

4-2013

# Motivations, Skills and Rewards: Social Workers' Perspectives on Practice with Older Adults

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## Recommended Citation

Gilmore, Rachel L., "Motivations, Skills and Rewards: Social Workers' Perspectives on Practice with Older Adults" (2013). *Master of Social Work Clinical Research Papers*. Paper 180.  
[http://sophia.stkate.edu/msw\\_papers/180](http://sophia.stkate.edu/msw_papers/180)

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Motivations, skills and rewards:

Social workers' perspectives on practice with older adults

By

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

**Abstract**

This study explored social workers' views about their motivations, skills and rewards in work with older adults and how to increase social workers' interest in working with older adults. Seven masters level social workers who work with older adults and are members of an association of social workers who work with older adults in the community, participated in interviews about their practice. The participants emphasized the importance of empathy, listening and having knowledge about community resources as essential to competent work with older adults. The participants shared stories about how they developed an interest in working with older adults that reflected the importance of family, volunteer and work experiences. Each participant shared rewards they experienced such as being a resource in times of need, being present to listen, and being able to offer care and compassion. Implications for education and future research are highlighted as ways to engage future social workers in practice with older adults.

### **Acknowledgements**

I would like to thank my chair, Dr. Carol Kuechler for her guidance throughout this process. She assisted to make this project easier and enjoyable for me. I also want to thank Donna McElveen and Gretchen Scheffel for taking time to be on my committee and for the advice they gave. I want to thank my fellow classmates for their advice and support. I want to thank my friends and family for believing in me and my abilities and for their constant encouragement. A special thank you to my sister and brother in law, Alison and Luke Schloesser for watching my dog during this school year so that I could concentrate on school and my internship. I would like to thank my internship supervisor and all the social workers at Fairview Home Care for the knowledge I gained from them this year. Lastly, I would like to thank all the older adults I have served in my life for the lessons they have taught me and the opportunities I have had to serve them.

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### **Introduction**

Because of increased life expectancy due to advancements in medicine, preventative health care and the aging of the baby boomer generation the older adult population 60 years and older is expected to reach 21% in the United States by 2050 (Gutheil, Heyman, & Chernesky, 2009; Crampton, 2011; Rowan, 2010; Baskind & Briar-Lawson, 2005; Berkman & D'Ambruoso, 2006). While persons 65 and older represent approximately 13% of U.S. population, they account for 36% of all hospital stays with longer average lengths of stay than those under age 65 (Kelchner, 2001; Administration on Aging, 2011). Older adults may be dealing with complex physical and/or mental health conditions which can lead to needs for assistance with homemaking, personal care assistance and transportation, long term care planning, financial and legal assistance (Schneider & Kropf, 1992; Berkman, Gardner, Zodikoff, Harootyan, 2005).

As our population ages, 60,000-70,000 new social workers will be needed to meet the demands of the growing aging population (The National Institute of Aging, 2011). Nevertheless, according to Damron-Rodriguez and Corley, as few as 5% of social worker graduate students take a course related to working with older adults (2002). Without an increase in social workers with the experience, knowledge and skills in working with older adults, there will not be enough social workers to serve the unique needs of this population (Gutheil et al., 2009; Crampton, 2011; Damron-Rodriguez & Corley, 2002; Cummings & Adler, 2007; Kelchner, 2001; Olson, 2003; Robbins & Rieder, 2002; Baskind & Briar-Lawson, 2005; Bures et al., 2002).

Not only is there a lack of interest in working with older adults documented, there are also limited educational opportunities for BSW and MSW students who may have the interest in working with older adults (Gutheil et al., 2009). Important considerations that may lead to an increase in social workers working with older adults are students themselves getting older, the portrayal of older adults as vital human beings and professors who portray positive perspectives of older adults to students (Gutheil et al. 2009). Misconceptions of older adults have also been identified as reasons for the lack of social work

student interest in working with older adults (Cummings & Adler, 2007; Kelchner, 2001).

The purpose of this study was to explore social workers' views about the motivations, skills and rewards in work with older adults and how to increase social workers' interest in working with older adults. Participants in this study were Masters level social workers who work with older adults and are members of an association of social workers who work in the community. Through gaining information about motivations, skills and rewards, the hope is to increase interest in working with older adults and to identify the knowledge and skills social workers need to work effectively with older adults.

### **Review of Literature**

For this study, the literature review was focused on three major categories, demographics of older adults, social workers' motivations and rewards, and roles in serving older adults and engaging social workers in working with older adults. The section on demographics of the aging population includes diversity within the older adult population, the needs of older adults as well as the settings most populated by older adults. The roles, knowledge and skills of social workers are also discussed. The willingness of social work students to practice with older adults as well as education in working with older adults is explored.

#### **Demographics of Older Adults**

The traditional age of retirement has been 65 years of age, therefore, 65 is generally agreed on as the beginning of old age (McInnis-Dittrich, 2009). People age 65-74 are generally considered "young old," and may be working, recently retired, and have minimal health problems. Those who are considered "middle old," age 75-85, may experience health problems; most have usually stopped working and may have experienced the loss of a significant other (McInnis-Dittrich, 2009). People over 85 years old are considered the "oldest old" and are more likely to have serious health problems and may need assistance with personal care, (McInnis-Dittrich, 2009). Among older adults age 85 and older, 70% are women and 30% are men (Dunkle & Jeon, 2006). There were 53,364 persons aged 100 or more in 2010 (Administration on Aging, 2011). Understanding the diversity, needs and living arrangements for older adults contributes to our understanding of older adults.

#### **Diversity**

Diversity can include differences in race, ethnicity and socioeconomic status. Diversity can also be explained strictly by differences in life experiences such as: language, religion, values, sexual orientation and immigration status (Chadiha, 2006).

Among older adults, minority populations have increased from 16.3% of the elderly population in 2000 to 20% of elderly in 2010 and are expected to increase to 24% of the elderly in 2020 (Vincent & Velkoff, 2010; Administration on Aging, 2011). In 2010, 20.0% of persons 65 years and older were



minorities (Administration on Aging, 2011). An increase of African Americans, Hispanic Americans, Asian Americans and other non-White racial-ethnic older adult populations is expected by 2050, with Asian Americans being the fastest growing older adult group (Berkman et al., 2005; Chadiha, 2006). Among older adults, those with the highest rate of poverty are women, older adults living alone and racial and ethnic older adults (Biegel & Leibbrandt, 2006; Dunkle & Jeon, 2006). A study by Rank and Hirschl (1999) found that older adults who were black, had lower educational levels, and were not married had higher rates of poverty.

