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Professional Values and Conflict among Social Workers in Prisons: An Examination of Role Stress, Strain, and Job Satisfaction in Working with Inmates with Mental Illness and/or Substance Use Disorders

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As the incarcerated population increases in the United States, especially those with mental illness and/or substance use disorders, social workers are expected to assume essential discharge planning roles in assisting prisoners' transition back into the community. Social workers, like other prison professionals, experience value dilemmas and difficulties in ethical decision-making due to incompatibility between professional values and the practices in correctional settings. Often, social workers in prisons face role problems mainly represented by role incongruity, role ambiguity, and role conflict. Such stress creates role strain, which may profoundly affect job satisfaction. Job satisfaction of staff is important because it affects quality of service delivery in prisons. Few studies have examined role problems experienced by social workers in prisons and their relationships with role strain and job satisfaction. As such, this study examines the roles of social workers in state prisons, when working with inmates with mental illness and/or substance use disorders. More specifically, the study explores the level to which social workers experience role incongruity, ambiguity, and conflict between ethical and practice principles defined by the social work profession and the roles expected of them by the prison organization. It also assesses the level of social workers' perceived role strain and its direct and indirect

influence on job satisfaction. Moreover, the study aims to understand job satisfaction by focusing on how social workers' perceived role incongruity, ambiguity, and conflict are associated with role strain and job satisfaction in working with inmates with mental illness and/or substance use disorders.

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Introduction/Overview

Problem Statement

The number of inmates with mental illness and substance use disorders, in the United States, has grown tremendously over the last few decades. So much so that prisons may now be the largest mental health providers in the country (Fallon & Rearer, 2011). They have become de facto mental health treatment centers (Brandt, 2012; Daniel, 2007; Metzner & Fellner, 2010). Yet correctional systems are not prepared for or designed to treat inmates with mental disorders (Blumstein, 2011; Fellner, 2006; Torry, Kennard, Eslinger, Lamb, & Pavle, 2010). This study will address social workers' roles in prisons, with a specific focus on inmates with mental illness and/or substance use disorders. This topic is being studied because the lack of access to and quality of mental health services in prisons. This situation generally reflects a myriad of ethical and practical challenges that may be unique to correctional settings, which may influence social workers' practices (Olley, Nicholls, & Brink, 2009).

The literature has documented that social workers, like other professionals, often experience value dilemmas and difficulties in ethical decision-makings, due to the incompatibility between the professional values and ethics, and the policies and practices in the correctional settings (Carlson & DiIulio, 2008; Day & Ward, 2010; Gumz, 2004; Ketai, 1974; Kita, 2011; Mazza 2008; McNeece & Roberts, 2001; Ohlin, 1960; Patterson, 2012; Severson, 1994; Ward, 2013; Young & LoMonaco, 2001). Most prison staff faces role problems, mainly represented by role ambiguity, role conflict, and role incongruity. These problems often create role strain that can affect

one's job satisfaction, organizational commitment, and the quality of service delivery in prisons (Hogan, Lambert, Jenkins, & Wambold, 2006; Van Voorhis, Cullen, Link, & Wolfe, 1991; Whitehead & Lindquist, 1986). Job satisfaction among staff is important because it affects individual and organizational performance and the quality of service delivery to inmates. However, few studies have examined role problems experienced by social workers in prisons, and their relationships with role strain and job satisfaction, in dealing with inmates with mental illness and/or substance use disorders.

Purpose

The study has four aims: 1. To examine social worker roles in prisons when working with inmates with mental illness and/or substance use disorders; 2. To explore the level to which social workers experience role incongruity, role ambiguity, and role conflict between ethical and practice principles defined by the profession, and the roles expected by the prison organization; 3. To assess the level of social workers' perceived role strain, and its direct and indirect influence on job satisfaction; and, 4. To understand the association between role stress (measured by role incongruity, role ambiguity, and role conflict), role strain, and job satisfaction.

Chapter One: Literature Review

Mental Illness and Substance Use Disorders in Corrections

As the number of incarcerated people increases, a growing need for social work services exists in the criminal justice system, especially for offenders with mental illness and/or substance use disorders. An increasing body of literature has documented the prevalence of mental illness and/or substance use disorders among offenders in the criminal justice system.

