

## Benefits and Barriers: An Exploratory Study of Nephrology Social Work Field Education

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*An important aspect of the profession of social work is the requirement of at least 900 hours of a “field placement” internship for all masters-level social worker (MSW) students as part of their education in accredited U.S. schools of social work (Council of Social Work Education, 2008). The goals of this project are to increase the number of South Carolina dialysis units that offer MSW students field placement opportunities, and to explore professional and personal benefits and barriers for dialysis social workers assuming the role of field educators. Ten social workers participated in the project’s interviews about the benefits of and barriers to being an MSW field educator. Ultimately, 6 social workers contracted with the University of South Carolina to accept students for field placement in dialysis units, and 2 students completed their field placement in dialysis units for the academic year 2010–2011. The MSW-level social workers reported several barriers to being field educators: their relationships with the USC College of Social Work, organizational climate, organizational functioning, social work caseload and tasks, professional identity, and general concerns about students. Social workers also identified possible areas benefiting from being social work field educators: organizational climate, patient care, workload, professional obligation, intrinsic rewards, and the fact that a dialysis unit could be a rich learning environment for MSW students.*

### INTRODUCTION

Dialysis patients have multiple psychosocial barriers to treatment (Browne, 2006), which were the impetus for including a masters-level social worker (MSW) in every dialysis unit by mandate of the Centers for Medicare & Medicaid Services Conditions for Coverage in 1976 and, most recently, in the 2008 revision of the conditions. For the foreseeable future, every dialysis unit in the United States needs to have an MSW as part of its interdisciplinary treatment team to help patients ameliorate psychosocial barriers to positive chronic kidney disease outcomes.

An important aspect of the profession of social work is the requirement of at least 900 hours of a “field placement” internship for all MSW students, as part of their education in accredited U.S. schools of social work (Council of Social Work Education, 2008). This allows the student to get hands-on experience working with clients and communities, trains the student about a unique population, and it is also, sometimes, a pathway to future employment after the student graduates. MSWs serve as field educators for students, providing supervision and learning experiences for the student over the year that the MSW student is in that setting.

In the field of nephrology social work, it is important, for several reasons, that dialysis social workers act as field educators. First, it exposes MSW students to the psychosocial issues of chronic kidney disease (CKD), and the role of the social worker in an interdisciplinary team ameliorating those issues. As CKD increases as a public health crisis in the United States, it is important that awareness of this disease, and its interventions, be known to as many professionals as possible, including future social workers (who may end up working in any setting after graduation).

The second reason why dialysis social workers as field educators are important is to train student interns for the enhancement of the profession. As the incidence and prevalence of CKD continues to increase, and the clinical social work mandates of the new Conditions for Coverage necessitate smaller social worker-to-patient ratios, the kidney community will need more nephrology social workers than ever. Having MSW students trained in dialysis social work could lead to a higher interest in the profession of nephrology social work after graduation and enhance the workforce. A newly graduated social worker with dialysis experience is helpful for the acting social worker, the dialysis unit, and the patients. Therefore, training this “next generation” of dialysis social workers through field education is important.

A third reason why field educators are important is that the practice can be helpful for the social worker and dialysis patients. Having an “extra” social worker in the dialysis unit allows for the field instructor to enhance the services provided to patients. The patients and dialysis team can benefit from a student intern in multiple ways. It can also be helpful for the social worker to assume the tasks of a supervisor, and this supervisory experience can be a great addition to a social worker’s skill set and resume.

Despite the advantages of becoming field placement instructors, many may be hesitant to do so because of a lack of training or experience in that role, perceived lack of benefits, high caseload, or inappropriate task responsibility. The goals of this project were to increase the number of South Carolina dialysis units that offer MSW students field placement opportunities and to measure benefits and barriers for dialysis social workers assuming the role of field educator. The motivation was that, prior to this effort, there were no

dialysis units in the entire state being used as field placement sites for MSW students by the University of South Carolina (USC) College of Social Work. With the continuation the 2008 Conditions for Coverage mandate to include of MSWs in every dialysis unit, there is a dire need to train the next generation of nephrology social workers through field placement opportunities in these units. This project explored the barriers and benefits of being a field educator

in order to advance further study and increase the number of MSW student field placements in dialysis settings.