Economic concerns can increase as life expectancy increases (Richardson & Barusch, 2006; Rowan, Faul, Birkenmaier, & Damron-Rodriguez., 2010; Baskind & Briar-Lawson, 2005). “About 17% of people older than 65 and nearly 20% of people older than 75 were within 125% of the poverty level in 2002” (Richardson & Barusch, 2006, p. 10). Almost 3.5 million or 9% of older adults were below the poverty level in 2010 (Administration on Aging, 2011). Despite a reduction in overall poverty among older adults due to the expansion of government-funded health care programs for older adults since the 1960s, in 2007 nearly one fifth of older adults still had income below the poverty line, (McInnis-Dittrich, 2009).

### **Needs**

Across all levels of diversity older adults have emotional, physical, emotional, social, financial and medical needs. Increased life expectancy often correlates with complex physical conditions (Rowan et al., 2010; Bures, Toseland, Fortune, 2002). Some of the top chronic illnesses experienced by older adults include arthritis, hypertension, heart disease, cancer and diabetes. Older adults tend to be on more prescription drugs as well, with the average of four to five prescription drugs (Berkman et al., 2005). Due to increased chronic illness, some older adults also need assistance with transportation, devices to ensure safety if they fall, assistance with personal care needs, and assistance with cooking and other housework (Schneider & Kropf, 1992).

Not only do older adults deal with chronic physical health conditions, they are also at risk for mental health disorders (Rowan et al., 2010; Gellis, 2006). Gonyea et al. (2004) found that 1 of every 5 persons aged 55 and older experienced mental health disorders that are not part of the normal aging process. The most common mental health concerns include: anxiety disorders, cognitive disorders and mood disorders (Richardson & Barusch, 2006).

Generally older adults express psychological problems in somatic terms, describing feelings of anxiety as “nerves” rather than using the term anxiety (Richardson & Barusch, 2006). Cognitive disorders such as dementia manifest with memory impairment, motor functioning and perception and speech impairments (Richardson & Barusch, 2006). There is often a correlation between physical illness and depression among older adults which may be exacerbated by psychological or social causes such as loss, lack of social supports, caregiving responsibilities or socioeconomic factors (Richardson & Barusch, 2006; Berkman et al., 2005; Gellis, 2006). Due to cognitive disorders, older adults may need assistance with long term care planning, socialization, financial and legal assistance (Schneider & Kropf, 1992; Berkman et al., 2005).

Another area that older adults may require assistance with is activities of daily living, or ADLs. ADLs consist of bathing, dressing, transferring, toileting, walking and feeding (Naik et al., 2004). Difficulty with bathing is the primary indicator for home aide services and an increase in hospital use, as well as admission to skilled nursing facilities. (Naik et al., 2004). Muscle strength and mass decrease with increasing age causing more difficulty in completing ADLs, as well as decrease in flexibility, balance and endurance (Hasegawa et al., 2008).

### **Settings**

Older adults live in the community and in assisted living and nursing facilities. Rowan (2010) stated that older adults generally prefer to stay in their homes and receive community based care. “One million individuals over age 65 received homecare in 2007” (Administration on Aging, 2011, p. 1). Home health care is a regulated program of care providing medical, therapeutic and nonmedical services by a variety of professionals in a patient’s home. These home health care services can include nursing

services, physical therapy, assistance with activities of daily living (ADLs), homemaker services, occupational therapy, wound care, and dietary counseling (Administration on Aging, 2011; Rowan et al., 2000; Benjamin & Naito-Chan, 2006). In addition to health concerns, financial, legal and mental health issues can affect older adults who live in the community. Likewise, transportation can be a major need of older adults in the community (Benjamin & Naito-Chan, 2006). Approximately 2.4% of older adults living in community based senior housing have at least one supportive service available to them (Administration on Aging, 2011).

Assisted livings facilities provide care for approximately one million Americans and are seen as a residential alternative to nursing home care (National Center for Assisted Living, 2008; Assisted Living Federation of America, 2009). Residents in assisted living facilities get assistance with physical activities such as dressing, bathing, toileting, medication management and walking. These facilities provide 24-hour supervision and assistance, have at least one awake staff member at all times and are designed to minimize the need to move to skilled nursing facilities (National Center for Assisted Living, 2008; Assisted Living Federation of America, 2009).

Nursing homes provide 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board and laundry (Aging and Disability Services Administration, 2012). The overall the number of older adults residing in nursing homes is declining (Dunkle & Jeon, 2006). Contrary to some of the myths about aging that suggest that most older adults live in skilled nursing facilities, a relatively small number of the 65+ population lived in institutional settings such as nursing homes in 2009. The numbers do increase with age, with the highest being 13.2% of the population for persons 85 or older (AoA, 2011; Rowan et al., 2010). Older adults in facility settings generally require assistance with activities of daily living, however facilities also provide opportunities for socialization with the activities they provide to the older adults (Vourlekis & Simons, 2006). Older adults and their families require support in their transition to the facility and help with financial planning (Vourlekis & Simons, 2006). Social workers provide services to older adults and their families in both community-based and institutional settings.

### **Social Work with Older Adults**

While social workers have an extensive history working in health care, the history of working with older adults is less prominent (Kelchner, 2001). Social workers serve older adults in various settings such as: community, hospitals, skilled nursing facilities, assisted livings, independent senior apartments, adult day centers, mental health settings, hospice or health maintenance organizations (Rowan et al., 2010; Damron-Rodriguez & Corley, 2002; Cummings & Adler, 2007; Kelchner, 2001).

Social work in home care has a history of underutilization; even though older adults living in the community have access to social work services, many are only receiving nursing or therapy services (Rowan et al., 2010). This may be because nursing is generally the reason individuals need home care in the first place and they are the staff who usually perform the start of care to individuals receiving home care services (Benjamin & Naito-Chan, 2006). Social workers who work with older adults have specific roles, knowledge and skills.

#### **Roles**

Roles taken on by social workers in facility settings include preadmission services, interdisciplinary care planning, room or facility transfers, discharge planning, ensuring psychosocial services, and advocacy for appropriate care and treatment (Vourlekis & Simons, 2006; Zimmerman, Munn, & Kuenig 2006; Kruzich & Powell, 1995). Social workers also serve as advocates, teachers and mediators (Schnieder & Kropf, 1992, Wilson, 2006). Social workers are expected to be aware of health care policies that may affect older adults and to advocate within health care systems for services that are cost efficient and provide successful outcomes for older adults and their families (Damron-Rodriquez & Corley, 2003; Bures et al., 2002). Berkman et al. emphasized the need for social workers to maintain a holistic perspective: “In today’s constantly changing health care environment, practitioners must feel comfortable shifting among and integrating their roles and skills in microlevel, mesolevel, and macrolevel intervention” (2007, p. 235).