Many researchers have reported on the prevalence of mental illness and/or substance use disorders among populations in correctional settings (Blumstein 2011; Chandler, 2006; Ford, Trestman, Wiesbrock, & Zhang, 2009; Knoll, 2006; O'Keefe & Schnell, 2007; Primm, Osher, & Gomez, 2005). Likewise several studies have indicated that the rate of mental disorders among incarcerated offenders is greater than the rate of mental disorders among the general populations (Blandford & Osher, 2013; Côté & Hodgins, 1990; Duncan, Sacks, Melnick, Cleland, Pearson, & Coen, 2008; Ford et al., 2009; O'Keefe & Schnell, 2007). However, knowing the true prevalence of mental illness among incarcerated populations is difficult, due to methodological limitations (Metzner, Cohen, Grossman, & Wettstein, 1998). Estimates of mental illness among prisoners in correctional facilities depend on how these illnesses are being defined, and what criteria are being used for diagnostic assessments (Barrenger & Canada, 2014; Mechanic, McAlpine, & Rochefort, 2014). According to a systematic review conducted by Prins (2014), the three main research approaches used to assess the prevalence of individuals with mental illness in prisons were: estimates of mental health problems, diagnosed psychiatric disorders,

and psychiatric symptoms. Furthermore, a variety of methods such as case ascertainment (i.e., reviewing case records, surveying staff, or using screening instrument), diagnostic classification systems (DSM-III thorough DSM-IV-TR, or the ICD-10), and current or lifetime prevalence of mental illness, were used in previous prevalence studies (Prins, 2014). Although it's difficult to discover consistency in the findings, there is a consensus among researchers that individuals with mental illness are clearly overrepresented within the correctional systems in the United States (Barrenger & Canada, 2014).

According to Blandford and Osher (2013), 16% of state prison inmates had serious mental disorders, compared to 5% of the general population. The United States Department of Justice reported that 61% of locally jailed inmates, followed by 49% of state prison inmates and 40% of federal prison inmates, had symptoms of a mental health disorder (James & Glaze, 2006; Olley et al., 2009). In 2006, a total of 1.9 million people (84.8 percent of all inmates) were substance involved, out of the 2.3 million people behind bars in the United States, and two-thirds of inmates met the DSM-IV medical criteria for alcohol or other drug abuse and addiction (National Center on Addiction and Substance Abuse, 2010). Other studies have indicated that 73% of state inmates, and 55% of federal inmates have had histories of regular drug use, prior to incarceration (Bahr, Masters, & Taylor, 2012; Petersilia, 2005).

The prevalence of mental illness among inmates is estimated to reach 90% or more when substance use disorders are present (Bland, Newman, Thompson, & Dyck, 1998; Fries et al., 2013). James and Glaze (2006) reported that 76% of locally jailed inmates, followed by 74% of state prison inmates, and 64% of federal prison inmates

who had mental health problems, met the criteria for substance dependence or abuse, defined by DSM-IV. According to the analysis by Blandford and Osher (2013), approximately 60% of state prison inmates had co-occurring disorders. Furthermore, Primm et al. (2005) estimated that approximately 15% of the prison and jail population has active symptoms of a serious mental illness, with two-thirds of those 15% likely having a diagnosis of a co-occurring substance use disorder, as well.

A burgeoning population of inmates who have co-occurring mental health and substance use disorders presents a unique, and enormous challenge for the correctional system (Kleinpeter, Deschenes, Blanks, Lepage, & Knox, 2006; Travis, Western, Redburn, & National Research Council, 2014). Often, clients with co-occurring disorders have shown less engagement in treatments, poorer treatment outcomes, and higher rates of relapses and re-hospitalizations (Drake et al., 1998). Individualized treatment should be considered, because the type and severity of these disorders may differ greatly among individuals with co-occurring disorders (Johnson, 2004). Although an integrated approach to mental health and substance abuse treatment is essential, establishing an integrated treatment model, which meets the complex needs of this population in a correctional setting, would not be easy (Melnick, Coen, Taxman, Sacks, & Zinsser, 2008).

As Olley et al. (2009) noted, mental health needs are often undetected, and/or untreated in prisons. This critical situation profoundly affects the inmate, other inmates and correctional staff, and when these inmates ultimately return back to the community. Weinstein et al. (2000) stated that the primary goal for mental health treatment in correctional settings is “to provide the same level of mental health

services to each patient in the criminal justice process that should be available in the community" (p. 16). Although the Guidelines on Psychiatric Services in Jails and Prisons, written by the American Psychiatric Association, indicates that timely and effective access to mental health treatment is the fundamental principle of adequate mental health care, few inmates with mental illness receive the needed treatment during incarceration, only a mere prescribing of psychotropic medication upon release (Weinstein et al., 2000). Studies demonstrate that individualized treatment can serve as an imperative part of successful reentry, and ultimately contribute to lower recidivism (Mears & Cochran, 2015). Ideally, a variety of biological, psychological, and social therapies and rehabilitations should be available beyond mental health treatment. These diverse services would be helpful, to alleviate symptoms of mental disorders.

