

Client Satisfaction and Empowerment Through Social Work Intervention

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ABSTRACT. This study examines the utility of satisfaction questionnaires in gauging the effectiveness of social work services in a paediatric hospital setting. Participants completed an empowerment scale before seeing a social worker. Approximately four weeks later, participants completed the empowerment scale again, at which time they also completed a satisfaction questionnaire. The difference between the pre- and post-test empowerment scores was compared with the satisfaction scores, and the influence of some demographic and intervention variables was examined. The results indicated that there was no significant relationship between participants' reported level of satisfaction with the social work service provided and the change in participants' empowerment scores before and after intervention. Most demographic and intervention variables tested did not yield any significant associations with satisfaction or change in empowerment. However, it was found that those who received both counselling and practical assistance (rather than only one or the other) and those with a higher level of education were more likely to report an increase in their level of empowerment after receiving social work intervention. This study lends further support to the contention that satisfaction questionnaires alone may not provide reliable information with regard to the

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BACKGROUND

Over the past three decades, health and mental health services have paid increasing attention to consumer feedback in the planning and evaluation of services (Lebow, 1983a; O'Neal, 1999). Client satisfaction surveys are used by most health care organizations, including hospital social work departments, to gauge the effectiveness of the service they provide. This paper questions the reliance on measures of 'satisfaction' and proposes the use of an 'empowerment' scale to assess the outcome of social work intervention. The paper then presents an exploratory investigation, which examines the relationship between satisfaction and empowerment following social work intervention among parents of children in hospital.

Client Satisfaction and Evaluation of Social Work Services

Interest in client feedback originated with the consumer movement of the 1960s and '70s, which emphasised the rights of service recipients to be heard and included in decision making. During this period, new models of health care started to evolve, based on concepts of participation, partnership, and consumer consultation (Donabedian, 1992). The emphasis on consulting consumers further developed during the 1980s and '90s, with growing pressures on health systems to target programs, improve efficiency, and evaluate the effectiveness of services provided (Williams, 1994). Consumer feedback surveys became widely regarded as an important and integral component of the evaluation of health services (O'Neal, 1999).

Social workers have long advocated for recognition of 'the client's voice' in service planning and evaluation (Maluccio, 1979; Mayer & Timms, 1970; Rees & Wallace, 1982), claiming that a consumer orien-

tation shifts the focus of care more toward the client's values, understanding, expectations, and preferences (Rehr, 1983). Hospital-based social workers have strongly supported the transformation of health systems to become more consumer oriented.

The practice of social work in health care has also evolved with changes in health systems by responding to demands to demonstrate the quality and effectiveness of social work services (Pockett, Lord, & Dennis, 2001; Rehr & Rosenberg, 2000). Consequently, there has been a growing interest in finding appropriate and measurable outcomes for social work interventions. Client feedback surveys focussed on 'satisfaction' represent a relatively easy method of evaluating services and are the most common way in which social workers in health care have assessed outcomes for clients. Satisfaction surveys have been used to assess the overall performance of a broad service and to identify aspects of the service most valued by clients (Garber, Brenner, & Litwin, 1986). They have also been used to evaluate services to specific client groups, such as the elderly (Berkman & Rehr, 1975) and the bereaved (Lord & Pockett, 1998), to modify the mode of service delivery to better meet the needs of clients (Fischer & Valley, 2000), and to explore reasons for 'dropout' from established treatment programs (Primm, Gomez, Tzolova, Perry, Thi Vu, & Crum, 2000).

Client satisfaction surveys have also been used to determine the acceptability and appropriateness of new or controversial interventions and to compare the effectiveness of different modes of service to a population group. For example, Locke and McCollum (2001) examined clients' responses to live supervision of counselling within a marital and family therapy clinic. While some clients found live supervision intrusive, most reported being 'satisfied' that the helpfulness of this procedure outweighed the disadvantages. Wong (1999) reported on a comprehensive evaluation of a structured behavioural program for adolescents in treatment for conduct disorders, and concluded the program was effective in terms of both behaviour change and acceptability to the adolescents themselves on the basis of the results of a satisfaction questionnaire. As part of an evaluation of mental health services in New Zealand, Dykes, Murray, and Tinling (1990) assessed levels of satisfaction with services among clients and caregivers. They found no significant differences in the overall level of satisfaction between clients receiving community-based care and those receiving hospital-based care. Mitchell (1998) explored how clients with mental health problems perceived a time-limited, structured group program provided by managed care in the United States. He found no significant differences in

satisfaction between clients participating in the group program and those receiving open-ended, individual therapy. Soskoline and Auslander (1993) found that a new discharge planning protocol for hospital patients in Israel delivered poorer outcomes in that it was associated with lower satisfaction with the service and a higher rate of return to emergency departments. These studies highlight some of the potential uses of client satisfaction surveys.

There are, however, a number of conceptual and methodological problems inherent in assessing client satisfaction, which have been reviewed in the medical, social science, and social work literature (Carr-Hill, 1992; Draper & Hill, 1995; O'Neal, 1999; Rehr, 1989; Williams, 1994). One of the main critiques is that satisfaction is often treated as a unitary and independent concept that ignores the context in which the service is provided (Draper & Hill, 1995). It has also been argued that the reduction of the client feedback to a single measure of satisfaction negates the complexity of the client's experience and is too simplistic to capture the range of potential outcomes (Carr-Hill, 1992). Another major critique is the tendency for consumer satisfaction questionnaires to generate overly positive impressions of the service being evaluated. Evaluations of social work services have reported very high levels of satisfaction for large proportions of clients (typically over 80%) with varying kinds of difficulties (McNeill, Nicholas, Szechy, & Lach, 1998). This might arise from a feeling of obligation to express appreciation to the service provider or from fear the service might be withdrawn in the event of negative feedback (Draper & Hill, 1995). The reliance on closed questions, rating scales, and poor sampling techniques have also been seen to restrict the amount and type of feedback that can be obtained (Carr-Hill, 1992). Thus, the results of many consumer satisfaction surveys should be treated with caution.

Consumer feedback surveys appear most useful where investigations are focussed on specific, well-defined interventions and employ evaluation methods that take account of the range of ways clients evaluate a service. The 'components' of satisfaction commonly include the availability, accessibility, and technical competence of the service providers (McNeill et al., 1998). Qualitative methods appear more able to detect negative experiences and sources of dissatisfaction, and a combination of qualitative and quantitative approaches has been recommended (Roter & Frankel, 1992). Quantitative assessments of satisfaction are best undertaken using standardized instruments. These can capture common experiences of services across different settings (e.g., Larsen, Attkisson, Hargreaves, & Nguyen, 1979) or responses to specific services. For ex-

ample, Bear and Sauer (1999) have developed reliable measures to assess satisfaction with transport and handyman services for elderly clients.

Measures of satisfaction provide only one indicator of the effectiveness of an intervention, and a wider range of outcome measures is needed. Some have argued that both client and social worker perceptions are important in evaluating services. Services appear to be most effective where the client and social worker accord in their perception of the client's needs and the nature and purpose of intervention (Berkman, 1980; Lord & Pockett, 1998; Rehr & Berkman, 1979). A small number of studies have used other outcome measures and failed to find a strong relationship between higher client satisfaction and other indicators of successful intervention. For example, client satisfaction has been found to correlate only weakly with measures of improvement in adaptive functioning and reduction in psychosocial stressors (Cahalane, 1997) and with clinician ratings of the success of the intervention (Edwards, Yarvis, Mueller & Langsley, 1978). Such studies have concluded that satisfaction and effectiveness may be distinct concepts, therefore, client satisfaction questionnaires may not be the most appropriate means of evaluating services.