Social workers are often advocates for their older adult clients in order to bridge barriers that older adults may have in setting up the services recommended (Rowan et al., 2010). Damron-Rodriguez

and Corley (2002) also stated that the advocacy role social workers play on behalf of the older adult and family members is critical, as social workers generally represent the older adult and their families in team meetings. Social workers must be involved in a macro level to advocate for cost efficiency for older adults and their families in the complex health care system (Berkman et al., 2005; Wilson, 2006; Bures et al., 2002).

One of social workers most important jobs is providing, teaching and educating on resources, which does not change when working with older adults (Rowan et al., 2011; Berkman et al., 2007; Vourlekis & Simmons, 2006). Social workers also teach their clients about resources in the community and how to access these resources (Schneider & Kropf, 1992). In community settings the number one role of social workers is to provide information on resources available to older adults (Rowan et al., 2011). In facility settings social workers often take on the role of educators for residents, families, staff and the community.

In facility settings, social workers are often seen as the staff to go to when there is a conflict with a resident or family member (Schneider & Kropf, 1992). Social workers are usually the designee that facility staff seek to offer interventions, support and advice to address the needs of residents in nursing homes who have behavioral problems (Kelchner, 2001). The role of mediator is used when there is conflict between clients and another system (Schneider & Kropf, 1992). In order to work most effectively with older adults, social workers need to know about a range of factors relevant to this area of practice.

### **Knowledge**

Social workers need to have knowledge about biopsychosocial factors relevant to older adults, how to work in interdisciplinary teams and resources specific to the needs of older adults (Damron-Rodriguez and Corley, 2002; Berkman et al., 2007; Rowan et al., 2010; Bures et al., 2002; Wilson, 2006). Social workers who work with older adults need to have an increased sense of self-awareness (McInnis-Dittrich, 2009). They have to be aware of the ageism in society and the stereotypes of older adults that are generally negative and be aware of any biases they may have which could affect the effectiveness of working with older adults (McInnis-Dittrich, 2009). The main areas of knowledge social workers need to

work with older adults were defined at The 1995 White House Conference on Aging: an understanding of biopsychosocial perspectives, family systems, lifespan development, advocacy, policies and programs affecting older adults, and interdisciplinary teamwork (Damron-Rodriguez and Corley, 2002; Berkman et al., 2007).

Regardless of the setting, social workers serving older adults need to have an understanding of the interrelated aspects of biological, psychological, social, political, economic, cultural and spiritual factors that affect the lives of older adults (Berkman et al., 2005; Damron-Rodriguez and Corley, 2002). Social workers need to understand the differences between normal aging and disease related processes, in order to apply a holistic and systemic approach to understanding clients' needs and to assist with coping mechanisms for both clients and families (Soniak & Micklos, 2010; Damron-Rodriguez and Corley, 2002; Greene & Cohen, 2005). Social workers must continue to learn about the impact of illnesses and treatment on older adults and their families, including knowledge of symptomology and psychopathology of illnesses, both physical and mental (Berkman et al., 2007).

Social workers who serve older adults need to be versed in adjustment to illness including end of life issues (Benjamin & Naito-Chan, 2006). They need to know how to deal with family conflict and caregiver issues (Benjamin & Naito-Chan, 2006). Social workers need to be able to assess for suspected abuse and neglect, inadequate living arrangements and know what to do if they encounter this (Berkman et al., 2007). Knowledge about resources related to dementia and behavior management, mental health issues, housing placement, and discharge planning is critical (Benjamin & Naito-Chan, 2006, Berkman et al., 2007, Damron-Rodriguez, 2010; Greene & Cohen, 2005; Bures et al., 2002).

In order to assist older adults in living as independently as possible, social workers must have knowledge about programs at local, state and federal levels that are available to assist older adults to achieve this goal including financial, nutritional, health and housing resources (Rowan et al., 2010; Bures et al., 2002). Social workers need to have a depth of knowledge about programming and eligibility requirements, providers and resources that assist older adults in the community (Rowan et al., 2010). Not

only do social workers need to have this knowledge, they have to be able to present it to the older adult in a way that they understand (Schneider & Kropf, 1992).

### **Skills**

Social work with older adults requires specific skills including assessment, identifying abuse and continuously assessing for safety and respect. Assessment skills, especially in regards to biophysical functioning and its interaction with psychological and social processes are important when working with older adults (Schneider & Kropf, 1992; Soniat & Micklos, 2010). Social workers must use clinical skills to provide support and counseling to the patient and family and to evaluate for depression, dementia and suicide risk (Soniat & Micklos, 2010). Identifying elder abuse and neglect and grief work are skills that are needed in work with older adults (Cummings & Adler, 2007). When engaging older adult clients, social workers need to demonstrate respect. One of the ways this respect can be demonstrated is by using surnames, unless told otherwise by the client (Schneider & Kropf, 1992).

When administering assessments to older adults it is important to be direct, clear and concise (Schneider & Kropf, 1992; McInnis-Dittrich, 2009). Many older adults do not have the knowledge of social work and the idea of talking to a stranger, who is generally younger than they are is not inviting (McInnis-Dittrich, 2009). Communication is a key component when working with older adults as they may have vision or hearing impairments. Social workers need to be aware of adaptive strategies such as facing the older adult directly, not speaking from another room, and reducing background noise (Schneider & Kropf, 1992). In order to be effective practitioners, social workers have to acknowledge cultural values, i.e. family as a support, family decision making and spirituality, (Greene & Cohen, 2005).

Being able to work effectively with an interdisciplinary team is major skill needed when working with older adults (Wilson, 2006). Interdisciplinary teams may consist of doctors, nurse practitioners, occupational therapists, physical therapists, dieticians and nurses. According to Damron-Rodriguez and Corley (2002), social workers on interdisciplinary teams are key in addressing the role changes in late life, financial issues, and needs for family and social support. Cultural competence also plays a part in the interdisciplinary team process and social workers are used in the interdisciplinary team to be a bridge

between older adults and their providers (Berkman et al., 2007). Social workers must be able to function in their role as well as realize that their role may be overlapping with the functions of other members of the team (Damon-Rodriguez & Corley, 2002).