Above all, enormous difficulties exist in establishing transitional care across system boundaries, as inmates move from correctional systems to community mental health system (Baillargeon, Hoge, & Penn, 2010; Mears & Cochran, 2015). In order to eliminate the barriers present upon reentry, the Second Chance Act (Public Law 110-199) was signed into law in 2008, which authorizes federal grants to government agencies and nonprofit organizations to provide services designed to reduce recidivism and improve outcomes for people returning to communities after incarceration. The Act also established the National Reentry Resource Center, which provides education, training, and technical assistance to states and local governments, service providers, non-profit organizations, and correctional institutions working on prisoner reentry (Pollock, 2013). Although signs of policy

shift can be seen at the local, state, and federal level, the lack of treatment or services for people with mental illness and/or substance use disorders continues to be a critical barrier against reentry of this population.

Historical and Social Context

A recent study reports that people with severe mental illness are three times more likely to be in jail or prison, rather than in a psychiatric hospital (Torry et al., 2010). The study also found a very strong correlation between states that have more people with mental illness in jails and prisons, and states that are spending less money on mental health services. There has been an increase in the number of inmates with mental illness, in both jails and prisons, while at the same time, mental health policies have been changed to reduce the institutionalization of civilly committed persons (Alexander, 2011).

This shift in locations for treatment is suggestive of the criminalization hypothesis, which states that persons with mental illness, who would have been in mental hospitals prior to deinstitutionalization, are now entering the criminal justice system. Examining the association between mental health and the criminal justice service system and its stakeholders is important for research on the criminalization of mental illness (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005). While some researchers suggest that this association is the direct result of deinstitutionalization, the findings of prior studies do not explain that reason very well. Additionally, as Pollock (2013) noted, the war on drugs, with its policy changes in sentencing for drug offenders, has been perhaps the biggest contributor to rising incarceration rates, complicating the lives of individuals with mental illness and/or substance use

disorders.

More than ever, a large number of people with mental illness are likely being treated in correctional facilities, rather than in their own communities. As such, it must be understood why individuals with mental illness and/or substance use disorders have difficulties accessing treatment and services in their own communities. The historical and social context will be briefly reviewed, to explore the background of this phenomenon.

Asylums. In the early nineteenth century, several states developed asylums, with a goal of providing moral treatment and proper guidance to people who were unable to properly adjust to social norms. Hunter (1999) discussed the theoretical explanation for these social institutions: they were created (a) to promote the stability of society, (b) to ensure cohesion of community, and (c) to restore a necessary social balance. Throughout the nineteenth century, the overwhelming majority of people with mental illness were either placed in inadequate public mental institutions, or more likely, confined to jails, almshouses, or other institutions where their care and treatment were unpredictable.

Dorothea Dix (1845) advocated for better treatment of people with mental illness, who had fallen victim to the institutionalization movement of the early nineteenth century. She fought to improve the conditions for these people. Visiting jails, houses of correction, dreary almshouses, and other places where the bulk of the people with mental illness were housed, Dix advocated for their improved treatment (Trattner, 1999). Unfortunately, President Franklin Pierce vetoed a bill initiated by Dix in 1854, which would have authorized grants of public land to establish

hospitals for people with mental illness. By the early twentieth century, state mental health hospitals began caring for individuals who required custodial care (Grob, 1983). Ironically, a latent consequence of Dix's advocacy was the development of large, custodial institutions (Mehanic et al., 2014).

Mental hygiene movement. During the Progressive Era, Adolf Meyer initiated the mental hygiene movement. As a psychiatrist, Mayer promoted two new institutional designs: the psychopathic hospital, and community-based aftercare. The aftercare model was originally envisioned as a kind of friendly visiting. According to Johnson (1990), the model soon became "an important adjunct to a psychiatrist's treatment, in which the social worker not only helped the patient adjust after discharge, but also modified the home environment that had provoked his symptoms in the first place" (p. 13). Meyer suggested the term mental hygiene to Clifford Beers, who later founded the Connecticut Society for Mental Hygiene, in 1908, and the National Committee for Mental Hygiene, in 1909. Beers and others advocated for better hospital conditions, on behalf of people with mental illness (Mechanic et al., 2014).