## METHODS

### *Study Design*

As there were zero students in dialysis field placements at USC prior to this project, the first step was to encourage students to choose their field placements in dialysis

**Figure 1.** *Flyer Given to MSW Students at the USC Field Fair*

### Top 7 Reasons to Choose A Dialysis Center For Your Field Placement in 2010–2011

1. **Money, money, money**—There are thousands of dialysis units across the United States, and all need a Master's level social worker in them. Having experience in a dialysis unit can help you find a job in any state after graduation. The regulations mandating an MSW in every dialysis unit were just revised in 2008, and will not be changing anytime soon (the last regulations were in effect for more than 30 years), so social work practice in a dialysis unit is a very promising area for employment of new MSW graduates that is NOT impacted by the economy.
2. Dialysis units are the **only** healthcare setting in the U.S. that has a Medicare mandate that *requires* that every dialysis center have an MSW on its interdisciplinary team. If you are interested in working with an interdisciplinary team, it is great experience to work with such a team of nurses, doctors, patients, technicians, and dietitians—you do this every day in a dialysis unit.
3. If you like working with/think you will like working with chronically ill adults and their families, a dialysis unit can provide you with extensive experience in micro, macro, community, or policy social work—depending on your interest. Dialysis social workers have to do everything, from grief counseling, to case management, to community advocacy and linkages, to counseling family members (and a million more things in-between).
4. Dialysis units are open evenings and Saturdays, and may be able to accommodate a flexible schedule for your field placement.
5. You will be supervised by an MSW.
6. At the College of Social Work, Assistant Professor Teri Browne is overseeing a special project on field placements in dialysis units in SC. She has more than 12 years experience working in dialysis units, and will be your field liaison for the year, and you will have uniquely structured tasks, training and supervision in dialysis social work, and work with fellow students also in dialysis unit field placements—you will not be alone!
7. There are field placement opportunities in dialysis social work all across the state! Dialysis units in the following cities are eager to have students: Charleston, Columbia, Easley, Greenville, Mt. Pleasant, Spartanburg, Summerville, & Walterboro. See the field office for details of the field placement sites available.

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settings, and to find social workers willing to be field instructors and who would share their experiences about why they were currently not instructors. To recruit field placement candidates, information was provided to MSW students about opportunities in dialysis centers at the college's annual Field Fair. At the fair, a display board with information about nephrology social work and the National Kidney Foundation Council of Nephrology Social Workers (CNSW) was used, and materials from the local NKF office were provided to students. In addition, prospective students were also given verbal information about kidney disease and opportunities for field placements in dialysis settings, along with a handout about why they should choose a dialysis center (see Figure 1).

The investigators collaborated with the college's Field Placement Office during every step of this project. The primary investigator (PI) agreed to serve as the faculty field liaison for the dialysis field placements, which consisted of three visits to each field placement for the year, as well as assistance with any issues or concerns that the student, field educator, or field placement office might have during the academic year.

To recruit social workers into the study, and to be field educators, a letter was mailed to every dialysis center in the state of South Carolina, inviting them to be instructors for the USC. Information about this opportunity was also presented at local CNSW meetings, and distributed on the local CNSW e-mail listserv.

#### *Data Collection Procedure*

The PI traveled to dialysis units across the state to conduct semi-structured interviews of interested nephrology social workers. Lunch and a \$30 Visa gift card, approved by the USC Institutional Review Board, were provided to the social workers as compensation for their participation in this project.

