whom he/she is responsible know that he/she personally cares for them.	1	2	3	4
7. This worker does not seem to find social work much of a challenge.	1	2	3	4
8. This worker seems to feel good about himself/herself when he/she goes the extra mile to help clients.	1	2	3	4
9. This worker would delay personal plans to help a client in need of assistance.	1	2	3	4
10. This worker tells clients how they should parent their children.	1	2	3	4
11. This worker easily establishes a sense of connection with clients.	1	2	3	4

12. This worker would never think of letting someone be punished for his/her wrongdoing. 1 2 3 4
13. If this worker could do it all over again, he/she would likely choose a profession other than social work. 1 2 3 4
14. Although this worker may not approve of clients' behavior, he/she accepts them as people. 1 2 3 4
15. This worker tries to understand clients' views of their problems. 1 2 3 4
16. This worker identifies the strengths of his/her clients. 1 2 3 4
17. This worker seems to find relationships with clients rewarding. 1 2 3 4
18. This worker would request permission before looking in a client's cabinets. 1 2 3 4
19. This worker's clients know they can count on him/her. 1 2 3 4
20. Even if this worker did not need the money, he/she would continue to work in the field of social work. 1 2 3 4
21. When policies negatively impact clients, this worker advocates for change. 1 2 3 4
22. This worker seems to experience a sense of pleasure as a result of personal connections with clients. 1 2 3 4
23. When things are difficult, this worker is able to call upon memories of positive relationships with clients to keep going. 1 2 3 4
24. This worker probably cannot imagine enjoying any profession as much as social work. 1 2 3 4
25. When this worker makes a commitment to a client, he/she follows through. 1 2 3 4
26. At times this worker has probably wished something bad would happen to someone he/she disliked. 1 2 3 4
27. This worker avoids clients who are too demanding. 1 2 3 4
28. This worker forms positive working relationships with clients with ease. 1 2 3 4

- |   |   |   |   |   |
|---|---|---|---|---|
| 29. This worker seems to genuinely enjoy his/her profession.  | 1 | 2 | 3 | 4 |
| 30. This worker is usually the first to offer help when someone needs something.                                    | 1 | 2 | 3 | 4 |
| 31. This worker seems to find little enthusiasm for working as a social worker.                                     | 1 | 2 | 3 | 4 |
| 32. This worker has discussed clients with other clients.   | 1 | 2 | 3 | 4 |
| 33. This worker has sometimes taken unfair advantage of another person.   | 1 | 2 | 3 | 4 |
| 34. This worker is able to view problems from the eyes of his/her clients.  | 1 | 2 | 3 | 4 |
| 35. When developing case plans, this worker treats clients as partners in the problem solving process.              | 1 | 2 | 3 | 4 |
| 36. This worker is probably not interested when clients share the details of their day to day lives.                | 1 | 2 | 3 | 4 |
| 37. If a client has problems that are beyond this worker's expertise, he/she seeks advice from other professionals. | 1 | 2 | 3 | 4 |
| 38. This worker probably would prefer to spend less time talking directly with clients.                             | 1 | 2 | 3 | 4 |
| 39. Before entering a client's home, this worker would request permission.  | 1 | 2 | 3 | 4 |
| 40. This worker is probably more comfortable when he/she is able to maintain distant relationships with clients.    | 1 | 2 | 3 | 4 |
| 41. This worker probably cannot imagine what life is like for clients.  | 1 | 2 | 3 | 4 |
| 42. When a client is distressed, this worker takes time to listen.  | 1 | 2 | 3 | 4 |
| 43. This worker approaches clients with a judgmental attitude.  | 1 | 2 | 3 | 4 |
| 44. When clients begin to trust this worker, he/she seems to experience a sense of personal reward.                 | 1 | 2 | 3 | 4 |
| 45. This worker's clients probably find him/her pushy.  | 1 | 2 | 3 | 4 |
| 46. When clients share success stories, this worker is delighted.   | 1 | 2 | 3 | 4 |
| 47. This worker sometimes tries to get even rather than forgive and forget.   | 1 | 2 | 3 | 4 |

- |   |   |   |   |   |
|---|---|---|---|---|
| 48. This worker informs clients of the consequences of their parenting behavior at the outset of agency intervention. | 1 | 2 | 3 | 4 |
| 49. This worker seems to find relationships with clients frustrating.   | 1 | 2 | 3 | 4 |
| 50. This workers is bothered when he/she cannot keep a commitment to a client.  | 1 | 2 | 3 | 4 |
| 51. This worker probably has difficulty paying attention when clients are talking.                                    | 1 | 2 | 3 | 4 |
| 52. This worker blames clients for their problems.  | 1 | 2 | 3 | 4 |
| 53. This worker takes time to understand the needs of his/her clients.  | 1 | 2 | 3 | 4 |
| 54. When clients are in need, this worker is naturally motivated to help.   | 1 | 2 | 3 | 4 |
| 55. To avoid confrontation, this worker has been untruthful with clients.   | 1 | 2 | 3 | 4 |
| 56. This worker seems to find relationships with clients unfulfilling.  | 1 | 2 | 3 | 4 |
| 57. This worker is able to put him/herself in the shoes of his/her clients.   | 1 | 2 | 3 | 4 |
| 58. This worker seems to enjoy stories clients share about themselves.  | 1 | 2 | 3 | 4 |
| 59. This worker waits for clients to request material resources before offering to help.                              | 1 | 2 | 3 | 4 |
| 60. This worker tries to meet clients with an attitude of acceptance.   | 1 | 2 | 3 | 4 |
| 61. This worker listens carefully when clients are talking.   | 1 | 2 | 3 | 4 |