According to Trattner (1999), aftercare, or the provision of temporary assistance for people discharged from mental hospitals, had been discussed at the National Conference of Charities and Correction as early as 1905. Later, trained psychiatric social workers were placed on the payrolls of mental hospitals, and aftercare work became an integral part of the services at all such institutions throughout the United States.

During the Great Depression, state hospitals again became custodial

institutions. Great numbers of indigent and aged people entered state hospitals during that era. According to Karger and Stoesz (2002), state mental hospitals originally aimed to be self-sufficient communities, offering hygienic environment and healthful activities consistent with the orders for moral treatment. However, conditions in state mental hospitals deteriorated as a result of Depression-era financial hardships, and the resource and personnel demands of the war. As a result, extreme overcrowding became common in state hospitals.

Deinstitutionalization. The National Mental Health Act of 1946 authorized a broad, national program to combat mental illness, and changed the role of government in mental health policy. The Act also represented a repudiation of the position taken by President Pierce in his veto message of 1854. Begun in the first half of the nineteenth century by Dorothea Dix and others, the campaign to improve the care of people with mental illness had developed into a broad movement for community mental health, under the aegis of the federal government, by the mid-twentieth century (Trattner, 1999).

The current history of deinstitutionalization began after World War II, when a variety of civil rights protests gained widespread support, reaching their peak in 1960s. As Bachrach (1983) noted, it was a rare ideological coalition of social reformers and fiscal conservatives, working together in a growing movement to deinstitutionalize those individuals. President John F. Kennedy enacted the Community Mental Health Centers Act as an enactment in 1963. In addition to the National Mental Health Act in 1946, having the federal government assume a central role in determining mental health policy represented a drastic change in policy

(Karger & Stoesz, 2002). It also ushered in an era of community mental health and deinstitutionalization practices that continued to shape the public mental health system well into the 1980s (Trattner, 1999). Furthermore, the introduction of psychotropic medications in state hospitals promoted deinstitutionalization across the country in the mid-1950s. Psychotropic drugs' effectiveness significantly contributed to the view that individuals could, in fact, be treated outside of the state hospitals (Solomon, Gordon, & Davis, 1984).

As deinstitutionalization progressed, state hospitals began to be viewed as agents of social control. According to Hunter (1999), the remaining population in state mental hospitals included people with mental illness and serious behavior disorders, forensic patients under court supervision, and sex offenders. Although the transfer of patients from state hospitals to community settings was poorly planned, state officials were pressured to facilitate deinstitutionalization for purely economic reasons, regardless of whether or not alternative care was available in the community (Karger & Stoesz, 2002).

According to Johnson (2011), there have been at least three movements in the United States aimed at deinstitutionalization. In response to criticism about the correctional system, the first movement occurred in the late 1800s, with the development of a system of parole and probation. Deinstitutionalization, the second movement, occurred from 1950 into the 1970s. Transinstitutionalization, the third movement, occurred because of budget cuts in both the correctional and mental health systems. Slate and Johnson (2008) estimated that the imprisonment of inmates with mental illness costs approximately $9 billion a year. If the mental health and

criminal justice systems fail to initiate collaborative responses, the issue of transinstitutionalization will continue.

Transinstitutionalization. In spite of continued hope and enthusiasm for community-based care, deinstitutionalization has remained, by and large, unrealized. While some people discharged from state hospitals are able to create new lives, others have confronted serious problems moving back into their communities. According to Trattner (1999), many people have been "reinstitutionalized, not in mental hospitals under the care of physicians, but in wretched boarding houses, skid-row tenements, local jails, overcrowded municipal shelters, and especially on the nation's streets, which had become its new mental wards" (p. 210).

By the late 1980s, deinstitutionalization underscored the problem of homelessness. At least fifty percent of the homeless population was made up of people with severe mental illness (Karger & Stoesz, 2002). Correctional institutions have increasingly replaced treatment facilities, for "the control of dangerous street people" (French, 1989, p. 471). Overcrowded correctional facilities have been clearly associated with the deinstitutionalization of people with mental illness (Johnson, 1990).

Criminalization of persons with mental illness. Some researchers have associated the concept of transinstitutionalization with the concept of criminalization, hence the shifting of a large number of people and funding from one institution (state hospitals), to another large institution (jails and prisons). However, in actuality, only handful of studies have shown that deinstitutionalization, combined with inadequate funding for community-based treatment for individuals in

need of mental health services, has led to the criminalization of mentally ill, and the attendant increase in incarceration rates (Prins, 2011).