### **Engaging social workers in practice with older adults**

Given the data on the growth in the population of older adults, the statistics on social workers' interest in working with older adults has not grown much over last 15 years (Gutheil, 2009). A study of MSW students by Cummings and Adler (2007) found that working with older adults was the last choice of population among graduating MSW students and only 10% planned to pursue a job working with older adults after graduating. While social work graduates recognized the importance of working with older adults, Cummings and Adler found that only 23.5% strongly agreed that gerontology offers good career opportunities in social work (2007). Despite the lack of interest in gerontological social work shown in Cummings and Adler's study, 70% of social work graduates reported needing gerontological knowledge to some extent in their current jobs (2007).

**Education.** Establishing interest in working with older adults among social work students continues to be a challenge. Cummings and DeCoster (2003) in a survey of accredited graduate social work programs found that only 40 MSW programs offered a gerontological concentration. Most social workers receive little, or no gerontological training prior to getting into the work force (Bures et al., 2002). The demand for social workers with knowledge about older adults has increased quicker than students' interest in the subject (Bures et al., 2002; Robbins & Rieder, 2002).

Integrating gerontological curriculum in BSW and MSW programs may increase the likelihood of social workers having an interest in working with older adults and that increasing gerontological curriculum in social work programs is a need (Gutheil et al., 2009; Rowan et al., 2011; Damon-Rodriguez & Corley, 2002; CSWE 2012; Olson, 2002). Due to this The Hartford Partnership Program for Aging Education (HPPAE) and other scholars programs which preceded it was developed (2012). This program offers field placement experiences for student to interact with older adults in settings beyond the nursing-home setting (HPPAE, 2012). Students who participate in HPPAE programs gain special knowledge,



develop skills in assessment, interdisciplinary teamwork and research, and gain knowledge of resources and programs available for older adults (Rowan et al., 2011).

Cummings and Adler (2007) found that integrating aging content into courses at the foundation level increased students' perceptions of the importance of gerontological social work and possible career opportunities. Angiullo, Whitborn and Powers (1996) found among various disciplines, a more positive attitude towards older adults if the students completed a psychology of aging course (Olson, 2002). Cummings and Adler suggested that there needs to be an effort to train social work geriatric specialists as well as increasing aging competence among the entire social work graduate population (2007).

One of the barriers to having gerontological courses in social work is the lack of faculty with the skills and knowledge to effectively teach the specialized curriculum or to provide leadership (Wilson, 2006; Bures et al., 2002). However the John A. Hartford Foundation and the Geriatric Social Work Initiatives were developed to assist with this barrier (Wilson, 2006; Bures et al., 2002; Robbins & Reider, 2002). Another factor that could be limiting development of aging curriculum the perception that there is no more room in the curriculum to accommodate additions (Olson, 2002).

Most BSW students do not have the opportunity to take electives even if gerontological focused electives are offered, but more BSW graduates have interest in aging as their primary practice area than graduate level students and BSW graduates are more likely to be placed in jobs where older adults are served (Bures et al., 2002). Another reason to require aging courses is that regardless of field of practice, it is likely that social workers will come into contact with older adults whether it be in health care, mental health or protective social services (Olson, 2002). Olson (2002) suggested that having gerontology required in curricula at the MSW and BSW levels rather than an elective should be explored. Bures et al. (2002) suggested that MSW social work students should have experiences with agencies to get training in aging programs and services. Those graduates who had formal course training related to work with older adults in school felt better prepared to work with older adults, therefore were more likely to be employed in a capacity where they were working with older adults (Cummings & Adler, 2007).

**Interest in working with older adults.** According to the Hartford Partnership Program for Aging Education (2012) the field of gerontological social work lacks interested students a factor which is partly attributed to negative stereotypes of older adults. Social work students questioned whether gerontological social work would be depressing and if they would only be able to work in a nursing home setting (Cummings & Adler, 2007; Olson, 2002). Frequently social workers who work with older adults are working with the population of older adults who are not functioning at optimum levels. This may lead to an underestimation the capabilities of older adults (Bures et al., 2002). Students who had a more positive view of older adult vitality were more interested in working with older adults. This may be evidence of stereotypes affecting working with older adults (Gutheil et al., 2009; Olson, 2002; Kelchner, 2002). Stereotypes may be changed by studying about what it is like to be older and actually talking to older adults themselves (Bures et al., 2002).

A study of master's level social work students by Gutheil et al. (2009) suggested that providing students with information on aging may impact students' interest in working in the field, however there is no clear evidence that providing aging content in classes equals increased interest in working with older adults (Carmel, Cwikel, & Galinsky, 1992; Olson, 2002). Rowan (2011) found that age and attitude about vitality were predictors of interest in working with older adults; older students were more likely to be interested in working with older adults than younger students. This could be due to the fact that younger students have not experienced having aging parents (Rowan, 2011).

There is literature that also states that there is inconsistency between whether or not taking a course related to aging leads to a desire to work with older adults (Kelchner, 2002; Bures et al., 2002). A study of 96 MSW and BSW social work students found that courses in aging were successful in increasing knowledge about the older adult population (Olson, 2002). However, the MSW and BSW students in the study did not demonstrate an increased interest in working with older adults after taking a course. There actually was a slight decline in interest among MSW students from their pretest scores shown on the posttest (Olson, 2002).

As demonstrated in this review of literature, there is a lack of definitive information about what does make a difference in developing an interest in working with older adults among social work students. It is also clear that the emerging need for more social workers who have knowledge about and a commitment to working with older adults is critical. The focus of this study is to hear from social workers in practice to determine what motivated them to work with older adults, their ideas about what skills are needed to work effectively with older adults and what rewards they experience in their work with older adults.

### **Conceptual Framework**

The conceptual framework for this study includes consideration of the motivations, skills and knowledge needed to work with older adults. In addition, the rewards identified by social workers will be used to develop strategies to increase the number of social workers who work with older adults.

To identify motivations of social workers to work with older adults in community based settings, participants will be asked what drew them to the field of social work with older adults. To determine skills and knowledge that is needed to work with older adults, participants will be asked what they believe are the essential skills needed to work with older adults, as well as the essential knowledge that is needed to work with older adults. By asking the participants what they see as the rewards of working with older adults, the hope is to identify strategies to increase interest among social workers in working with older adults. Participants will also be asked directly to identify their recommendations to increase in social work with older adults.