APPENDIX G  
POTENTIAL INDICATORS FOR THE REVISED  
HUMAN CARING INVENTORY

**Directions:** The Human Caring Inventory scale is designed to measure the affective component of human caring. Human caring is believed to be a multidimensional construct composed of four measurement dimensions: **Receptivity, Responsivity, Interpersonal Reward, and Professional Commitment.**

**Your task in this survey** is to rate the extent to which each of the individual statements is an indicator of each dimension of the larger Human Caring construct. The statements under each of the four dimensions describe ways in which social workers interact with clients, respond to clients' needs, reference their core values and beliefs, and so on.

Please respond to the survey as follows:

- Read and carefully reflect upon the definition of the human caring dimension shown; then
- Rate the strength of each item as an indicator of the human caring dimension using the four-point scale provided below.

**1=Very Weak (VW), 2=Weak (W), 3=Strong (S), 4=Very Strong (VS)**

- If you conclude that an item is *inversely/negatively related* to the human caring dimension shown, the item would be rated as a *Very Weak, or Weak* indicator of human caring.
- *Circle only one number reflecting the strength of your rating for each item.*

**Dimension: Receptivity**

**Definition: A social worker's sensitivity to the perspectives, feelings, and needs of clients resulting in the ability to easily form interpersonal relationships.**

	<u>VW</u>	<u>W</u>	<u>S</u>	<u>VS</u>
1. Understanding clients' views of their problems	1	2	3	4
2. Meeting clients with an attitude of acceptance	1	2	3	4
3. Listening carefully to clients when they are talking	1	2	3	4
4. Working to identify clients' strengths	1	2	3	4
5. Easily forming positive working relationships with clients	1	2	3	4

6. Imagining what life is like for clients	1	2	3	4
7. Blaming clients for their problems	1	2	3	4
8. Listening when clients are distressed	1	2	3	4
9. Feeling uninterested when clients share the day to day details of their lives	1	2	3	4
10. Taking time to understand the needs of clients	1	2	3	4
11. Approaching clients in a judgmental manner	1	2	3	4
12. Putting oneself in the shoes of one's clients	1	2	3	4
13. <i>Feeling with</i> clients	1	2	3	4
14. Accepting clients as people, though not necessarily approving of their behavior	1	2	3	4
15. Viewing problems from the eyes of clients	1	2	3	4
16. Failing to pay attention when clients are talking	1	2	3	4
17. Easily establishing a sense of connection with clients	1	2	3	4

**Dimension: Responsivity**

**Definition:** The social worker's active response to the perceived needs of others, including involving others as partners in the problem solving process.

	<u>VW</u>	<u>W</u>	<u>S</u>	<u>VS</u>
1. Following through when one makes a commitment to a client	1	2	3	4
2. Involving clients as partners when developing case plans	1	2	3	4
3. Experiencing a natural motivation to help when clients are in need	1	2	3	4
4. <i>Telling</i> clients how to parent their children	1	2	3	4
5. Avoiding returning phone calls to clients	1	2	3	4
6. Feeling compelled to help when clients are in crisis	1	2	3	4

- |  |   |   |   |   |
|--|---|---|---|---|
| 7. Waiting for clients to request material resources before offering to help | 1 | 2 | 3 | 4 |
| 8. Conveying a sense of availability to clients                              | 1 | 2 | 3 | 4 |
| 9. Avoiding demanding clients  | 1 | 2 | 3 | 4 |
| 10. Anticipating the needs of clients before clients ask directly for help   | 1 | 2 | 3 | 4 |

**Dimension: Interpersonal Reward**

**Definition: Positive affect/feelings experienced by social workers as a result of a sense of connection with clients. These affective rewards help sustain caring under difficult circumstances.**