Given the ongoing interest in client satisfaction, there is a need for further investigation into the relationship between client satisfaction and other measures of the outcome of social work intervention. This study seeks to build on previous research by investigating the relationship between client satisfaction and empowerment. The study explores whether higher satisfaction among clients corresponds with a greater sense of empowerment following social work intervention.

Empowerment as an Outcome of Social Work Intervention

The empirical interest in assessing client satisfaction contrasts with the theoretical emphasis on empowerment in social work literature. Empowerment is a central concept in social work theory and practice. The term refers to the social, psychological and political process of enabling clients to gain better control over their lives (Staples, 1990; Thompson, 2000). Determining the change in clients' sense of empowerment after social work intervention would seem an appropriate operational definition of the intervention's effectiveness for two main reasons. First, one of the main goals of social work practice is to increase personal and interpersonal power so that individuals and families can take action to improve their own situation (Gutierrez, DeLois, & Glenmayer, 1995;

Parsons, 1991; Staples, 1990). Second, there is substantial evidence of the inherent benefits of empowerment to clients. Empowerment has been found to lead to lower levels of depression (Seligman, 1975), higher levels of self-efficacy and self-esteem, and improvements in day-to-day functioning (Furstenberg & Rounds, 1995).

Despite the centrality of empowerment in social work theory and practice, few attempts have been made to measure it. One of the few empowerment measures available is the Family Empowerment Scale (FES), constructed by Koren, DeChillo, and Friesen (1992). The scale has been used in a number of studies investigating parental adjustment to chronic childhood illness and has been shown to be a reliable and valid measure (Florian & Elad, 1998; Koren et al., 1992). The FES has three subscales that measure different types of empowerment: family empowerment (parental management of every-day situations), service system empowerment (parents' ability to work within the systems that service their child and their capacity to access services required by their family), and community-political empowerment (parents' level of political participation and advocacy for improved services) (Koren et al., 1992).

Influences on Satisfaction and Empowerment

Empowerment and satisfaction are influenced by a number of demographic and service variables unique to each individual client. These include gender, socio-economic status, the type of intervention, and the number of contacts between the client and the social worker.

Gender. Most studies have found that there is no relationship between gender and satisfaction with health services (Greenley & Schoenherr, 1981; Hsieh & Doner Kagle, 1991), though some have found women to be more satisfied with health care services than men (Pascoe, 1983; Ware et al., 1977, cited in Hsieh & Doner Kagle, 1991). Few studies have examined the relationship between gender and empowerment of social work clients, although there is extensive literature suggesting that women tend to exhibit lower levels of empowerment than men by virtue of the patriarchal nature of society (Thompson, 2000). In studies involving parents, mothers have been mostly surveyed and, thus, it has not been possible to make a reasonable gender comparison (Florian & Elad, 1998; Koren et al., 1992).

Type of Intervention. It has been shown that clients tend to be less satisfied when they receive practical assistance as opposed to counselling (Garber et al., 1986). Some possible reasons for this trend have been suggested. First, the provision of practical assistance is allocated less by

social workers than other kinds of intervention. Barker et al. (1985) found that although the most frequently identified reason for referral to social work was for financial aid, it was this problem on which social workers spent the least time and resources. More time was spent on therapeutic work, such as relationship and bereavement counselling. Second, it has been suggested that providing clients with and/or enabling clients to obtain practical assistance is a task that is devalued by social workers, who prefer more long-term therapeutic work (Bland & O'Neill, 1990). Third, despite the urgent need for effective short-term interventions, the literature is devoid of research into the effectiveness of interventions targeted at poverty being used in health care services. This lack of material presents a stark contrast to the large volume of material on the effectiveness of psychotherapeutic interventions. Social workers have few resources to guide their practice in this area.

Socio-Economic Status and Education. Most studies have found no significant relationship between socio-economic status and satisfaction or empowerment (Florian & Elad, 1998; Greenley & Schoenherr, 1981; Hsieh & Doner Kagle, 1991; Larsen et al., 1979; Pascoe & Attkisson, 1983). However, Vandiver et al. (1995) found a positive correlation between client education and satisfaction and empowerment, and Pascoe and Attkisson (1983) found higher socio-economic status to be associated with higher levels of satisfaction in clients.

Number of Contacts with the Social Worker. Literature on this subject is divided. Some studies have found no relationship between the number of contacts with the social worker and satisfaction (Pascoe, 1983) and improvement (McNeill et al., 1998). However, McNeill et al. (1998) found that the more contacts a client had with their social worker, the more satisfied they felt and the more likely they were to agree with statements indicating they had been empowered by the social work intervention.

AIMS OF THE STUDY

The present study explores client satisfaction and empowerment as outcomes of brief social work intervention with parents in a paediatric hospital setting. The first aim is to assess levels of satisfaction and changes in empowerment following the social work service. Satisfaction is assessed using a generic standardized measure of global satisfaction. The Family Empowerment Scale (FES) is used to identify changes in parent empowerment following social work intervention. The second

aim is to examine the relationship between level of satisfaction and change in empowerment following social work intervention. The third aim is to examine the relationship between outcomes of intervention (satisfaction and empowerment) and key variables that are likely to influence the outcome: gender, socio-economic status (assessed as level of income and education), reason for referral to social work, and the number of contacts with the social worker.

METHOD

Participants

The study was conducted at a large paediatric referral hospital in Sydney, Australia, with the support of the social work department within the hospital. The sample consisted of parents of children admitted to the hospital for general surgical or medical care who were referred to Social Work during the study period. Thirty-three parents agreed to participate and completed initial questionnaires. Of these, follow-up data were available from 19 parents.

The majority of the participants were mothers (85%, $n = 28$), and most were of middle to lower income (64%, $n = 21$). Forty-two percent of participants had completed some tertiary education ($n = 14$). The participants were from diverse cultural backgrounds, and all were proficient in English. No parents were excluded from the study for language or other reasons.

Measures

Satisfaction with Social Work Service

The Client Satisfaction Questionnaire (CSQ-8) (Larsen et al., 1979) assessed parents' level of satisfaction with the service provided by the hospital social worker. The CSQ-8 is an eight-item questionnaire in which respondents rate each item on a four-point scale, from 1 (quite dissatisfied) to 4 (very satisfied). The questionnaire has been used to measure consumer/client satisfaction in a number of settings and has proven to be a reliable and valid measure of global satisfaction, with a coefficient alpha mean of .92 (Larsen et al., 1979; Pascoe & Attkisson, 1983).

Parent Empowerment

The Family Empowerment Scale (FES) (Koren, De Chillo, & Friesen, 1992) assessed parent empowerment related to managing a

child with a medical condition. The FES has 34 items and three subscales measuring family empowerment (empowerment related to daily management of the child), service system empowerment (relationships with health services), and community-political empowerment (participation in community/political action to improve health services). Items are rated on a five-point Likert scale, ranging from 1 (not at all true) to 5 (very true).