Marc Abramson, a prison psychiatrist, was the first to use the term "criminalization," meaning that people with mental illness were more likely to be criminalized and sent through the criminal justice system, rather than being treated by the mental health system (Abramson, 1972; Corrigan, Mueser, Bond, Drake, & Solomon, 2008; Lurigio, 2013). The lack of mental health services in communities, strict commitment laws, and deinstitutionalization policies have played a major role in the overrepresentation of people with mental illness in the criminal justice system (Barrenger & Canada, 2014). In reality, although mental illnesses among incarcerated people are a significant issue in correctional facilities, assessing whether these people are increasingly being criminalized is difficult to determine (Mechanic et al., 2014). The results of many studies have been mixed. Due to the lack of empirical support, the direct connection between deinstitutionalization and criminalization cannot be asserted (Barrenger & Canada, 2014; Corrigan et al., 2008; Teplin, 1991).

Trajectory of Social Work in Corrections

The literature suggests that social workers have been involved in corrections since the early 1920s. For example, the National Society of Penal Information's report on a prison in Baltimore in 1923 posits, "A new position, recently established, is that of 'Social Worker.' The duties of the office include charge of the school, censorship of correspondence, visiting families of prisoners, etc." (National Society of Penal Information, 1925, p. 125). Another visit to the same prison in 1925 stated,

"The social worker, formerly a woman, has been replaced by a man. The social worker is responsible for recreation, education and the library" (National Society of Penal Information, 1926, p. 271).

In the late 1920s, Howard Gill introduced a treatment team to a prison in Norfolk, Massachusetts, a team that included social workers (Prout & Ross, 1988; Rothman, 1980). Gill hired treatment personnel, with funding support from the Rockefeller Foundation (Prout & Ross, 1988).

According to Gill (1962), a classification system was adopted in Massachusetts in 1930, followed by the Federal Bureau of Prisons (BOP) in 1934. The BOP implemented a medical model for treatment of prisoners in the 1920s (Allen & Simonsen, 1998). The system originally grouped and separated incarcerated populations for treatment (Alexander, 2000; Wilson & Pescor, 1939). Subsequently, individualized treatment or casework became the standard, eventually opening the gates of prisons to professional staff including teachers, psychiatrists, psychologists, social workers, and others (Clear, Cole, & Reisig, 2006; Joint Commission on Correctional Manpower and Training, 1970; Stern, 1933).

The idea of employing social workers in prisons spread across the country, in the early 1930s. Social workers held a variety of different job titles, such as social worker, psychiatric social worker, welfare worker, or social investigator (Cox, Bixby, & Root, 1933). In addition, some social workers were hired to work in special prisons, such as the State Reformatory for Women (Dwight, Illinois in 1931), or the Institution for Male Defective Delinquents (Napanoch, New York in 1931). Although there have been few reports that describe what social workers did in prisons at that

time, Stern (1933) noted their function:

> The social worker of the institution should not only be a social investigator, but should take part in what is essentially the social worker's function, the social casework planning and treatment of individuals……Social casework (Richmond, 1922) which consists of "those processes which develop personality by means of adjustment consciously effected, individual by individual, between man and his social environment," will bring to the prison and reformatory a greater flexibility of treatment which will stress "the individual as object and the art of relationship as method" (Cannon, 1933). (Stern, 1933, p. 12)

Another report indicated that the functions of the social work staff in prison at that time included: (a) performing social investigations, (b) keeping social records, (c) classification and planning, (d) social treatment, (e) discharge and parole, and (f) advancing professional qualifications (Recommendations and Proposals of the Sub-Committee On Social Work To the Committee On Case Work and Treatment of the American Prison Congress, 1934).

Kenneth Pray, who served as the director of the Pennsylvania School of Social Work in 1922, and had been an active member of the Board and Executive Committee of the Pennsylvania Prison Society since 1921, emphasized the utilization of social casework principles and process. He noted that case work was used "…in the Federal prisons, in the Norfolk State Prison in Massachusetts, and more recently here and there elsewhere in the country, this idea has taken powerful hold" (Pray, 1934, p. 31). He stressed that the social work profession had to

contribute to corrections without losing its identity and principles. He came to the conclusion that, “Social workers have learned that it is possible to cooperate with prison authority, indeed to represent it, without sacrificing any basic principle of social work” (Pray, 1949, p. 189).