### **Methods**

#### **Research Design**

Master's level social workers were interviewed to determine what motivated them to work with older adults, their ideas about what skills are needed to work effectively with older adults and what rewards they experienced in their work with older adults. For the purpose of this study, social workers who work with older adults in community-based setting were invited to participate.

**Sample**

This study used a purposive sample of master's level social workers who either currently or previously worked in home care. A representative of an association of social workers who meet the criteria agreed to the use of the membership list for this study. Participants were invited through email to participate (Appendix A). If interested they contacted the researcher via phone or email to answer their questions and to set up an interview.

**Protection of Human Subjects**

Prior to data collection for this study, the researcher obtained approval from the research committee and the St. Catherine University Institutional Review Board to ensure protection of human subjects. The researcher emailed all the members informing them of the study and inviting their participation in the study (Appendix A). Prior to interviewing participants, the researcher had participants sign a consent form (Appendix B) stating the reason for the study, what the study involves and risk and benefits of the study. Prior to the beginning of the interview, the participants were asked three questions to ensure understanding of what the study is about and what has been covered in the consent form (Appendix C). The participants were not identified by name either on audio-tape or in written transcripts. The researcher used numbers to cross reference audio-taped recordings with typed transcripts. The research results were kept in a locked file cabinet in a home office and only the researcher and advisor had access to the records during the project. The researcher destroyed all original reports, audiotapes and identifying information that could be linked back to the participant by June 1, 2013.

**Data Collection**

A set of interview questions was developed by the researcher to determine how long the participants have worked with older adults, their motivations for working with older adults, their opinions on essential knowledge and skills needed to work with older adults and their recommendations for getting social workers interested in working with older adults (Appendix C). Sequencing of the questions is such that the participants first addressed general questions about social work. Then, more specific questions were asked about their social work practice with older adults.

The semi-structured, audiotaped interviews took place in a mutually agreed upon setting and lasted approximately 20-30 minutes. All interviews were transcribed by the researcher for the purposes of data analysis.

### **Data Analysis**

The researcher transcribed each interview without names and grounded theory was used in the analysis of the data collected through the interviews. Using grounded theory requires the researcher to re-read the data multiple times to develop codes and identify themes. Once three or more codes were found in the data, a theme was identified (Monette, Sullivan & DeJong, 2011). Direct quotes are presented in italics.

### **Strengths and Limitations**

A strength of this study is that the data came from participants who have experience with the subject being studied. With face to face interviews, the researcher was able to observe the participants while they were answering the questions. Another benefit to interview data is that additional questions could be asked to clarify responses if needed.

One limitation of this study was the small sample size, with only seven participants. Although social workers work with older adults in many settings, this study focused on the viewpoints of home care social workers.

### **Results**

There were seven participants in the study. All participants had an MSW and were currently working as home care and hospice social workers in the community. Their overall social work experience ranged from 2.5 to 36 years, with work experience specific to older adults ranging from 2.5 to 26 years. The participants described their jobs as completing psychosocial assessments, providing emotional support to patients and families, working with an interdisciplinary team, and providing resources. There were several themes found throughout the interviews including advocacy. The following is a description of those themes with the participants' responses in italics. The following topics

will be discussed: roles, knowledge, skills, engaging social workers in practice with older adults and rewards.

### **Roles**

Roles that were articulated by the participants in this study were advocate and educator. Social workers spend much of their time advocating for their patients in assisting the complex health care system, with medical providers and with families. Advocacy was mentioned in four of the seven interviews. One participant simply stated, *Strong advocacy skills are needed*. Another participant did not realize how much advocacy would be involved in social work but now feels like she does it daily, inside and outside of her career. One participant gave the example of a patient she was working with who was in a facility and the facility did not want the patient walking to the store located right behind the facility. The patient did not have a history of wandering, but the facility told the patient's daughter they were worried that she would. The patient's daughter was willing to take this risk and so the participant became an advocate for the patient and daughter. *I go in and advocate...so it's advocating for that person that now all of a sudden there is a little cognitive change, [but] we're going to take all their rights away because they're 80?*

Another way social workers advocate for older adults is assisting with navigating the complex health care system. One participant spoke about how older adults grew up in a generation where they did not question their doctors or ask questions. *The other part of working with older adults is to help them advocate, to help them understand that they have some control*. This same participant spoke about the difficulties older adults can have with automated systems on the telephone when trying to contact their doctor office, social security or even their bank,

Another role of the social worker is to advocate for the older adult with medical providers. Social workers are often advocates for patient's rights, since social workers have a holistic viewpoint whereas some medical providers only see things a certain way. *I find the medical professions, some, not all, just so black and white and so [they say to patients] you can't go home*. Advocating is also important for

those older adults with recent cognitive loss. One participant gave the comparison of two different vulnerable populations, older adults and those with developmental disabilities.

*It's advocating for that person that now all of a sudden there is a little cognitive change. We have developmentally disabled people living independently at 25 or 35, encouraging them to do that but when they hit the magic age of 80- oh no- we have to think safety, safety, safety.*

Sometimes the social worker advocates for the patients with their families because their families had a different idea of what was right for their loved one, or because multiple family members did not agree about what was best for their loved one. *Making sure [that when] we advocate that we're advocating for the patient and sometimes it is not what their family wants but we really have to advocate if we feel there is a problem.*

Educating patients is another role of social worker. One participant talked about how grateful patients are when you provide them with resources. *[Providing resources] is wonderful for the adult children. But the seniors are like:, " You're here to save the day. Thank you."* Educating patients about the resources was also seen as a reward by one participant. *Making it easier for them and getting them connected with what they need to make things less stressful and improve their quality of life.*

Some older adults have recently experienced physical changes and have no knowledge of the resources available, so the social worker's job is to *educate during a time of transition*. Two participants spoke about coordinating resources and marketing resources to patients. *We do a lot of educating in terms of what's available in the community and we do a lot of coordinating. We go and market to these people about what's available to them.*

### **Knowledge**

The participants in this study spoke about knowledge in lifespan development, medical knowledge, cognitive decline, loss and end of life and knowledge of resources. Three participants spoke about having knowledge of lifespan development, specifically about the fact that it can be challenging to work with older adults because they themselves have not yet been in that stage of life. *[Have] compassion. [I] really [try to have an] understanding even though I have not been in that life stage yet.* One participant spoke about a book she read that was helpful to her, Mary Pipher's *Another Country*.