Examples of items on the family empowerment subscale include "I feel confident in my ability to help my child grow and develop" and "I feel I am a good parent." The service system subscale includes items such as "I know what services my child needs" and "Professionals should ask me what services I want for my child." The community-political subscale includes items such as "I feel I can have a part in improving services for children in my community" and "I help other families get the services they need." The first two subscales were used in the present study, as they are closely related to the aims of social work intervention within children's hospitals. The third subscale measuring empowerment through community/political action was not used, as this was not seen to be a significant focus of social work intervention in this setting. The FES has previously been used in paediatric settings but has not previously been used to detect changes following intervention. The scale has demonstrated reliability and validity, with a kappa coefficient of .77 and alpha coefficients of .87 or .88 for each of the subscales (Koren et al., 1992).

Intervention Variables

Parents recorded the main reason/s for their referral to Social Work, which were later classified as 'practical assistance,' 'counselling,' or 'a combination of practical assistance and counselling.' Parents also recorded the number of contacts with a social worker during a four-week period following their referral to Social Work.

Demographic Variables

Demographic data, such as parents' level of income and education, were collected by questionnaire. Income level was classified as 'lower income' (AU\$35,000 per year or less) or 'higher income' (more than AU\$35,000 per year). Education was classified as either 'primary/secondary level' (high school education or less) or 'tertiary level' (one year or more of full-time equivalent education at a tertiary institution).

Procedures

The study was approved by the hospital's research ethics committee. During a four-week period, all parents in the target group who were referred to Social Work were approached by the first author to ascertain their willingness to participate in the study. Participating parents signed written consent forms and completed two sets of self-report questionnaires, each taking approximately 15 minutes to complete. The first set of questionnaires was completed at the hospital prior to social work intervention and included the demographic data, reason/s for referral to social work, and the FES. Parents were seen by a social worker as soon as possible following completion of these questionnaires. The second set of questionnaires was completed by parents at their home four weeks following commencement of social work intervention and returned by mail. The post-intervention questionnaires included data on the number of contacts participants had with their social worker during the four-week period, the CSQ-8, and the FES (a repeat of the measure administered pre-intervention). The first author telephoned all participants during the study to confirm the arrival of this second set of questionnaires and to remind participants to return them.

Data Analysis

The data were analyzed using StatView (1988). Descriptive statistics were used to examine the distribution of scores on all variables. Pearson correlations were used for bivariate analyses, and t-tests and ANOVA were used to examine between group differences.

RESULTS

Social Work Intervention

For parents completing the post-intervention questionnaires, the reason for referral to Social Work varied. Four parents (21%) were referred for practical assistance, nine parents (47%) were referred for counselling, and six parents (32%) were referred for both practical assistance and counselling.

The number of contacts with a social worker ranged from 1 to 11, with 47% of participants ($n = 9$) reporting they had only a single contact with their social worker. The mean number of contacts was 3.3 ($SD = 3.09$).

Client Satisfaction Scores

Scores for the Client Satisfaction Questionnaire (CSQ-8) had a possible range of 0 to 32. Participants' scores ranged from 17 to 32 with a mean of 26.8 ($SD = 4.31$).

Empowerment Scores

Scores for the Family Empowerment Scale (FES) had a possible range of 0 to 120. The mean for the pre-test empowerment scores was 100.79 ($SD = 10.66$). The mean for the post-test empowerment scores was 100.95 ($SD = 11.43$). Thus, overall there was no significant difference between the pre-test and post-test empowerment scores ($t(18) = .06, p = .96$). However, when scores for change in empowerment were computed for each participant by subtracting their pre-intervention empowerment score from their post-intervention empowerment score, it was discovered that there was a great deal of variance in individuals' change in empowerment scores following social work intervention. Some participants reported a marked increase in empowerment, while others indicated a substantial decrease in empowerment. The change in empowerment scores ranged from a decrease of 31 points on the scale, to an increase of 19 points on the scale.

There was no significant difference in pre-intervention empowerment scores between the 19 parents who completed both the pre- and post-intervention assessments and the 14 parents who completed only the pre-intervention assessment ($t(32) = .35, p = .73$).

Client Satisfaction and Empowerment

There was a positive but non-significant correlation between scores for the Client Satisfaction Questionnaire and the difference between pre- and post-test empowerment scores ($r = .26, p = .15$). Thus, parents with higher levels of satisfaction were not necessarily more likely to report an increase in empowerment following social work intervention.

Intervention Variables, Client Satisfaction, and Empowerment

Reason for Referral

The mean client satisfaction score for parents referred for practical assistance was 22.75 ($SD = 6.65$), while the mean for parents referred for counselling was 27.67 ($SD = 3.32$), and the mean for parents referred for both practical assistance and counselling was 28.33 ($SD = 2.34$). An

ANOVA revealed that there was a trend for parents referred for counselling to express more satisfaction with the service provided, and the association between reason for referral and satisfaction approached significance ($F(17) = 2.79, p = .09$)

Prior to social work intervention, the group of parents referred for practical assistance had a slightly higher mean score for empowerment than parents referred for counselling or a combination of practical assistance and counselling. Following social work intervention, however, parents referred for 'practical assistance' tended to report a decrease in empowerment. In contrast, parents referred for 'counselling' or 'practical assistance and counselling' tended to report an increase in empowerment (see Table 1).

Contacts Between Client and Social Worker

There was no significant relationship between the number of social work contacts and parents' scores for client satisfaction ($r = .12, p = .61$) or change in their empowerment scores following social work intervention ($r = -.03, p = .89$).

Demographic Variables, Client Satisfaction, and Empowerment

Education

From Table 2, it can be seen that the mean pre-test empowerment scores differed between the two education groups; the primary/secondary education group's pre-test mean was 109.5, while the tertiary education group's pre-test mean was 96.77. There was a significant negative association between education and initial empowerment ($r = -.57, p = .008$).

Post-intervention, parents in the tertiary education group were more likely to report an increase in empowerment following social work intervention, while those in the primary/secondary education group tended to report a fall in their empowerment following social work intervention, $t(18) = -2.14, p < .05$ (see Table 2). A slight trend was found for parents with a lower level of education to report greater satisfaction with the service than those with higher education ($t(18) = 1.40, p = .18$).

Income

No significant differences were found between the lower and higher income groups in relation to scores for client satisfaction ($t(18) = .22, p = .83$) or change in empowerment ($t(18) = .33, p = .74$).

TABLE 1. Parent Empowerment Scores by Reason for Referral to Social Work

Reason for referral	Parent empowerment scores			
	Pre-intervention		Post-intervention	
	M	SD	M	SD
Practical assistance	103.2	10.3	88.8	15.8
Counselling	101.4	10.5	102.8	9.3
Counselling and practical assistance	97.8	12.3	106.0	12.9

TABLE 2. Parent Empowerment Scores by Level of Education

Education level	Parent empowerment scores			
	Pre-intervention		Post-intervention	
	M	SD	M	SD
Primary/secondary education (<i>n</i> = 6)	109.50	13.45	101.50	12.21
Tertiary education (<i>n</i> = 13)	96.77	6.54	100.60	11.56

DISCUSSION

The Relationship Between Client Satisfaction and Change in Empowerment

Based on the results of this study, the Family Empowerment Scale (FES) does indeed appear to be able to detect short-term changes in clients' sense of empowerment, as there was considerable variation between many participants' pre-test and post-test empowerment scores. However, only a weak non-significant relationship was found between participant satisfaction and the change in empowerment between the pre-test and post-test. Participants whose empowerment scores were higher on the post-test than the pre-test were not more likely to report high levels of satisfaction, and those whose empowerment scores dropped after receiving social work intervention were not significantly more likely to report being dissatisfied.