- |  | <u>VW</u> | <u>W</u> | <u>S</u> | <u>VS</u> |
|--|-----------|----------|----------|-----------|
| 1. Finding relationships with clients rewarding  | 1         | 2        | 3        | 4         |
| 2. Experiencing a sense of delight when clients share success stories  | 1         | 2        | 3        | 4         |
| 3. Experiencing positive feelings about oneself when one goes the extra mile to help clients                         | 1         | 2        | 3        | 4         |
| 4. Finding relationships with clients basically unfulfilling   | 1         | 2        | 3        | 4         |
| 5. Experiencing pleasure as a result of a sense of connection with clients   | 1         | 2        | 3        | 4         |
| 6. Feeling satisfied when clients begin to trust   | 1         | 2        | 3        | 4         |
| 7. Wanting to spend more time providing direct services to clients   | 1         | 2        | 3        | 4         |
| 8. Feeling more comfortable with distant relationships with clients  | 1         | 2        | 3        | 4         |
| 9. Enjoying stories clients share about themselves   | 1         | 2        | 3        | 4         |
| 10. Calling upon positive memories of relationships with clients as a source of motivation when things are difficult | 1         | 2        | 3        | 4         |
| 11. Finding relationships with clients frustrating   | 1         | 2        | 3        | 4         |

### **Dimension: Professional Commitment**

**Definition:** The social worker's persistence, endurance, and sense of responsibility in using specialized social work skills in a manner consistent with the values and goals of the profession.

\* Items from the original Human Caring Inventory – Social Work that will be retained in the revised version of the scale address persistence and endurance. The items for review here relate to social work values (e.g., honesty, trust, competence) and ethical responsibilities to clients (e.g., self-worth, confidentiality, access to records).

	<u>VW</u>	<u>W</u>	<u>S</u>	<u>VS</u>
1. Advocating for change when policies negatively impact clients	1	2	3	4
2. Approaching clients in a pushy manner	1	2	3	4
3. Requesting permission before entering a client's home	1	2	3	4
4. Seeking advice from other professionals when clients' problems are beyond one's expertise	1	2	3	4
5. Being untruthful with clients if this avoids confrontation	1	2	3	4
6. Requesting permission before looking in a client's cabinets	1	2	3	4
7. Failing to allow clients access to their records	1	2	3	4
8. Failing to maintain confidentiality	1	2	3	4
9. Assuming responsibility for attending training to develop skills in areas in which one lacks competence	1	2	3	4

**Please use this space for additional comments.**

APPENDIX H  
EXPERT PANEL LETTER

September 12, 2003

Dear \_\_\_\_\_,

Thank you for agreeing to review the pool of potential new items for a revised version of the Human Caring Inventory – Social Work. This task should require approximately 20 minutes of your valuable time.

The initial version of this scale was developed by Drs. Chad and Alberta Ellett and has been used in three large surveys of public child welfare workers in Louisiana, Arkansas, and Georgia. In all three studies, Human Caring was correlated with intent to remain employed in public child welfare. Workers with higher levels of Human Caring reported higher levels of intent to remain employed. I am attempting to improve the face and content validity and the internal reliability of the scale through the development of new items.

As you are aware, our public child welfare system is currently experiencing a *workforce crisis*. High rates of turnover and difficulty recruiting committed, competent staff impair our ability to serve vulnerable children and their families. Undoubtedly a multifaceted strategy to improve retention will be required. As a component of such a strategy, Human Caring is one of the few personal variables which has been consistently correlated with intent to remain employed in this challenging area of practice. Thus, a reliable, valid measure of Human Caring may be an important tool to help identify potential employees who will make a long-term commitment to practice in the area of public child welfare.

Directions for rating the pool of potential items follow. Please return the survey form to me in the enclosed, self-addressed envelope no later than October 1, 2003. The survey forms are not coded; your responses are confidential. If you have questions, please contact me at 770-787-9411 or [jellis10@bellsouth.net](mailto:jellis10@bellsouth.net).

Your expertise in child welfare will help me identify the best indicators of Human Caring. I will provide you with a copy of the revised scale which will be used in my dissertation research. Thank you for taking time to respond to the items.

Sincerely,

Jackie Ellis, LCSW, Ph.D. Candidate

## APPENDIX I

## PERCENT MAXIMUM SCORE ATTAINED FOR POTENTIAL INDICATORS

	<b>% Max</b>
<b><u>Dimension: Receptivity</u></b>	
1. Understanding clients' views of their problems	91.6
2. Meeting clients with an attitude of acceptance	94.4
3. Listening carefully to clients when they are talking	97.2
4. Working to identify clients' strengths	94.4
5. Easily forming positive working relationships with clients	86.1
6. Imagining what life is like for clients	88.1
7. Blaming clients for their problems	100.0
8. Listening when clients are distressed	97.2
9. Feeling uninterested when clients share the day to day details of their lives	94.9
10. Taking time to understand the needs of clients	94.9
11. Approaching clients in a judgmental manner	100.0
12. Putting oneself in the shoes of ones clients	80.5
13. <i>Feeling with</i> clients	69.4
14. Accepting clients as people, though not necessarily approving of their behavior	97.2
15. Viewing problems from the eyes of clients	83.3
16. Failing to pay attention when clients are talking	100.0
17. Easily establishing a sense of connection with clients	83.3