Interviews with dialysis social workers examined the rewards and costs of being field educators from their perspective (Peleg-Oren, Macgowan, & Even-Zahav, 2007). The interviews explored two questions: 1) What barriers exist that prevent placement of MSW interns in dialysis units? and 2) What benefits could be enhanced to increase MSW internships in dialysis units? A qualitative approach to this research allowed for in-depth exploration of the social workers' perceived barriers and benefits related to being field educators. As there is currently no dialysis-specific literature about this topic (and very little literature in the broader field of social work education), this qualitative approach was an appropriate way to start building this knowledge base. It also allowed for a rich exploration of field instructors' experiences and viewpoints. See Figure 2 for the discussion guide for each interview.

This research was guided by the Investment Model theoretical framework (Peleg-Oren, Macgowan, & Even-Zahav, 2007; Rusbult & Farrell, 1983). This model has been used to examine job commitment and job satisfaction. The model tests the degree to which social workers are psychologically attached to or invested in their job, and in previous research by Peleg-Oren et al., the model was used to examine social workers' commitment to intern supervision. Specifically, the model measures the workers' subjective perception of their job commitment through the pathways of rewards, costs, degrees of investment, and availability of other job opportunities. We did not use the entire model, but focused on the two aspects most salient for this study: the benefits or rewards (positive aspects of supervising interns) and barriers or costs (aspects of supervising interns that were viewed as negative). We believed that these two aspects of the model would be weighed most heavily by social workers who might consider working with interns in dialysis units. This model posits that nephrology social workers' commitment to supervising students may increase as they perceive rewards from being a field instructor. Such

**Figure 2.** *Discussion Guide for Social Worker Interviews*

#### **Dialysis Social Worker Discussion Guide Questions**

- Have you ever been a field placement supervisor before?
- Generally, do you think that social work field education is important? Why/why not?
- Specifically, do you think that dialysis-specific social work field education is important? Why/why not?
- Why are you not currently a social work field educator?
- What are the barriers to being a social work field educator (in South Carolina specifically, and in the U.S. in general)?
- What would you like to see included in a dialysis social work training toolkit for field placement educators and students?

rewards could be intrinsic or extrinsic, and come from the agency itself, the type of agency, the relationship between instructor and intern, or a sense of mission to give back to the profession. To measure these variables, we developed a semi-structured interview guide of open-ended questions to measure the perceived benefits and barriers.

#### *Data Analysis*

The social worker interviews were taped and transcribed. Interview transcriptions were coded and analyzed using Atlas Ti (6.2) software. We used an inductive approach in this project because so little is known about the attitudes of nephrology social workers who might want to supervise interns. The Investment Model was used to help strategically focus the interview questions, but the codes and findings emerged naturally from what the social workers said. The interviews were independently coded by two researchers, then discussed. Any codes that were similar or redundant were collapsed. We reported the most frequently used codes.

## RESULTS

### *Enrolling Students and Social Workers*

Ten social workers participated in the interviews. Ultimately, 6 social workers contracted with the USC to accept students for field placement in their units, and 2 students completed their dialysis unit field placements in the academic year 2010–2011. Many more social workers were interested in being field educators. However, in 2010, the university was not able to contract with one large dialysis organization for such placements because of legal issues that the state and the dialysis corporation had with the contract language.

## RESEARCH QUESTIONS

### *What Barriers Exist that Prevent Placement of MSW Interns in Dialysis Units?*

Social workers identified barriers to being a field educator related to their relationship with the College of Social Work, organizational climate, organizational functioning, social work caseload and tasks, professional identity, and general concerns about students.

#### *Relationship with the USC College of Social Work*

Respondents agreed that one primary reason why they were not field placement supervisors was because the USC College of Social Work had not previously contacted dialysis social workers to place students in their clinics. Social workers stated “no one [at the college] ever asked,” and “it was just [that] nobody ever really brought it to our attention.”

#### *Organizational Climate*

Social workers identified organizational climate variables that were barriers to being field educators. These included a lack of organizational support for social workers and

dialysis centers not valuing the social work role. This lack of support made some social workers hesitant to take on the task of being a field educator. Some social workers commented: “Well, you know, we have a long history of not being supported”; “they [administrators] think we don’t do nothing”; and “the doctors don’t know or appreciate what we do.”