This does not necessarily mean that client satisfaction questionnaires lacked utility altogether. Rather, it implies that the Client Satisfaction Questionnaire (CSQ-8) may have measured something other than the efficacy of social work intervention in enabling participants to remain empowered or increase their empowerment in the stressful situations they faced. Instead, the client satisfaction questionnaire may have measured the social workers' 'likeability,' that is, the extent to which the

participant positively regarded the service provider. The findings of a number of studies provide support for this contention (Greenley, Young, & Schoenherr, 1982; Mayer & Timms, 1970; O'Neal, 1999). Other researchers have found that the environment of the agency has a significant influence over client satisfaction (Greenley & Schoenherr, 1981; Maluccio, 1979; O'Neal, 1999).

Regardless of what client satisfaction questionnaires actually measure, the finding in the present study is consistent with past research that has failed to find a strong association between the effectiveness of intervention and satisfaction (Edwards et al., 1978; Maluccio, 1979; McNeill et al., 1998; Nguyen, Atkisson, & Stegner, 1983). This suggests that client satisfaction should not be used as an all-encompassing method of service evaluation or quality assurance. Supplementing satisfaction questionnaires with an empowerment measure, such as the FES, might enable social work departments to better gauge the effectiveness of their interventions

The Influence of Demographic and Service Variables

Examining the change in participants' FES scores before and after social work intervention provides some useful information as to which participants benefited from the intervention they received. Income, gender and the number of contacts with the social worker were found to have no significant relationship to the degree of change in participants' empowerment scores. However, social work intervention was most empowering for those who were referred for counselling or a combination of counselling and practical assistance, and for those who were in the tertiary education group. Social work intervention was least empowering for those who were referred for practical assistance alone and those in the primary/secondary education group.

Reason for Referral

The average change in empowerment scores for the practical assistance group was a decrease of 14.5, while the average change for the combination group (who were referred for both practical assistance and counselling) was an increase of 8.17, and the average change for the counselling group was an increase of 1.33 (see Table 1). This finding is consistent with previous studies that have concluded that social workers may be less effective when providing practical assistance than counselling (Barker, Dent, Hawe, Armour, Hagen, Tolliday, Salgado, &

Dawson, 1985; Bland & O'Neill, 1990; Garber et al., 1986). Three possible explanations may be offered for social workers' apparent ineffectiveness in dealing with practical issues.

1. *Social Workers do not enjoy the practical aspects of their role.* Bland and O'Neill (1990) argue that the reason why social workers are less effective when providing practical interventions is that they tend not to enjoy this component of their role, preferring more therapeutic interventions, such as bereavement or relationship counselling. This preference for therapeutic intervention might be based on a lack of recognition of the significant impact of financial and material problems on clients' wellbeing. Financial pressures are often a major priority for clients (Walker, Burnham, & Borland, 1994), and may cause intense periods of stress, leading to depression and anxiety (Ell & Reardon, 1990; Rabow, Berkman, & Kessler, 1983). In hospital settings, clients with major practical needs are also likely to have a range of emotional and interpersonal issues related to their condition that cannot be dealt with until their basic needs are addressed (Maslow, 1954). Moreover, financial concerns are a main reason for delays in discharge and complications in the implementation of discharge plans (Proctor, Morrow-Howell, Kitchen, & Wang, 1995). Since financial pressures can significantly impact on individual and family wellbeing, attaching greater importance to these issues is warranted.

2. *Less time is devoted to practical assistance interventions.* Barker et al. (1985) found that social workers tend to spend less time with clients requiring practical assistance than those who require therapeutic interventions. Consistent with this, the present study found that reason for referral was moderately correlated with the number of contacts between the social worker and the participant ($r = .30$); those who received counselling reported a higher number of contacts with their social worker than those who received practical assistance. It is possible that the lower effectiveness of social workers in dealing with clients with practical needs is in part a function of the lesser amount of time spent with these clients. Additional time could be spent providing a more comprehensive assessment of the client's situation, assistance with financial management, and linking families with community support services. A more holistic form of intervention may be more empowering than a brief 'quick fix' intervention, such as a meal voucher or a cash payment.

3. *Lack of resources.* The reduction in the empowerment scores following social work intervention for clients requiring practical assistance could also be attributed to the fact that this group of participants lacked

the resources to follow through with suggestions made by their social worker. Financial disadvantage may, for example, restrict clients' ability to take up referrals made on their behalf, because of costs associated with accessing the service, such as transport and child-care costs. Shorter hospital admissions and busy caseloads in many hospitals have also reduced the capacity of social work departments to provide follow-up care beyond referral to another agency (Cleak, 1995). Overcoming these limitations is likely to require further commitment of resources by funding bodies to enable social workers to move between the hospital and community.

Education

There was an unexpected negative association between education level and the initial empowerment scores. Previous research has either found either a positive association between education and empowerment (Vandiver et al., 1995), or no relationship at all (Florian & Elad, 1998).

However, the tertiary education group was significantly more likely to be empowered by social work intervention, while the primary/secondary education group was more likely to experience a reduction in their empowerment scores after social work intervention. In fact, the mean change in empowerment for the primary/secondary education group was a reduction of 8.0 points on the FES as opposed to an increase of 3.9 for the tertiary education group.

It is difficult to interpret why those with less education experienced a reduction in empowerment following social work intervention. It is possible that the reduction in sense of empowerment of this group arose through greater awareness of the implications of their child's condition and that interventions provided were not able to assist them in managing their situation more effectively.

LIMITATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The study lacks a control group and is thus only quasi-experimental. The results, therefore, indicate only the *possible* effects of social work intervention. One avenue for subsequent research might be to investigate changes in empowerment incorporating a control group, who would not receive social work intervention. This would enable an investigation into whether the changes in empowerment are related to social

work intervention, as well as providing further information on the sensitivity of the FES to detect changes over time.

A further shortcoming of this study was the limited number of variables examined. There are many possible influences on satisfaction and empowerment that were not examined, including the severity of the child's illness, whether or not the child's health deteriorated during the study period, the length of the family's stay in hospital, and the mental health status of the parent. It is suggested that future studies might consider controlling for these variables.

Another useful comparison that could be made in future studies is that of social workers' perceptions of the effectiveness of their intervention and participant scores on the questionnaires. Social workers could be asked to record their estimation of the effectiveness of intervention, as well as the type of intervention that was used with each client so that the relationship between the type of intervention used and the outcome of intervention could be further explored.

CONCLUSION

This study provides an introductory investigation into the relationship between client satisfaction and the effectiveness of social work intervention in enhancing clients' sense of empowerment. It demonstrates that the results of client satisfaction questionnaires conducted in social work settings should be treated with caution. Though they may measure something valuable, such as clients' regard for their social worker, it appears that client satisfaction questionnaires should not be unquestionably relied upon as a measure of the intervention's outcome. Social work departments may need to supplement satisfaction questionnaires with a more reliable measure of effectiveness, and empowerment scales may prove to be well suited to this role.