**Dimension: Responsivity**

1. Following through when one makes a commitment to a client	100.0
2. Involving clients as partners when developing case plans	100.0
3. Experiencing a natural motivation to help when clients are in need	88.8
4. <i>Telling</i> clients how to parent their children	97.2
5. Avoiding returning phone calls to clients	100.0
6. Feeling compelled to help when clients are in crisis	77.7
7. Waiting for client to request material resources before offering to help	86.1
8. Conveying a sense of availability to clients	88.8
9. Avoiding demanding clients	94.4
10. Anticipating the needs of clients before they ask directly for help	80.5

**Dimension: Interpersonal Reward**

1. Finding relationships with clients rewarding	94.4
2. Experiencing a sense of delight when clients share success stories	97.2
3. Experiencing positive feelings about oneself when one goes the extra mile to help clients	97.2
4. Finding relationships with clients basically unfulfilling	100.0
5. Experiencing pleasure as a result of a sense of connection with clients	88.8
6. Feeling satisfied when clients begin to trust	97.2
7. Wanting to spend more time providing direct services to clients	83.3
8. Feeling more comfortable with distant relationships with clients	97.2
9. Enjoying stories clients share about themselves	86.1

- |  |      |
|--|------|
| 10. Calling upon positive memories of relationships with clients as a source of motivation when things are difficult | 94.4 |
| 11. Finding relationships with clients frustrating   | 94.4 |

**Dimension: Professional Commitment**

- |  |       |
|--|-------|
| 1. Advocating for change when policies negatively impact clients   | 96.8  |
| 2. Approaching clients in a pushy manner   | 100.0 |
| 3. Requesting permission before entering a client's home   | 88.8  |
| 4. Seeking advice from other professionals when clients' problems are beyond one's expertise               | 97.2  |
| 5. Being untruthful with clients if this avoids confrontation  | 97.2  |
| 6. Requesting permission before looking in a client's cabinets   | 83.3  |
| 7. Failing to allow clients access to their records  | 86.1  |
| 8. Failing to maintain confidentiality   | 100.0 |
| 9. Assuming responsibility for attending training to develop skills in areas in which one lacks competence | 94.4  |

## APPENDIX J

SUPERVISORY PERCEPTION OF CHILD WELFARE WORKER  
CAPABILITIES QUESTIONNAIRE

This part of the survey asks you to make a series of judgments about how capable you believe the child welfare worker identified in your cover letter is to conduct specific child welfare job responsibilities. The best answer is the one that most accurately reflects your personal views and opinions. If this worker's current job does not require him/her to carry out a particular responsibility listed, please select option number 6, "Not Applicable."

## 1. Working with supervisors

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 2. Establishing rapport with families

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 3. Identifying indicators of neglect

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 4. Understanding and interpreting the language comprising legal documents (e.g., court petitions, orders, etc.)

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 5. Building positive working relationships with families

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 6. Using permanency planning philosophy

Little Capability	Some Capability	Adequate Capability	High Capability	Exceptional Capability	Not Applicable
1	2	3	4	5	6

## 7. Remaining safe in the office and in the field

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
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## 8. Asking appropriate questions during an intake

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 9. Applying appropriate criteria/policy for accepting CPS referrals

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
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## 10. Maintaining professional behavior during contact with families

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 11. Building positive working relationships with families of ethnic groups different from one's own

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 12. Completing investigations within appropriate time frames

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 13. Identifying indicators of normal child development

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 14. Recognizing and addressing problematic parenting patterns with families

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 15. Building positive relationships with community agencies

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 16. Identifying indicators of physical abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 17. Working with resistant families

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 18. Identifying indicators of emotional abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 19. Assessing risk and safety and making appropriate case decisions

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 20. Identifying the indicators of domestic violence

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 21. Recognizing the effects of domestic violence on children in the home

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 22. Identifying indicators of child sexual abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 23. Selecting appropriate strategies to use when investigating child sexual abuse cases

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 24. Preparing cases for court

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

25. Writing a case plan with family participation
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
26. Identifying indicators of abnormal child development
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
27. Understanding and interpreting the laws framing child welfare practice
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
28. Effectively testifying in court
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
29. Appropriately terminating casework with families and closing cases
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
30. Writing a comprehensive case assessment based on principles of family centered practice
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
31. Understanding the dynamics of neglect
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
32. Maintaining professional behavior during contact with professionals from other community agencies
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
33. Understanding the dynamics of physical abuse
- |                           |                         |                             |                         |                                |                        |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|
| Little<br>Capability<br>1 | Some<br>Capability<br>2 | Adequate<br>Capability<br>3 | High<br>Capability<br>4 | Exceptional<br>Capability<br>5 | Not<br>Applicable<br>6 |
|---------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|------------------------|

## 34. Understanding the dynamics of emotional abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 35. Understanding the dynamics of domestic violence