#### *Organizational Functioning*

Social workers suggested that there were some other organizational barriers to being a field educator, primarily a lack of a system to have social work students intern in dialysis units. For example, one social worker shared: “the system, being a medical system, is set up to take students from medical fields, particularly nursing ... but if they have social work students, it is of no concern to them.” Some dialysis units also did not have flexibility to accommodate students on weekends or evenings, as may be needed by some students.

#### *Social Work Caseload and Tasks*

Some social workers were interested in being field educators; however, a high caseload or inappropriate clerical tasks precluded them from accepting students. One social worker mentioned that “the social workers are stretched and overwhelmed ... if they had more time they would be interested.” Another social worker commented, “It’s unfortunate because I really wanted to do it and my center director was approving of it. My regional director was just worried about the time constraints because I have so many other things that I do ...” Some social workers agreed that they feared that they would not have the time to attend to an MSW student because they were already overwhelmed with high caseloads and clerical tasks.

#### *Professional Identity*

Some social workers did not think that being a field educator was a primary part of their professional identity. Respondents simply had not thought about being a field instructor, or just hadn’t made any effort to become one. One respondent recalled a bad experience she had as an MSW student in her own field placement, and did not want to provide students with less-than-exceptional field placement opportunities.

#### *General Concerns*

The final barrier to being a field educator was that the respondents had some general concerns about the social work students who would spend the academic year in their dialysis units. Respondents raised concerns that students might be too immature, that the students may not like a dialysis setting, and that the work experience could get monotonous for some.

### *What Benefits Could Be Enhanced to Increase MSW Internship Placements in Dialysis Units?*

Importantly, social workers also identified possible benefits that could come from being a social work field educator. These areas included the organizational climate, patient care, workload, professional obligation, intrinsic rewards, and the fact that a dialysis unit could be a rich learning environment for MSW students.

#### *Organizational Climate*

Social workers also identified organizational climate variables that could help augment field placements in dialysis settings. Several social workers mentioned that they had a supportive environment in their clinic to have an MSW intern, including the support of regional managers. This included an autonomous work environment that would accommodate student training.

#### *Patient Care and Workload*

Several social workers posited that having an MSW student in their dialysis clinic could improve patient care. Students would be able to work closely with and follow up more frequently with patients to which social workers may not be able to fully attend, and patients may have their needs met better by working with social workers *and* students. Students may also be able to do interventions, such as home visits, when social workers may not be able. In addition, students could help with clinical paperwork, and help patients with concrete needs, ameliorating a portion of the social worker's workload.

#### *Professional Obligation*

In regard to the possible benefits of being an MSW field educator, respondents discussed that doing so might fulfill a professional obligation. Social workers mentioned that being a field educator would be a way to "give back" to the profession, as all MSW social workers must complete hundreds of hours of field placement service as part of their education. Respondents thought that being a field educator would allow them to share wisdom with social work students; one respondent mentioned that she "wanted [students] to get a really good experience." One discussed a good experience she had with her own field placements, and wanted to pass that on now that she was a social worker.

#### *Intrinsic Reward*

Social workers suggested that being a field educator might provide them with intrinsic awards, and that it would be gratifying to be a part of an intern's development. Building relationships, and training and mentoring students may be rewarding. One respondent posited that working with a student may be like training a new social worker: "... and you meet a lot of the new social workers coming in and I got to spend a lot of time, do a lot of training with them, and I find it extremely rewarding."

### *The Dialysis Unit Is a Rich Learning Environment*

The final benefit of being a field educator discussed by respondents was that a dialysis unit could be an ideal location for an MSW field placement. Dialysis clinics provide complex clinical situations for social work students, and opportunities for mental health or substance use assessments that can augment classroom learning. One social worker summarized:

And we all have different scenarios, as you know, with different kind[s] of family dynamics going on, and depression, and it seems like we have a mixture of all the situations you have in social work schooling. We have it right here in the clinic.