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Client Satisfaction and Empowerment Through Social Work Intervention

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ABSTRACT. This study examines the utility of satisfaction questionnaires in gauging the effectiveness of social work services in a paediatric hospital setting. Participants completed an empowerment scale before seeing a social worker. Approximately four weeks later, participants completed the empowerment scale again, at which time they also completed a satisfaction questionnaire. The difference between the pre- and post-test empowerment scores was compared with the satisfaction scores, and the influence of some demographic and intervention variables was examined. The results indicated that there was no significant relationship between participants' reported level of satisfaction with the social work service provided and the change in participants' empowerment scores before and after intervention. Most demographic and intervention variables tested did not yield any significant associations with satisfaction or change in empowerment. However, it was found that those who received both counselling and practical assistance (rather than only one or the other) and those with a higher level of education were more likely to report an increase in their level of empowerment after receiving social work intervention. This study lends further support to the contention that satisfaction questionnaires alone may not provide reliable information with regard to the

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KEYWORDS. Client satisfaction, empowerment, evolution of social work, consumer feedback, referral

BACKGROUND

Over the past three decades, health and mental health services have paid increasing attention to consumer feedback in the planning and evaluation of services (Lebow, 1983a; O'Neal, 1999). Client satisfaction surveys are used by most health care organizations, including hospital social work departments, to gauge the effectiveness of the service they provide. This paper questions the reliance on measures of 'satisfaction' and proposes the use of an 'empowerment' scale to assess the outcome of social work intervention. The paper then presents an exploratory investigation, which examines the relationship between satisfaction and empowerment following social work intervention among parents of children in hospital.

Client Satisfaction and Evaluation of Social Work Services

Interest in client feedback originated with the consumer movement of the 1960s and '70s, which emphasised the rights of service recipients to be heard and included in decision making. During this period, new models of health care started to evolve, based on concepts of participation, partnership, and consumer consultation (Donabedian, 1992). The emphasis on consulting consumers further developed during the 1980s and '90s, with growing pressures on health systems to target programs, improve efficiency, and evaluate the effectiveness of services provided (Williams, 1994). Consumer feedback surveys became widely regarded as an important and integral component of the evaluation of health services (O'Neal, 1999).

Social workers have long advocated for recognition of 'the client's voice' in service planning and evaluation (Maluccio, 1979; Mayer & Timms, 1970; Rees & Wallace, 1982), claiming that a consumer orien-

tation shifts the focus of care more toward the client's values, understanding, expectations, and preferences (Rehr, 1983). Hospital-based social workers have strongly supported the transformation of health systems to become more consumer oriented.

The practice of social work in health care has also evolved with changes in health systems by responding to demands to demonstrate the quality and effectiveness of social work services (Pockett, Lord, & Dennis, 2001; Rehr & Rosenberg, 2000). Consequently, there has been a growing interest in finding appropriate and measurable outcomes for social work interventions. Client feedback surveys focussed on 'satisfaction' represent a relatively easy method of evaluating services and are the most common way in which social workers in health care have assessed outcomes for clients. Satisfaction surveys have been used to assess the overall performance of a broad service and to identify aspects of the service most valued by clients (Garber, Brenner, & Litwin, 1986). They have also been used to evaluate services to specific client groups, such as the elderly (Beikman & Rehr, 1975) and the bereaved (Lord & Pockett, 1998), to modify the mode of service delivery to better meet the needs of clients (Fischer & Valley, 2000), and to explore reasons for 'dropout' from established treatment programs (Primm, Gomez, Tzolova, Perry, Thi Vu, & Crum, 2000).

Client satisfaction surveys have also been used to determine the acceptability and appropriateness of new or controversial interventions and to compare the effectiveness of different modes of service to a population group. For example, Locke and McCollum (2001) examined clients' responses to live supervision of counselling within a marital and family therapy clinic. While some clients found live supervision intrusive, most reported being 'satisfied' that the helpfulness of this procedure outweighed the disadvantages. Wong (1999) reported on a comprehensive evaluation of a structured behavioural program for adolescents in treatment for conduct disorders, and concluded the program was effective in terms of both behaviour change and acceptability to the adolescents themselves on the basis of the results of a satisfaction questionnaire. As part of an evaluation of mental health services in New Zealand, Dykes, Murray, and Tirling (1990) assessed levels of satisfaction with services among clients and caregivers. They found no significant differences in the overall level of satisfaction between clients receiving community-based care and those receiving hospital-based care. Mitchell (1998) explored how clients with mental health problems perceived a time-limited, structured group program provided by managed care in the United States. He found no significant differences in

satisfaction between clients participating in the group program and those receiving open-ended, individual therapy. Soskoline and Auslander (1993) found that a new discharge planning protocol for hospital patients in Israel delivered poorer outcomes in that it was associated with lower satisfaction with the service and a higher rate of return to emergency departments. These studies highlight some of the potential uses of client satisfaction surveys.

There are, however, a number of conceptual and methodological problems inherent in assessing client satisfaction, which have been reviewed in the medical, social science, and social work literature (Carr-Hill, 1992; Draper & Hill, 1995; O'Neal, 1999; Rehr, 1989; Williams, 1994). One of the main critiques is that satisfaction is often treated as a unitary and independent concept that ignores the context in which the service is provided (Draper & Hill, 1995). It has also been argued that the reduction of the client feedback to a single measure of satisfaction negates the complexity of the client's experience and is too simplistic to capture the range of potential outcomes (Carr-Hill, 1992). Another major critique is the tendency for consumer satisfaction questionnaires to generate overly positive impressions of the service being evaluated. Evaluations of social work services have reported very high levels of satisfaction for large proportions of clients (typically over 80%) with varying kinds of difficulties (McNeill, Nicholas, Szechy, & Lach, 1998). This might arise from a feeling of obligation to express appreciation to the service provider or from fear the service might be withdrawn in the event of negative feedback (Draper & Hill, 1995). The reliance on closed questions, rating scales, and poor sampling techniques have also been seen to restrict the amount and type of feedback that can be obtained (Carr-Hill, 1992). Thus, the results of many consumer satisfaction surveys should be treated with caution.

Consumer feedback surveys appear most useful where investigations are focussed on specific, well-defined interventions and employ evaluation methods that take account of the range of ways clients evaluate a service. The 'components' of satisfaction commonly include the availability, accessibility, and technical competence of the service providers (McNeill et al., 1998). Qualitative methods appear more able to detect negative experiences and sources of dissatisfaction, and a combination of qualitative and quantitative approaches has been recommended (Roter & Frankel, 1992). Quantitative assessments of satisfaction are best undertaken using standardized instruments. These can capture common experiences of services across different settings (e.g., Larsen, Attkisson, Hargreaves, & Nguyen, 1979) or responses to specific services. For ex-

ample, Bear and Sauer (1999) have developed reliable measures to assess satisfaction with transport and handyman services for elderly clients.

Measures of satisfaction provide only one indicator of the effectiveness of an intervention, and a wider range of outcome measures is needed. Some have argued that both client and social worker perceptions are important in evaluating services. Services appear to be most effective where the client and social worker accord in their perception of the client's needs and the nature and purpose of intervention (Berkman, 1980; Lord & Pockett, 1998; Rehr & Berkman, 1979). A small number of studies have used other outcome measures and failed to find a strong relationship between higher client satisfaction and other indicators of successful intervention. For example, client satisfaction has been found to correlate only weakly with measures of improvement in adaptive functioning and reduction in psychosocial stressors (Cahalane, 1997) and with clinician ratings of the success of the intervention (Edwards, Yarvis, Mueller & Langsley, 1978). Such studies have concluded that satisfaction and effectiveness may be distinct concepts, therefore, client satisfaction questionnaires may not be the most appropriate means of evaluating services.