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 36. Understanding the dynamics of child sexual abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 37. Writing a case plan that addresses both family strengths and needs

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
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## 38. Identifying the indicators of substance abuse

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 39. Identifying the indicators of serious mental illness

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
---------------------------	-------------------------	-----------------------------	-------------------------	--------------------------------	------------------------

## 40. Understanding the dynamics of attachment

Little Capability 1	Some Capability 2	Adequate Capability 3	High Capability 4	Exceptional Capability 5	Not Applicable 6
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## 41. Attitude towards social work

Substandard 1	Below Average 2	Average 3	Above Average 4	Superior 5
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## APPENDIX K

## COVER LETTER TO COUNTY DIRECTORS

**MEMORANDUM**

**TO:** DFCS County Directors  
DFCS Field Directors

**FROM:** Janet R. Oliva, Ph.D.  
Director, Division of Family and Children Services

**DATE:** April 30, 2004

**RE:** Study of Personal Factors Related to Retention of Child Welfare Workers

The School of Social Work at the University of Georgia has recently secured funding from the Children's Bureau to continue research aimed at improving retention rates among Georgia's child welfare workforce. The current study builds upon the results of the 2003 Retention Study and I am pleased that the University of Georgia continues to partner with DFCS. Recruiting and retaining qualified, competent, committed staff continues to be a priority for our state. This study will help us identify personal factors related to intent to remain employed in child welfare with the long-term goal of developing an instrument for screening potential employees. As we all know, child welfare practice requires special individuals; some individuals are better suited to this type work than others.

Please distribute the enclosed surveys to workers in your office. Each survey is personally addressed to a child welfare worker engaged in the delivery of direct services. If the worker identified on the mailing label is no longer employed by DFCS or has changed positions and is no longer engaged in the delivery of direct services to child welfare clients, please have the replacement worker complete the survey. Each child welfare worker engaged in the delivery of direct services should receive a survey. A sub-sample of workers will receive a packet with survey material for his/her supervisor to complete. Contract workers should not complete the survey; the survey is to be completed by Division of Family and Children Service employees only.

The survey information is confidential, no individual responses will be identified. Participation in the study is voluntary, however, participation by your staff is critical. Please encourage everyone to complete the survey and return it to the researcher in the enclosed post-paid envelope by **May 28, 2004**. A cover letter explaining the process is included in each survey packet. Approximately 15-20 minutes will be required to complete the survey. Should you have questions regarding the survey, please contact the researcher, Jackie Ellis, at 770-787-9411 or [jellis10@bellsouth.net](mailto:jellis10@bellsouth.net). Please contact the researcher if you need additional survey forms.

Study of Personal Factors Related to Retention of Child Welfare Workers

Page 2

April 30, 2004

Research at the University of Georgia, which involves human participants, is overseen by the Institutional Review Board. Questions or problems regarding the right of participants should be addressed to Ms. Chris A. Joseph, Ph.D., Institutional Review Board, Office of the Vice President of Research, 612 Boyd Graduate Studies Research Center, University of Georgia, Athens, GA 30602-7411 (telephone number 706-542-3199; e-mail: [cajovpr.uga.edu](mailto:cajovpr.uga.edu)).

Thank you for assisting with the distribution of surveys.

JRO: dh

Enclosures

## APPENDIX L

## COVER LETTER – CASEWORKERS

May 1, 2004

Dear Participant,

You are invited to participate in a research study titled “Evaluating the Reliability and Validity of the Revised Human Caring Inventory For Social Work” conducted by Jackie Ellis, Ph.D. Candidate, from the School of Social Work at the University of Georgia (770-787-9411) under the direction of Dr. Kevin DeWeaver, School of Social Work, University of Georgia (770-542-3364). This study builds upon the results of the 2003 Turnover and Retention Study of Child Welfare Staff in Georgia that was conducted by Dr. Alberta Ellett, School of Social Work, University of Georgia. The purpose of this study is to develop a measure of personal factors related to retention among child welfare workers who provide direct services to clients –frontline staff who are vital to our public child welfare system. In the future, our public child welfare system may benefit from using such a measure as one criteria to select staff best suited to work in public child welfare. Benefits to participants include the satisfaction of sharing your expertise as a frontline worker in the development of the measure.

All child welfare workers engaged in direct services throughout the state (approximately 2,000) will receive this survey and will be requested to participate in this study. Your participation is critical to the success of the study. Approximately 15-20 minutes will be required to complete the survey. If you agree to participate, you are asked to complete the enclosed survey that consists of three measures: a demographic form, the Revised Human Caring Inventory – Social Work, and a measure of Intent to Remain Employed. Thank you in advance for taking time from your busy schedule to complete the survey.

Participation is entirely voluntary and you may withdraw from participation at any time without penalty. Your responses are anonymous; no responses will be linked to individual participants. Results of the study will be presented in summary form. The Georgia Department of Family and Children Services will not have access to completed surveys. No risk to participants is expected.