[The book] *talked about generational values and [suggested] that people didn't necessarily plan for the future.* This same participant spoke about the importance of history and knowing what happened in the past in order to understand *How [the past] would impact people's belief systems and their understanding of the world.* Another participant stated *I think a good awareness of lifespan and aging issues [is important].* Another participant stated *I think a good awareness of lifespan and the aging issues .*

The participant with the least amount of experience in social work with older adults noted: *One [thing] that was a surprise to me was the medical component because their lives become very complex medically.* Another participant stated: *We should know the medical short hand that is used.* The same participant said she learned from the nurses who worked with older adults that cranberry juice prevents urinary tract infections and how families appreciated her knowledge of that. It is important to have knowledge about specific diseases that affect older adults, such as congestive heart failure, chronic obstructive pulmonary disease, hypertension and diabetes to name a few. She also noted the importance of *A minimal understanding of diseases and the symptoms and needs associated with these diseases.*

Participants spoke about the effect of chronic illness on multiple aspects of older adults' lives such as *Understanding how that chronic illnesses affect their life, their family's life [especially] physically and emotionally.* Another participant outlined the need for *Understanding the aging process and what that means and how that can limit people and diseases that can impact people.* Another participant also noted that most of the older adults she works with have at least one, if not more chronic illness. One participant spoke about working with family members who are also older adults themselves. The participant spoke about a patient she had that was 104 and living in his own home and he was living with his stepdaughter who was in her 80s, which can bring on other challenges.

One participant spoke about the importance of understanding cognitive decline such as *knowledge about dementia and Alzheimer's .* Two of the seven participants who have been in the field for at least twenty years spoke about knowing about chemical and mental health in older adults. One participant spoke about having an understanding of older adults' views on mental health. *A lot of seniors have a certain view too about depression and coping, about being weak when it comes to taking medication or*



*therapy.* Another noted the importance of how physical health is related to mental and chemical health. *Understanding diseases that can impact people and older adult is chemical and mental health.*

All seven participants mentioned the words loss or end of life in their interviews. The most obvious loss that older adults have to face is the loss of their own life. However, they also deal with the loss of their loved ones and loss of their independence. As adults age, they often experience the death of many of their friends and even some family members. Some also deal with loss of physical functioning and require assistance of others with things they used to be able to do independently. One participant explained the multiple losses older adults face *Understanding that they're dealing with loss and not only loss from death, but loss of what their life was because of their health condition.* Another participant stated *I think too the understanding of the world shrinking for people; what the lack of independence does for them.*

One participant spoke about how working with older adults was their first job as a social worker and having to come to terms with the reality that many of the patients he were working with would be dying soon. *There were challenges of working with old people and people are dying [but after] I got into it, turns out that part of it was easy.* Another participant who has over 20 years of experience stated [you have to have] *comfort with end of life care.* One participant spoke about the reward of working with adults at the end of their lives. [It is rewarding] *assisting people with end of life needs in order to live out end of life goals and have quality of life.*

Social workers have the hard job of bringing up the topic of hospice and end of life. One participant spoke about the importance of talking about hospice early on as many individuals end up going on hospice and then die shortly after without reaping many of the benefits hospice has to offer. *Nobody talks about death and dying. Social workers are the only ones who have the guts and families expect it from us.* One participant spoke of a story where she met a patient who was 96 years old and was diagnosed with cancer. He went into the hospital, had cancer treatment, went to rehab and never went home. The participant met with him and gave him options, including being able to go home on hospice. After the participant spoke with him about hospice he did sign on, however died two weeks later. *I think*

*we need to know end of life information. I think that's really important, although a lot of people don't want to talk about it and we can't push them. We can just explain.*

All participants spoke about the importance of community resources and educating patients about those resources. There are specific resources that are special to the older adult population. One participant noted: *A knowledge base of community resources available for this population.* Another participant stated *A good awareness of resources [is needed].* They also had the opinion, *I think the folks I work with, as they age, they become less aware, less [aware of available] resources.* One participant noted the importance of [Having] *an awareness of financial problems.*

There are so many resources that one social worker could not know them all; it is knowing how to get the resources. One participant stated *I run into so many different requests there's no way I can know all the information off hand.* She then gave the example of immigration information and how that changes and so if a patient asks her she does research and then gets back to the patient. *So it's also that piece of we can't know it all.* There are always new resources being developed and one participant stated *I think we need to know the resources and that the training is always important to keep up with what's going on.*

### **Skills**

Throughout the interviews there were many skills listed as important to have when working with older adults. Among the most mentioned skills were patience, compassion and listening. Almost all of the participants mentioned the importance of patience in their interviews, as well as empathy and compassion.

- *Be able to talk loud and slow and [have] patience.*
- *I would say patience is important and being able to communicate clearly.*
- *[I think] being patient and empathetic. I think compassion, as in any area of social work.*

Along with having compassion for patients, compassion for social workers as well is important. The social worker I interviewed with the longest career in social work said, *I think the other thing we need to*

*know is how to have compassion, how to care but also to have boundaries and how we [need to] help ourselves to deal with the constant barrage of difficulties that we hear.*

Listening was another major skill mentioned among participants.

- *I'd say one this is listening because I do think they have a lot to say.*
- *Listening and being present. Part of their world is changing but also we need to be present for them and give them a sense that someone is listening and hearing what they have to say and cares.*
- *Listening because I do think they have a lot to say.*
- *Listening and not coming in with knowing the answers but really trying to hear where people are at.*

### **Engaging social workers in practice with older adults**

Most of the participants had different reasons for getting into the field of social work with older adults. One participant stated that she ended up working with older adults because of the jobs that were open and *I have a love of history and how people have managed in their lifetime.* This participant enjoys hearing people's stories and how they have been able to cope. Another participant had a history of working in schools and ended up having a business opportunity to run a home care agency where she is the social worker as well.

Three participants had volunteered or worked with older adults prior to becoming a social worker. *My love and connection to seniors started at a young age. I started volunteering at a nursing home in high school and ended up being hired and becoming Director of Social Services.* One participant worked at a hospital during school and enjoyed the medical area. *Since many of the patients at the hospital were older adults I learned that I enjoyed them.* Another participant was interested in health care and the medical field.