Given the ongoing interest in client satisfaction, there is a need for further investigation into the relationship between client satisfaction and other measures of the outcome of social work intervention. This study seeks to build on previous research by investigating the relationship between client satisfaction and empowerment. The study explores whether higher satisfaction among clients corresponds with a greater sense of empowerment following social work intervention.

Empowerment as an Outcome of Social Work Intervention

The empirical interest in assessing client satisfaction contrasts with the theoretical emphasis on empowerment in social work literature. Empowerment is a central concept in social work theory and practice. The term refers to the social, psychological and political process of enabling clients to gain better control over their lives (Staples, 1990; Thompson, 2000). Determining the change in clients' sense of empowerment after social work intervention would seem an appropriate operational definition of the intervention's effectiveness for two main reasons. First, one of the main goals of social work practice is to increase personal and interpersonal power so that individuals and families can take action to improve their own situation (Gutierrez, DeLois, & Glenmayer, 1995;

Parsons, 1991; Staples, 1990). Second, there is substantial evidence of the inherent benefits of empowerment to clients. Empowerment has been found to lead to lower levels of depression (Seligman, 1975), higher levels of self-efficacy and self-esteem, and improvements in day-to-day functioning (Furstenberg & Rounds, 1995).

Despite the centrality of empowerment in social work theory and practice, few attempts have been made to measure it. One of the few empowerment measures available is the Family Empowerment Scale (FES), constructed by Koren, DeChillo, and Friesen (1992). The scale has been used in a number of studies investigating parental adjustment to chronic childhood illness and has been shown to be a reliable and valid measure (Florian & Elad, 1998; Koren et al., 1992). The FES has three subscales that measure different types of empowerment: family empowerment (parental management of every-day situations), service system empowerment (parents' ability to work within the systems that service their child and their capacity to access services required by their family), and community-political empowerment (parents' level of political participation and advocacy for improved services) (Koren et al., 1992).

Influences on Satisfaction and Empowerment

Empowerment and satisfaction are influenced by a number of demographic and service variables unique to each individual client. These include gender, socio-economic status, the type of intervention, and the number of contacts between the client and the social worker.

Gender. Most studies have found that there is no relationship between gender and satisfaction with health services (Greenley & Schoenherr, 1981; Hsieh & Doner Kagle, 1991), though some have found women to be more satisfied with health care services than men (Pascoe, 1983; Ware et al., 1977, cited in Hsieh & Doner Kagle, 1991). Few studies have examined the relationship between gender and empowerment of social work clients, although there is extensive literature suggesting that women tend to exhibit lower levels of empowerment than men by virtue of the patriarchal nature of society (Thompson, 2000). In studies involving parents, mothers have been mostly surveyed and, thus, it has not been possible to make a reasonable gender comparison (Florian & Elad, 1998; Koren et al., 1992).

Type of Intervention. It has been shown that clients tend to be less satisfied when they receive practical assistance as opposed to counselling (Garber et al., 1986). Some possible reasons for this trend have been suggested. First, the provision of practical assistance is allocated less by

social workers than other kinds of intervention. Barker et al. (1985) found that although the most frequently identified reason for referral to social work was for financial aid, it was this problem on which social workers spent the least time and resources. More time was spent on therapeutic work, such as relationship and bereavement counselling. Second, it has been suggested that providing clients with and/or enabling clients to obtain practical assistance is a task that is devalued by social workers, who prefer more long-term therapeutic work (Bland & O'Neill, 1990). Third, despite the urgent need for effective short-term interventions, the literature is devoid of research into the effectiveness of interventions targeted at poverty being used in health care services. This lack of material presents a stark contrast to the large volume of material on the effectiveness of psychotherapeutic interventions. Social workers have few resources to guide their practice in this area.

Socio-Economic Status and Education. Most studies have found no significant relationship between socio-economic status and satisfaction or empowerment (Florian & Elad, 1998; Greenley & Schoenherr, 1981; Hsieh & Doner Kagle, 1991; Larsen et al., 1979; Pascoe & Attkisson, 1983). However, Vandiver et al. (1995) found a positive correlation between client education and satisfaction and empowerment, and Pascoe and Attkisson (1983) found higher socio-economic status to be associated with higher levels of satisfaction in clients.

Number of Contacts with the Social Worker. Literature on this subject is divided. Some studies have found no relationship between the number of contacts with the social worker and satisfaction (Pascoe, 1983) and improvement (McNeill et al., 1998). However, McNeill et al. (1998) found that the more contacts a client had with their social worker, the more satisfied they felt and the more likely they were to agree with statements indicating they had been empowered by the social work intervention.

AIMS OF THE STUDY

The present study explores client satisfaction and empowerment as outcomes of brief social work intervention with parents in a paediatric hospital setting. The first aim is to assess levels of satisfaction and changes in empowerment following the social work service. Satisfaction is assessed using a generic standardized measure of global satisfaction. The Family Empowerment Scale (FES) is used to identify changes in parent empowerment following social work intervention. The second

aim is to examine the relationship between level of satisfaction and change in empowerment following social work intervention. The third aim is to examine the relationship between outcomes of intervention (satisfaction and empowerment) and key variables that are likely to influence the outcome: gender, socio-economic status (assessed as level of income and education), reason for referral to social work, and the number of contacts with the social worker.

METHOD

Participants

The study was conducted at a large paediatric referral hospital in Sydney, Australia, with the support of the social work department within the hospital. The sample consisted of parents of children admitted to the hospital for general surgical or medical care who were referred to Social Work during the study period. Thirty-three parents agreed to participate and completed initial questionnaires. Of these, follow-up data were available from 19 parents.

The majority of the participants were mothers (85%, $n = 28$), and most were of middle to lower income (64%, $n = 21$). Forty-two percent of participants had completed some tertiary education ($n = 14$). The participants were from diverse cultural backgrounds, and all were proficient in English. No parents were excluded from the study for language or other reasons.

Measures

Satisfaction with Social Work Service

The Client Satisfaction Questionnaire (CSQ-8) (Larsen et al., 1979) assessed parents' level of satisfaction with the service provided by the hospital social worker. The CSQ-8 is an eight-item questionnaire in which respondents rate each item on a four-point scale, from 1 (quite dissatisfied) to 4 (very satisfied). The questionnaire has been used to measure consumer/client satisfaction in a number of settings and has proven to be a reliable and valid measure of global satisfaction, with a coefficient alpha mean of .92 (Larsen et al., 1979; Pascoe & Attkisson, 1983).

Parent Empowerment

The Family Empowerment Scale (FES) (Koren, De Chillo, & Friesen, 1992) assessed parent empowerment related to managing a

child with a medical condition. The FES has 34 items and three subscales measuring family empowerment (empowerment related to daily management of the child), service system empowerment (relationships with health services), and community-political empowerment (participation in community/political action to improve health services). Items are rated on a five-point Likert scale, ranging from 1 (not at all true) to 5 (very true).