## **DISCUSSION**

This project is the first of its kind in kidney disease literature related to possible benefits of and barriers to MSW field placements in dialysis settings, as well as establishing a program for field placements in dialysis by a college of social work. Because of the novelty of the program, one limitation of this research is the small sample size, derived from only one Southeastern state. Future work could attend to a larger survey of nephrology social workers about field education specifically; the CNSW does frequent online caseload, salary, and membership surveys and could add questions about field placements, if the Council would like to explore this line of research further. As this was a qualitative study breaking ground on new information about nephrology social workers and field placement, the sample size is a necessary limitation. Another limitation is that the study only included dialysis social workers, not kidney transplant social workers (who should also be supported and encouraged to be MSW field educators related to kidney disease). However, in the state of South Carolina, there is only one kidney transplant center, which is 113 miles away from USC, so transplant social workers were not chosen as part of the sample because of logistics.

Despite the small number of social workers interviewed and the small number of dialysis centers that accepted students for field placements during the duration of this project ( $n = 2$ ; the college started with zero dialysis units offering field placement), this effort resulted in significant possibilities for students, the college, and nephrology social workers in the state. Because of this project, the college is now able to place MSW students in more than 50 dialysis units in South Carolina, North Carolina, and Georgia. This benefits the college (as it provides novel field placement settings for students), MSW students, and the profession of nephrology social work.

As part of this research, social workers identified important barriers to being a field educator. Most notably, concerns about large patient caseloads and inappropriate clerical tasks were brought up in this context as a barrier to accepting a student for a field placement. This concern echoes

previous work by Merighi and Ehlebracht (2004a, 2004b, 2005) and the CNSW (Browne & Merighi, 2011; Browne, Merighi, & Herold, 2008; Merighi, Browne, & Bruder, 2010) about the impact of high caseloads and inappropriate tasks that nephrology social workers face in the United States.

#### *Recommendations for the Profession*

As the only Medicare-mandated practice setting for MSWs, nephrology social work needs more research and projects related to field placement education of MSW students in dialysis and kidney transplant settings. As field placement is such an integral part of social work education, dialysis clinics are ideal settings to expose more social work students to kidney disease and its psychosocial components. Serving as field educators may result in several different benefits to social workers as well, including the benefits explored in this study.

Nephrology social workers can liaise with colleges of social work across the country to explore training MSW students for field placements. As there may not be very many faculty members in schools of social work who are themselves familiar with kidney disease or dialysis (and may not be aware that every dialysis setting must have an MSW on its interdisciplinary team), social workers should not wait for colleges to approach them to be field educators. Indeed, a major barrier to being a field educator, as voiced in this study, is that social workers were never asked to be field educators. Colleges of social work can explore establishing relationships with nephrology social workers in their communities, and learn more about dialysis and kidney transplant settings as a possible field placement sites. Colleges may also want to come to local CNSW Chapter meetings to present about such possibilities.

Social workers may want to work together as field educators, providing some common curriculum for their MSW students, and involve students in different dialysis centers in quality improvement or patient care projects. The CNSW will be offering an online toolkit related to nephrology social work field placements in the future that can help facilitate such internships.

The CNSW and others need to continue efforts related to addressing high patient caseloads and inappropriate clerical tasks that social workers face so that they can effectively train the “next generation” of nephrology social workers. Social workers and others who hold key positions in large dialysis organizations can help with possible obstacles colleges may face when trying to place students in dialysis settings and encourage their social workers to take on students. Some companies already have policies and procedures for working with social work students.

#### **CONCLUSION**

This project is highly relevant to the field of nephrology social work, as field placements are an essential part of every social worker’s education. It behooves nephrology

social workers to increase the number of dialysis units used as field placement sites. This not only “gives back” to our profession, but also can result in a cadre of uniquely dialysis-trained social work graduates, some of whom may choose to practice nephrology social work because of their exposure through field placements. Further research on dialysis and kidney transplant field placements can also identify other professional and personal benefits of being a field instructor that may motivate more dialysis social workers to be field instructors.

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