*I enjoy working in the health care field and since the majority of patients needing ongoing coordination in healthcare are older adults, this happens to be the majority of the population I work with.*

Another participant had an undergraduate internship at a nursing home, and also worked in a nursing home dining room when she was in high school. *I always wanted to be in a helping profession*

*because my father was a psychiatrist and he suggested I go into social work. She also had a good relationship with her grandparents. I've always liked working with seniors. My first job when I was a senior or junior in high school I worked at a senior retirement center.*

When the participants of this study were asked for their recommendations to interest future social workers in working with older adults the answers included internships, volunteering, and talking with other social workers. One participant encouraged future social workers to ignore negative stereotypes: *Don't be afraid. Be open; be appreciative; be present; be blessed.* Another participant encouraged internships, stating [If you are in] *your 20s and you don't have experience and your grandparents have died, [not having] experience [can be] scary.* This participant cited the example of her daughter's college roommate who worked for her agency, which got her excited about geriatrics. This participant also encouraged volunteer experiences.

Another participant mentioned the ability for social workers to use a lot of clinical training with the older adult population due to the complexity of needs that the population has. One participant encouraged future social workers to talk with current social workers working with this population. *Maybe if people are going to graduate school and they have uncertainty [they] can reach out and talk to other social workers who are in the profession or go into an internship and see if it is something you want to do.*

One participant encouraged people to look inside their own lives. *I think for some people it's thinking about their own families and the elders and what they meant to them. I think it is that kind of personal connection which helps people into this kind of a field. I feel that pulling that personal piece out of it is important.* This participant also stated that there is a lot of chance to use creativity in the field of social work with older adults.

### **Rewards**

No one participant had the same response to identifying the rewards of working with older adults. One participant enjoyed getting older adults connected *with what they need to make things less stressful and improve their quality of life* and spoke about the enjoyment of hearing patients' life stories and all the

wisdom they possess. Another participant enjoys *offering care and compassion to patients and caregivers at a difficult time* and values the wisdom gained from working with this population. Two participants talked about how appreciative older adults are, *Older adults need so very little, but they need that little so very much*. Likewise, *They are so grateful for any time you give them*. Another participant said, *It is so gratifying*. Two participants spoke about enjoying the one-to-one aspect of their jobs. Another participant spoke about the incredible people she has met and would not have met if she had not been in the field of social work and said *It's almost like a mission, working with older people and I just really love working with older adults*.

Another participant indicated the rewards of hearing older adults' stories. She spoke about a patient she had seen who had suffered a stroke and also had Parkinson's. The patient's speech was a little impaired but he spoke with the participant about his time in the war and he shared the medals he had won in the war she stated *just listening to his story fascinated me*.

While participants in this study offered input on roles, knowledge and skills that parallel the literature, their stories about pathways to working with older adults and the rewards they glean from this work demonstrate the value of personal experience.

### **Discussion**

Participants in this study represented practitioners in the community. Much of the social work voice in the literature review is from the perspective of social work students (Gutheil et al., 2009; Rowan et al., 2011; Cummings & Adler, 2007; Olson, 2002). The findings of this study of MSW community based social workers illustrate that there are essential skills and knowledge needed to work with older adults. There were many similarities between this study and the literature. Three participants in the study mentioned the projected increase in the older adult population by 2050, reflecting their understanding of the demographics of aging (Gutheil et al., 2009; Crampton, 2011; Rowan, 2010; Baskind & Briar-Lawson, 2005; Berkman, 2006). Participants did not mention the growing diversity of the older adult population (Berkman et al., 2005; Chadiha, 2006; Vincent & Velkoff, 2010).

Major themes in this study aligned with previous literature including advocacy, knowledge of aging, medical knowledge, knowledge of loss, knowledge of resources, the skills of patience and listening, ways to engage social workers in practice with older adults and the rewards of working with older adults. Participants both in this study and the literature, spoke about the importance of advocacy among social workers who work with older adults. Damron-Rodriguez and Corley (2002) spoke about advocacy for older adults when their families may want other things for them, as did one participant in this study. The importance of advocating for aging at the macro level was emphasized in the literature (Berkman et al., 2005; Wilson, 2006; Bures et al., 2002; Crampton, 2002). Only one participant in this study cited that as an important role.

Three participants in this study noted the importance for social workers working with older adults to have knowledge about aging and lifespan development. In the literature there is evidence of the importance of understanding normal aging processes and having a holistic approach and also to know how illness impacts families and individuals (Berkman et al., 2005; Damron-Rodriguez & Corley, 2002; Soniat & Micklos, 2010; Greene & Cohen, 2005).

Medical knowledge was listed as important by five participants. Berkman et al., (2005) spoke about the complexity of medical conditions in older adults and how it can impact all areas of an individuals' life. Cognitive deficits and mental illness in older adults were mentioned by four participants in this study; likewise, one of the literature focused on the complexity of cognitive disorders, mental illness and physical conditions (Richardson & Barusch, 2006; Berkman et al., 2005; Gellis, 2006).

All of the participants in this study mentioned loss in some form as well as the importance of knowing about and finding resources. Some spoke about loss of life and hospice, where other participants spoke about the loss of physical functions and loss of loved ones. Only a couple studies in the literature mentioned loss or end of life issues (Cummings & Adler, 2007; Soniat & Micklos, 2010). Neither of these studies spoke directly about hospice or end of life care; they did mention the grief process and assisting older adults in changes that they are experiencing in their lives. Many sources in the literature

paralleled the importance of resource knowledge (Benjamin & Naito-Chan, 2006, Berkman et al., 2007, Damron-Rodriguez, 2010; Greene & Cohen, 2005; Bures et al., 2002).

A majority of the participants spoke about the importance of the skills of patience and listening. In the literature there is evidence of the importance of listening and communication skills with good assessment skills (Schneider & Kropf, 1992; McInnis-Dittrich, 2009). Three participants briefly spoke about assessment skills and the importance of working effectively with an interdisciplinary team, however this was not prominent. They simply listed them as skills that they see as important. As noted in the literature, it is important to be able to work with interdisciplinary teams and assessments (Rowan et al., 2010; Schneider & Kropf, 1992; Soniat & Micklos, 2010). Greene and Cohen (2005) spoke about the importance of cultural competency, whereas only one participant in this study mentioned that.

Most of the participants in the study cited previous jobs which they held as influencing their interest in older adults, whereas most of the literature explored the impact of taking courses in aging on social workers' choices to work with older adults (Cummings and DeCoster, 2003; Bures et al., 2002; Gutheil et al., 2009; Rowan et al., 2011; Damon-Rodriquez & Corley, 2002; CSWE 2012). One study by Olson (2002) found that taking courses in aging was not a significant factor in whether social workers wanted to work with older adults. None of the participants in this study took a course in aging during their education. However, a majority of the participants (n= 5) have had continuing education related to aging since working in the field and one participant took a gerontology course. Also noted in the literature is the lack of gerontology courses available to social workers (Bures et al., 2002; Rowan et al., 2011; Cummings & Adler, 2007; Olson, 2002). Most of the participants have been social workers for over twenty years and even looking back ten years ago there was a lack of course work for both BSWs and MSWs in geriatrics.