Examples of items on the family empowerment subscale include "I feel confident in my ability to help my child grow and develop" and "I feel I am a good parent." The service system subscale includes items such as "I know what services my child needs" and "Professionals should ask me what services I want for my child." The community-political subscale includes items such as "I feel I can have a part in improving services for children in my community" and "I help other families get the services they need." The first two subscales were used in the present study, as they are closely related to the aims of social work intervention within children's hospitals. The third subscale measuring empowerment through community/political action was not used, as this was not seen to be a significant focus of social work intervention in this setting. The FES has previously been used in paediatric settings but has not previously been used to detect changes following intervention. The scale has demonstrated reliability and validity, with a kappa coefficient of .77 and alpha coefficients of .87 or .88 for each of the subscales (Koren et al., 1992).

Intervention Variables

Parents recorded the main reason/s for their referral to Social Work, which were later classified as 'practical assistance,' 'counselling,' or 'a combination of practical assistance and counselling.' Parents also recorded the number of contacts with a social worker during a four-week period following their referral to Social Work.

Demographic Variables

Demographic data, such as parents' level of income and education, were collected by questionnaire. Income level was classified as 'lower income' (AU\$35,000 per year or less) or 'higher income' (more than AU\$35,000 per year). Education was classified as either 'primary/secondary level' (high school education or less) or 'tertiary level' (one year or more of full-time equivalent education at a tertiary institution).

Procedures

The study was approved by the hospital's research ethics committee. During a four-week period, all parents in the target group who were referred to Social Work were approached by the first author to ascertain their willingness to participate in the study. Participating parents signed written consent forms and completed two sets of self-report questionnaires, each taking approximately 15 minutes to complete. The first set of questionnaires was completed at the hospital prior to social work intervention and included the demographic data, reason/s for referral to social work, and the FES. Parents were seen by a social worker as soon as possible following completion of these questionnaires. The second set of questionnaires was completed by parents at their home four weeks following commencement of social work intervention and returned by mail. The post-intervention questionnaires included data on the number of contacts participants had with their social worker during the four-week period, the CSQ-8, and the FES (a repeat of the measure administered pre-intervention). The first author telephoned all participants during the study to confirm the arrival of this second set of questionnaires and to remind participants to return them.

Data Analysis

The data were analyzed using StatView (1988). Descriptive statistics were used to examine the distribution of scores on all variables. Pearson correlations were used for bivariate analyses, and t-tests and ANOVA were used to examine between group differences.

RESULTS

Social Work Intervention

For parents completing the post-intervention questionnaires, the reason for referral to Social Work varied. Four parents (21%) were referred for practical assistance, nine parents (47%) were referred for counselling, and six parents (32%) were referred for both practical assistance and counselling.

The number of contacts with a social worker ranged from 1 to 11, with 47% of participants ($n = 9$) reporting they had only a single contact with their social worker. The mean number of contacts was 3.3 ($SD = 3.09$).

Client Satisfaction Scores

Scores for the Client Satisfaction Questionnaire (CSQ-8) had a possible range of 0 to 32. Participants' scores ranged from 17 to 32 with a mean of 26.8 ($SD = 4.31$).

Empowerment Scores

Scores for the Family Empowerment Scale (FES) had a possible range of 0 to 120. The mean for the pre-test empowerment scores was 100.79 ($SD = 10.66$). The mean for the post-test empowerment scores was 100.95 ($SD = 11.43$). Thus, overall there was no significant difference between the pre-test and post-test empowerment scores ($t(18) = .06, p = .96$). However, when scores for change in empowerment were computed for each participant by subtracting their pre-intervention empowerment score from their post-intervention empowerment score, it was discovered that there was a great deal of variance in individuals' change in empowerment scores following social work intervention. Some participants reported a marked increase in empowerment, while others indicated a substantial decrease in empowerment. The change in empowerment scores ranged from a decrease of 31 points on the scale, to an increase of 19 points on the scale.

There was no significant difference in pre-intervention empowerment scores between the 19 parents who completed both the pre- and post-intervention assessments and the 14 parents who completed only the pre-intervention assessment ($t(32) = .35, p = .73$).

Client Satisfaction and Empowerment

There was a positive but non-significant correlation between scores for the Client Satisfaction Questionnaire and the difference between pre- and post-test empowerment scores ($r = .26, p = .15$). Thus, parents with higher levels of satisfaction were not necessarily more likely to report an increase in empowerment following social work intervention.

Intervention Variables, Client Satisfaction, and Empowerment

Reason for Referral

The mean client satisfaction score for parents referred for practical assistance was 22.75 ($SD = 6.65$), while the mean for parents referred for counselling was 27.67 ($SD = 3.32$), and the mean for parents referred for both practical assistance and counselling was 28.33 ($SD = 2.34$). An

ANOVA revealed that there was a trend for parents referred for counselling to express more satisfaction with the service provided, and the association between reason for referral and satisfaction approached significance ($F(17) = 2.79, p = .09$)

Prior to social work intervention, the group of parents referred for practical assistance had a slightly higher mean score for empowerment than parents referred for counselling or a combination of practical assistance and counselling. Following social work intervention, however, parents referred for 'practical assistance' tended to report a decrease in empowerment. In contrast, parents referred for 'counselling' or 'practical assistance and counselling' tended to report an increase in empowerment (see Table 1).

Contacts Between Client and Social Worker

There was no significant relationship between the number of social work contacts and parents' scores for client satisfaction ($r = .12, p = .61$) or change in their empowerment scores following social work intervention ($r = -.03, p = .89$).

Demographic Variables, Client Satisfaction, and Empowerment

Education

From Table 2, it can be seen that the mean pre-test empowerment scores differed between the two education groups; the primary/secondary education group's pre-test mean was 109.5, while the tertiary education group's pre-test mean was 96.77. There was a significant negative association between education and initial empowerment ($r = -.57, p = .008$).

Post-intervention, parents in the tertiary education group were more likely to report an increase in empowerment following social work intervention, while those in the primary/secondary education group tended to report a fall in their empowerment following social work intervention, $t(18) = -2.14, p < .05$ (see Table 2). A slight trend was found for parents with a lower level of education to report greater satisfaction with the service than those with higher education ($t(18) = 1.40, p = .18$).

Income

No significant differences were found between the lower and higher income groups in relation to scores for client satisfaction ($t(18) = .22, p = .83$) or change in empowerment ($t(18) = .33, p = .74$).

TABLE 1. Parent Empowerment Scores by Reason for Referral to Social Work

Reason for referral	Parent empowerment scores			
	Pre-intervention		Post-intervention	
	M	SD	M	SD
Practical assistance	103.2	10.3	88.8	15.8
Counselling	101.4	10.5	102.8	9.3
Counselling and practical assistance	97.8	12.3	106.0	12.9

TABLE 2. Parent Empowerment Scores by Level of Education

Education level	Parent empowerment scores			
	Pre-intervention		Post-intervention	
	M	SD	M	SD
Primary/secondary education (<i>n</i> = 6)	109.50	13.45	101.50	12.21
Tertiary education (<i>n</i> = 13)	96.77	6.54	100.60	11.56

DISCUSSION

The Relationship Between Client Satisfaction and Change in Empowerment

Based on the results of this study, the Family Empowerment Scale (FES) does indeed appear to be able to detect short-term changes in clients' sense of empowerment, as there was considerable variation between many participants' pre-test and post-test empowerment scores. However, only a weak non-significant relationship was found between participant satisfaction and the change in empowerment between the pre-test and post-test. Participants whose empowerment scores were higher on the post-test than the pre-test were not more likely to report high levels of satisfaction, and those whose empowerment scores dropped after receiving social work intervention were not significantly more likely to report being dissatisfied.