Please complete each item on the survey and return the survey to the researcher in the enclosed post-paid envelope by May 28, 2004.

If you have comments or questions about the study, now or during the course of the study, please contact Jackie Ellis, School of Social Work, University of Georgia, at 770-787-9411 or [jellis10@bellsouth.net](mailto:jellis10@bellsouth.net).

Again, your professional contributions and cooperation in completing this survey are greatly appreciated!

Respectfully,

Jackie Ellis, Researcher

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).

## APPENDIX M

## COVER LETTER – SUB-SAMPLE OF CASEWORKERS

May 1, 2004

Dear Participant,

You are invited to participate in a research study titled “Evaluating the Reliability and Validity of the Revised Human Caring Inventory For Social Work” conducted by Jackie Ellis, Ph.D. Candidate, from the School of Social Work at the University of Georgia (770-787-9411) under the direction of Dr. Kevin DeWeaver, School of Social Work, University of Georgia (770-542-3364). This study builds upon the results of the 2003 Turnover and Retention Study of Child Welfare Staff in Georgia that was conducted by Dr. Alberta Ellett, School of Social Work, University of Georgia. The purpose of this study is to develop a measure of personal factors related to retention among child welfare workers who provide direct services to clients –frontline staff who are vital to our public child welfare system. In the future, our public child welfare system may benefit from using such a measure as one criteria to select staff best suited to work in public child welfare. Benefits to participants include the satisfaction of sharing your expertise as a frontline worker in the development of the measure.

All child welfare workers engaged in direct services throughout the state (approximately 2,000) will receive this survey and will be requested to participate in this study. Your participation is critical to the success of the study. Participation is entirely voluntary and you may withdraw from participation at any time without penalty. Your responses are anonymous; no responses will be linked to individual participants. The Georgia Department of Family and Children Services will not have access to completed surveys. Results of the study will be presented in summary form. No risk to participants is expected.

Approximately 15-20 minutes will be required to complete the survey. If you agree to participate, you are asked to complete the enclosed survey that consists of three measures: a demographic form, the Revised Human Caring Inventory – Social Work, and a measure of Intent to Remain Employed. Thank you in advance for taking time from your busy schedule to complete the survey.

**You have been randomly selected in a special sub-sample (approximately 300 statewide) of the larger group. Your survey materials include a packet that should be given to your direct supervisor for completion. Your supervisor will be asked to rate you on personal factors and job-related capabilities. Please give this packet to your direct supervisor immediately. Your survey has been coded in the top right hand corner to match the code number on your supervisor’s survey. During data analyses, the code numbers will be used to match your responses to those of your supervisor. Code numbers will not be used to identify individual participants.**

Please complete each item on the survey and return the survey to the researcher in the enclosed post-paid envelope by May 28, 2004. The supervisory packet includes a separate post-paid envelope for your supervisor.

If you have comments or questions about the study, now or during the course of the study, please contact Jackie Ellis, School of Social Work, University of Georgia, at 770-787-9411 or [jellis10@bellsouth.net](mailto:jellis10@bellsouth.net).

Again, your professional contributions and cooperation in completing this survey are greatly appreciated!

Respectfully,

Jackie Ellis, Researcher

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).

APPENDIX N  
COVER LETTER – SUPERVISORS

May 1, 2004

Dear Participant,

You are invited to participate in a research study titled “Evaluating the Reliability and Validity of the Revised Human Caring Inventory For Social Work” conducted by Jackie Ellis, Ph.D. Candidate, from the School of Social Work at the University of Georgia (770-787-9411) under the direction of Dr. Kevin DeWeaver, School of Social Work, University of Georgia (770-542-3364). This study builds upon the results of the 2003 Turnover and Retention Study of Child Welfare Staff in Georgia that was conducted by Dr. Alberta Ellett, School of Social Work, University of Georgia. The purpose of this study is to develop a measure of personal factors related to retention among child welfare workers who provide direct services to clients – frontline staff who are vital to our public child welfare system. In the future, our public child welfare system may benefit from using such a measure as one criteria to select staff best suited to work in public child welfare. Benefits to participants include the satisfaction of sharing your expertise as a supervisor of frontline workers in the development of the measure.

All child welfare workers engaged in direct services throughout the state (approximately 2,000) will receive this survey and will be requested to participate in this study. **(name of worker), a worker in your unit, has been randomly selected in a sub-sample of participants (approximately 300 statewide) who have been requested to have their immediate supervisor complete survey instruments similar to the instruments to be completed by this worker.**

Participation is entirely voluntary and you may withdraw from participation at any time without penalty. Approximately 15-20 minutes will be required to complete the survey measures. If you agree to participate in the study, you will be asked to complete three survey measures: a demographic form, the Revised Human Caring Inventory for Social Work Adapted for Supervisory Ratings, and the Supervisory Rating of Worker Capabilities Questionnaire. The code number in the top right-hand corner of your survey will allow the researcher to match your responses to those of the worker in your unit. **The code number will not be used to identify you or your worker.** Your participation is crucial to the study. Thank you in advance for taking time from your busy schedule to participate.