Findings from this study show that there are multiple reasons given by social workers for their work with older adults and each practitioner articulated a different reward from working with this population. Most of the literature focused on the skills and knowledge that social workers need to work effectively with older adults and how to incorporate gerontology into course work.

**Implications for social work practice**

This study identifies the need for social workers to be trained in working with older adults. We know what skills and knowledge social workers need to work with older adults and that they are getting this information through continuing education courses and experiences with older adults. The increase in the number of older adults will require more social workers in this area of practice. The question to ask is “How do we increase interest in working with the older adult population?” Knowing how the participants in this study became interested in working with older adults, through volunteer work, internships and personal experience demonstrates the importance of involving future social workers in opportunities to engage with older adults. Social workers in the field can play the role of educators and should see themselves as mentors teaching future social workers about the kind of jobs available in work with older adults.

**Implications for education**

The participants in this study received education specifically relevant to their work with older adults from continuing education after obtaining their degrees. Findings from this study also indicated that family, volunteer and work experiences with older adults before or during their education encouraged them to work with older adults. As stated in the literature review, there are other strategies for obtaining knowledge and training in working with older adults, such as bachelor and graduate level courses; and having the structured opportunities to interact with older adults as well as internships. To date, the findings on the impact of coursework with older adults are inconclusive and thus need to be explored further. Currently there are programs such as The Hartford Partnership Program for Aging Education (HPPAE) which encourages interaction between students with older adults which will have an impact on some social workers decision to work with older adults. Also beneficial would be scholarship programs that promote careers in aging once social workers graduate. There is a need for educators with a passion for older adults to encourage the offering of more courses and to teach future social workers the skills and knowledge that they need to know to work effectively with this population. Social workers who are



already in the field working with older adults also need to become involved in discussions about their work and the rewards that it gives them.

**Implications for research**

The findings of this study are congruent with other studies that indicate the older adult population will continue to grow due to increased life expectancy and the baby boomer generation and that subsequently there will be an increased need for social workers who possess the knowledge and skills required to work with older adults. Further research is needed to discover more ways to encourage social workers to work with older adults.

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**Appendix A**

Dear:

My name is Rachel Gilmore and I am an MSW student at the University of St. Thomas/St. Catherine University School of Social Work. You are invited to participate in a research study exploring social workers' views about the motivations, skills and rewards in work with older adults and how to increase social workers' interest in working with older adults. You were selected as a possible participant in this research because you were identified as a social worker who works with older adults through membership of \_\_\_\_\_ .The purpose of this study is to document the perspectives of social workers who provide services to older adults. Through gaining information about motivations, skills and rewards, my hope is to increase interest in working with older adults and to better prepare social workers for work with older adults.

If you decide to participate, you will be asked to meet the researcher for one face to face, audio-taped interview where you will be asked to talk about your experience as a social worker working with older adults. The interview will be audio-taped by the researcher and will take approximately 30-45 minutes.

If you are interested in participating in my study, please contact me either by phone at ----- or by email at \_\_\_\_\_ by (within 7-10 days).

Thank you for your time and I look forward to hearing from you.

Sincerely,

Rachel Gilmore, LSW

## Appendix B

### Motivations, skills and rewards: Social workers' perspectives on practice with older adults INFORMATION AND CONSENT FORM

#### Introduction:

You are invited to participate in a research study exploring social workers' view about the motivations, skills and rewards in work with older adults. This study is being conducted by Rachel Gilmore, a graduate student at St. Catherine University/University of St. Thomas School of Social Work under the supervision of Dr. Carol Kuechler, a faculty member at the school. You were selected as a possible participant in this research because you were identified as a social worker who works with older adults through membership of . Please read this form and ask questions before you agree to be in the study.

#### Background Information:

The purpose of this study is to explore social workers' views about the motivations, skills and rewards in work with older adults and how to increase social workers' interest in working with older adults. Master's level social workers will be interviewed to determine what motivated them to work with older adults, their ideas about what skills are needed to work effectively with older adults and about the rewards they experience in their work with older adults. Approximately 10 people are expected to participate in this research.

#### Procedures:

If you decide to participate, you will be asked to meet the researcher for one face to face, audio-taped interview where you will be asked questions about your experience as a social worker working with older adults. The interview will be audio-taped by the researcher and will take approximately 30-45 minutes.

#### Risks and Benefits of being in the study:

There are no known direct risks or direct benefits to you for participating in this study.

#### Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable. The researcher will do the transcription without names. Transcribed data will be kept on a password-protected laptop used only by the researcher.

I will keep the research results in a locked file cabinet in my home office and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by June 1, 2013. I will then destroy all original reports and identifying information that can be linked back to you. Audio-tape recordings will also be erased at that time.

#### Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with Minnesota Association of Home Care Social Workers, St. Catherine University or the University of St. Thomas in any way. If you decide to participate, you may choose not to answer questions you are uncomfortable with, or to stop the interview at any time without affecting these relationships, and only the information collected until that time will be used.

#### Contacts and questions:

If you have any questions, please feel free to contact me, Rachel Gilmore at ----- . You may ask questions now, or if you have any additional questions later, my faculty advisor, Dr. Carol Kuechler, 651-690-6719, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

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I consent to participate in the study and I agree to have my interview audio-taped.

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Signature of Participant

Date

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Signature of Researcher

Date

### Appendix C

#### Assurance of Participant Understanding

1. How would you describe the purpose of this study?
2. What will I be asking you to do as part of this study?
3. What can you do if you feel uncomfortable with a question that I ask you?

#### Interview Questions

1. What is your level of social work licensure?
2. How long have you been a social worker?
3. How would you describe your current job?
4. As a social worker, how long have you worked with older adults?
5. What drew you to the field of social work with older adults?
6. Have you had any special training in work with older adults during or after your obtaining your MSW?
7. What are the essential skills you believe are needed to work effectively with older adults?
8. What is the essential knowledge you believe is needed to work with older adults?
9. What do you see as the rewards of working with older adults?
10. What recommendations do you have to interest social workers in working with older adults?
11. Is there anything you would like to add about working with older adults?