This does not necessarily mean that client satisfaction questionnaires lacked utility altogether. Rather, it implies that the Client Satisfaction Questionnaire (CSQ-8) may have measured something other than the efficacy of social work intervention in enabling participants to remain empowered or increase their empowerment in the stressful situations they faced. Instead, the client satisfaction questionnaire may have measured the social workers' 'likeability,' that is, the extent to which the

participant positively regarded the service provider. The findings of a number of studies provide support for this contention (Greenley, Young, & Schoenherr, 1982; Mayer & Timms, 1970; O'Neal, 1999). Other researchers have found that the environment of the agency has a significant influence over client satisfaction (Greenley & Schoenherr, 1981; Maluccio, 1979; O'Neal, 1999).

Regardless of what client satisfaction questionnaires actually measure, the finding in the present study is consistent with past research that has failed to find a strong association between the effectiveness of intervention and satisfaction (Edwards et al., 1978; Maluccio, 1979; McNeill et al., 1998; Nguyen, Attkisson, & Stegner, 1983). This suggests that client satisfaction should not be used as an all-encompassing method of service evaluation or quality assurance. Supplementing satisfaction questionnaires with an empowerment measure, such as the FES, might enable social work departments to better gauge the effectiveness of their interventions.

The Influence of Demographic and Service Variables

Examining the change in participants' FES scores before and after social work intervention provides some useful information as to which participants benefited from the intervention they received. Income, gender and the number of contacts with the social worker were found to have no significant relationship to the degree of change in participants' empowerment scores. However, social work intervention was most empowering for those who were referred for counselling or a combination of counselling and practical assistance, and for those who were in the tertiary education group. Social work intervention was least empowering for those who were referred for practical assistance alone and those in the primary/secondary education group.

Reason for Referral

The average change in empowerment scores for the practical assistance group was a decrease of 14.5, while the average change for the combination group (who were referred for both practical assistance and counselling) was an increase of 8.17, and the average change for the counselling group was an increase of 1.33 (see Table 1). This finding is consistent with previous studies that have concluded that social workers may be less effective when providing practical assistance than counselling (Barker, Dent, Hawe, Armour, Hagen, Tolliday, Salgado, &

Dawson, 1985; Bland & O'Neill, 1990; Garber et al., 1986). Three possible explanations may be offered for social workers' apparent ineffectiveness in dealing with practical issues.

1. *Social Workers do not enjoy the practical aspects of their role.* Bland and O'Neill (1990) argue that the reason why social workers are less effective when providing practical interventions is that they tend not to enjoy this component of their role, preferring more therapeutic interventions, such as bereavement or relationship counselling. This preference for therapeutic intervention might be based on a lack of recognition of the significant impact of financial and material problems on clients' wellbeing. Financial pressures are often a major priority for clients (Walker, Burnham, & Borland, 1994), and may cause intense periods of stress, leading to depression and anxiety (Ell & Reardon, 1990; Rabow, Berkman, & Kessler, 1983). In hospital settings, clients with major practical needs are also likely to have a range of emotional and interpersonal issues related to their condition that cannot be dealt with until their basic needs are addressed (Maslow, 1954). Moreover, financial concerns are a main reason for delays in discharge and complications in the implementation of discharge plans (Proctor, Morrow-Howell, Kitchen, & Wang, 1995). Since financial pressures can significantly impact on individual and family wellbeing, attaching greater importance to these issues is warranted.

2. *Less time is devoted to practical assistance interventions.* Barker et al. (1985) found that social workers tend to spend less time with clients requiring practical assistance than those who require therapeutic interventions. Consistent with this, the present study found that reason for referral was moderately correlated with the number of contacts between the social worker and the participant ($r = .30$); those who received counselling reported a higher number of contacts with their social worker than those who received practical assistance. It is possible that the lower effectiveness of social workers in dealing with clients with practical needs is in part a function of the lesser amount of time spent with these clients. Additional time could be spent providing a more comprehensive assessment of the client's situation, assistance with financial management, and linking families with community support services. A more holistic form of intervention may be more empowering than a brief 'quick fix' intervention, such as a meal voucher or a cash payment.

3. *Lack of resources.* The reduction in the empowerment scores following social work intervention for clients requiring practical assistance could also be attributed to the fact that this group of participants lacked

the resources to follow through with suggestions made by their social worker. Financial disadvantage may, for example, restrict clients' ability to take up referrals made on their behalf, because of costs associated with accessing the service, such as transport and child-care costs. Shorter hospital admissions and busy caseloads in many hospitals have also reduced the capacity of social work departments to provide follow-up care beyond referral to another agency (Cleak, 1995). Overcoming these limitations is likely to require further commitment of resources by funding bodies to enable social workers to move between the hospital and community.

Education

There was an unexpected negative association between education level and the initial empowerment scores. Previous research has either found either a positive association between education and empowerment (Vandiver et al., 1995), or no relationship at all (Florian & Elad, 1998).

However, the tertiary education group was significantly more likely to be empowered by social work intervention, while the primary/secondary education group was more likely to experience a reduction in their empowerment scores after social work intervention. In fact, the mean change in empowerment for the primary/secondary education group was a reduction of 8.0 points on the FES as opposed to an increase of 3.9 for the tertiary education group.

It is difficult to interpret why those with less education experienced a reduction in empowerment following social work intervention. It is possible that the reduction in sense of empowerment of this group arose through greater awareness of the implications of their child's condition and that interventions provided were not able to assist them in managing their situation more effectively.

LIMITATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The study lacks a control group and is thus only quasi-experimental. The results, therefore, indicate only the *possible* effects of social work intervention. One avenue for subsequent research might be to investigate changes in empowerment incorporating a control group, who would not receive social work intervention. This would enable an investigation into whether the changes in empowerment are related to social

work intervention, as well as providing further information on the sensitivity of the FES to detect changes over time.

A further shortcoming of this study was the limited number of variables examined. There are many possible influences on satisfaction and empowerment that were not examined, including the severity of the child's illness, whether or not the child's health deteriorated during the study period, the length of the family's stay in hospital, and the mental health status of the parent. It is suggested that future studies might consider controlling for these variables.

Another useful comparison that could be made in future studies is that of social workers' perceptions of the effectiveness of their intervention and participant scores on the questionnaires. Social workers could be asked to record their estimation of the effectiveness of intervention, as well as the type of intervention that was used with each client so that the relationship between the type of intervention used and the outcome of intervention could be further explored.

CONCLUSION

This study provides an introductory investigation into the relationship between client satisfaction and the effectiveness of social work intervention in enhancing clients' sense of empowerment. It demonstrates that the results of client satisfaction questionnaires conducted in social work settings should be treated with caution. Though they may measure something valuable, such as clients' regard for their social worker, it appears that client satisfaction questionnaires should not be unquestionably relied upon as a measure of the intervention's outcome. Social work departments may need to supplement satisfaction questionnaires with a more reliable measure of effectiveness, and empowerment scales may prove to be well suited to this role.

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