No risk to participants is expected. Your responses are anonymous; no responses will be linked to individual participants. The Georgia Department of Family and Children Services will not have access to completed surveys. Results of the study will be presented in summary form only.

Please complete each item on the survey and return the survey to the researcher in the enclosed post-paid envelope by May 1, 2004. Please remind your worker to return his/her survey.

If you have comments or questions about the study, now or during the course of the study, please contact Jackie Ellis, School of Social Work, University of Georgia, at 770-787-9411 or [jellis10@bellsouth.net](mailto:jellis10@bellsouth.net).

Again, your professional contributions and cooperation in completing this survey are greatly appreciated!

Respectfully,

Jackie Ellis, Researcher

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).

APPENDIX O  
CONSENT FORM – SUB-SAMPLE OF CASEWORKERS  
SURVEYED FACE-TO-FACE

I, \_\_\_\_\_, agree to participate in a research study titled “Evaluating the Reliability and Validity of the Revised Human Caring Inventory For Social Work” conducted by Jackie Ellis, Ph.D. Candidate, from the School of Social Work at the University of Georgia (770-787-9411) under the direction of Dr. Kevin DeWeaver, School of Social Work, University of Georgia (770-542-3364). This study builds upon the results of the 2003 Turnover and Retention Study of Child Welfare Staff in Georgia that was conducted by Dr. Alberta Ellett, School of Social Work, University of Georgia.

The purpose of this study is to develop a measure of personal factors related to retention among child welfare workers who provide direct services to clients –frontline staff who are vital to our public child welfare system. In the future, our public child welfare system may benefit from using such a measure as one criteria to select staff best suited to work in public child welfare. Benefits to participants include the satisfaction of sharing your expertise as a frontline worker in the development of the measure.

All child welfare workers engaged in direct services throughout the state (approximately 2,000) will receive this survey by mail and will be requested to participate in this study. The participation of all child welfare workers is critical to the success of the study.

I understand that I have been selected in a sub-sample of the larger sample and that I am requested to participate in a face-to-face, two-phase data collection process.

I understand that participation is entirely voluntary and I may withdraw from participation at any time without penalty. My responses are confidential. No information about me, or provided by me during the research will be released in any individually identifiable form without my prior consent, unless otherwise required by law. Results of the study will be presented in summary form only. The Georgia Department of Family and Children Services will not have access to completed surveys. No risk to participants is expected.

I understand that if I agree to volunteer, during the initial data collection phase, I will be asked to complete a survey that consists of three measures: a demographic form, the Revised Human Caring Inventory – Social Work, and a measure of Intent to Remain Employed. Approximately 15-20 minutes will be required to complete the initial survey. During the second phase of data collection, to occur approximately two weeks after the first phase of data collection, I will be asked to complete only the Revised Human Caring Inventory – Social Work. Approximately 10-15 minutes will be required to complete the second survey.

The researcher will answer any further questions about the research, now or during the course of the study (770-787-9411).

I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

---

Jackie Ellis  
770-787-9411  
[jellis10@bellsouth.net](mailto:jellis10@bellsouth.net)

---

Signature

---

Date

---

Name of Participant

---

Signature

---

Date

Your professional contributions and cooperation in completing this survey are greatly appreciated!

**Please sign both copies, keep one and return one to the researcher.**

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).

## APPENDIX P

## ITEM MEANS AND STANDARD DEVIATIONS FOR STUDY MEASURES

Item Number	M	SD
Revised Human Caring Inventory		
1.	3.25	0.66
2.	3.24	0.60
3. <sup>a</sup>	2.64	0.89
4. <sup>a</sup>	3.44	0.69
5.	3.19	0.68
6.	3.24	0.67
7. <sup>a</sup>	3.51	0.65
8.	3.35	0.64
9.	3.00	0.67
10. <sup>a</sup>	2.75	0.66
11.	3.08	0.59
12. <sup>a</sup>	3.54	0.60
13. <sup>a</sup>	2.59	1.00
14.	3.37	0.52
15.	3.35	0.50
16.	3.36	0.53
17.	3.02	0.67
18.	3.46	0.58
19.	3.22	0.50
20.	2.47	0.91
21.	2.84	0.67
22.	2.88	0.66
23.	2.68	0.75
24.	2.14	0.84
25.	3.34	0.53
26. <sup>a,b</sup>	3.22	0.86
27. <sup>a</sup>	3.03	0.66
28.	3.14	0.52
29.	2.92	0.77
30.	3.03	0.59
31. <sup>a</sup>	2.99	0.76
32. <sup>a</sup>	3.67	0.57
33. <sup>a,b</sup>	3.56	0.63
34.	2.97	0.55
35.	3.20	0.56
36. <sup>a</sup>	3.15	0.60
37.	3.52	0.57
38. <sup>a</sup>	3.11	0.64

39.	3.33	0.59
40. <sup>a</sup>	2.94	0.66
41. <sup>a</sup>	2.90	0.71
42.	3.34	0.51
43. <sup>a</sup>	3.51	0.56
44.	3.11	0.59
45. <sup>a</sup>	3.22	0.67
46.	3.50	0.52
47. <sup>a,b</sup>	3.50	0.63
48.	3.29	0.64
49. <sup>a</sup>	2.86	0.69
50.	3.22	0.59
51. <sup>a</sup>	3.25	0.56
52. <sup>a</sup>	3.02	0.64
53.	3.24	0.47
54.	3.20	0.51
55. <sup>a</sup>	3.36	0.58
56. <sup>a</sup>	3.13	0.62
57.	2.89	0.61
58.	3.04	0.52
59. <sup>a</sup>	3.12	0.56
60.	3.30	0.48
61.	3.30	0.53
Intent To Remain Employed		
1.		
	2.56	.96
2.	2.01	.84
3. <sup>a</sup>	2.75	.97
4.	2.34	.88
5. <sup>a</sup>	2.77	.96
6.	2.54	.84
7. <sup>a</sup>	2.52	.97
8.	2.76	.81
9.	2.56	.85
10.	2.64	.80

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<sup>a</sup>Reverse scored; <sup>b</sup>Social Desirability Item

## APPENDIX Q

INDIVIDUAL ITEMS LOADING ON EACH OF THE SIX EMPIRICALLY VERIFIED  
SUBSCALES OF THE REVISED HUMAN CARING INVENTORYFactor 1 – Receptivity

- 51.<sup>a</sup> I have difficulty paying attention when clients are talking.
- 52.<sup>a</sup> I blame my clients for their problems.
- 53. I take time to understand the needs of my clients.
- 54. When clients are in need, I experience a natural motivation to help.
- 56.<sup>a</sup> **I find relationships with clients unfulfilling.**
- 58. **I enjoy stories clients share about themselves.**
- 59.<sup>a</sup> I wait for clients to request material resources before I offer to help.
- 60. I try to meet clients with an attitude of acceptance.
- 61. I listen carefully when clients are talking.

Factor 2 – Personal Responsibility/Reward

- 1. I take responsibility for attending training to develop skills in areas in which I lack competence.
- 2. I anticipate the needs of my clients and offer to help before clients ask directly for assistance.
- 6. It is important to me that the clients for whom I am responsible know that I personally care about them.
- 8. **When I go the extra mile for clients, I feel good about my self.**
- 9. I would delay personal plans in order to help a client in need of assistance.
- 11. It is easy for me to establish a sense of connection with my clients.
- 17. **I find my relationships with clients rewarding.**
- 19. My clients know they can count on me.
- 22. **A personal sense of connection with clients brings me pleasure.**

Factor 3 – Commitment to Clients

- 25. When I make a commitment to a client, I follow through.
- 30. I am usually the first to offer help when someone needs something.
- 35. When developing case plans, I think of clients as partners in the problem solving process.
- 37. If a client has problems that are beyond my expertise, I seek advice from other professionals.
- 39. Before entering a client's home, I request permission.
- 42. When a client is distressed, I take time to listen.
- 44. **When clients begin to trust me, I experience a sense of personal reward.**
- 46. **I am delighted when clients share their success stories.**
- 48. Parents should be informed of the consequences of their parenting behaviors at outset of agency intervention.
- 50. I am bothered when I cannot keep a commitment to a client.

Factor 4 – Professional Commitment

- 3.<sup>a</sup> Most days I do not look forward to going to work.  
 13.<sup>a</sup> If I could do it all over again, I would choose a profession other than social work.  
 20. I would continue to work in child welfare even if I did not need the money.  
 23. **When things are difficult at work, I can call upon memories of positive relationships with clients to keep me going.**  
 24. I cannot imagine enjoying any profession as much as social work.  
 29. I genuinely enjoy my profession.  
 31.<sup>a</sup> I find little enthusiasm for working as a social worker.

Factor 5 – Personal Attachment

- 27.<sup>a</sup> I avoid clients who are too demanding.  
 38.<sup>a</sup> **I wish I could spend less time taking directly to clients.**  
 40.<sup>a</sup> **When I am able to maintain distant relationships with clients, I am more comfortable.**  
 41.<sup>a</sup> I cannot imagine what life must be like for clients.  
 45.<sup>a</sup> My clients think I am pushy.  
 49.<sup>a</sup> **I find relationships with clients frustrating.**

Factor 6 – Respect for Clients

14. Although I may not approve of my clients' behavior, I am accepting of them as people.  
 15. I try to understand my clients' views of their problems.  
 18. I request permission before looking in clients' cabinets.

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*Note.* Items in bold were formulated as Interpersonal Reward items. <sup>a</sup>Reverse scored.