By the 1950s, some social workers assumed leadership roles, in prisons and in national correctional organizations (Ohlin, 1956). With an increasing number of social workers entering into the prison system at that time, social work educators, such as Elliot Studt, made a significant contribution to education and practice in corrections. Studt explored the client-worker relationship in the field of corrections, with a particular emphasis on the impact of the social worker’s authority on the practice of social work in prisons. Studt understood that social workers in correctional facilities inevitably played some role of social control (Studt, 1956). She believed that an intensive study of social work in prisons might “illuminate the role of authority in treatment in a way that will be useful for all social workers” (Studt, 1956, p. 264). Since very few social work educators had correctional experience, she played a significant role in theoretical development and education, within the field of corrections.

In spite of the growth of social work in the field of corrections, many social workers experienced difficulties in performing the full scope of potential social work roles. A significant obstacle to carrying out a social work function was that some social workers were employed with such titles as “classification officer, institutional parole officer, treatment worker, diagnostic clinic worker, or supervisor of cottage life,” (Studt, 1959, p. 11-12) rather than social worker. Many social

workers faced difficulties in performing the full range of professional tasks in their uneasy organizational environments; some even lost their professional identities.

In addition to their initial roles as caseworkers, social workers often used group work methods in prisons. They also utilized community organization methods, to help incarcerated people's transition into their home community (Joint Commission on Correctional Manpower and Training, 1970). Unfortunately, by the 1970s, the growth of social work practices ended. Instead, punishment and deterrence strategies replaced treatment and recidivism prevention strategies. A study conducted by Robert Martinson (1974), where he reported that few treatment programs actually reduced recidivism, greatly influenced this dramatic shift (van Wormer, Roberts, Springer, & Brownell, 2008; Walters, Clark, Gingerich, & Meltzer, 2007). Clearly, the profession's role in corrections, like in other field of practice, was affected by pendulum shifts f policy, in the United States and in the broader international context. Social work's engagement in the field of corrections began to decline, in accordance with the philosophical and policy shift, from rehabilitation to punishment. Many social workers were forced to leave the field of corrections then, due to a loss of funding (Gibelman, 1995; Gumz, 2004; van Wormer et al., 2008). This shift, from emphasizing rehabilitation to a focus on crime control, led to longer sentences in federal and many state prisons.

Due to an increase in the number of incarcerated people with special needs, a gradual shift back towards treatment became evident in some states. However, managed care's focus on short-term treatment and evidence of effectiveness has limited social work practice in most correctional settings. The profession is

restricted by current fiscal constraints in pursuing effective treatment for people with mental illness and/or substance use disorders.

Social Workers Roles in Corrections

In spite of the long history between social work and corrections, limited literature is available about the more recent delivery of social work services in the field of corrections (Brownell & Roberts, 2002; Matejkowski, Johnson, & Severson, 2014; Patterson, 2012; Rainford, 2010; Severson, 1994). As the number of inmates with mental illness and/or substance use disorders increases, social workers often serve as mental health professionals, on multi-disciplinary teams. Social workers typically carry out direct practice tasks, including intake, engagement, psychosocial assessment, and counseling, in collaboration with psychologists, psychiatrists, and psychiatric nurses. In addition, social workers provide support to the families of inmates (Gibelman, 2005).

Social workers also provide case management services (Magaletta & Boothby, 2003). These services include: (a) identification of need for case management, (b) assessment of specific needs, (c) planning for services, (d) linkage to services, (e) monitoring and evaluation, and (f) advocacy for clients (McNeece, Springer, & Arnold, 2001; Ridgely, 1996).

In spite of structural constraints, group work has been an essential service in most prisons. As McNeece et al. (2001) noted, social workers focus on the strengths of the individual, and help foster cohesion within the group, by creatively engaging group members. Likewise, some social workers assist peer-lead groups, which help prepare members for their future lives in the community.

Social workers have promoted the reentry of prisoners into society (Cnaan, Draine, Frazier, & Sinha, 2008; Rainford, 2010; Studt, 1967). Preparation for reentry is inadequate in most prisons (Baillargeon et al., 2010; Brandt, 2012; Cropsey, Wexler, Melnick, Taxman, & Young, 2007; Hoge, 2007). As the demand for a continuum of care to prevent recidivism increases, social workers continue to provide their distinctive expertise in the reentry practice (Fletcher et al., 2009; Hatcher, 2007; Ivanoff, & Smyth, 1997; National Association of Social Workers, 2009; Pettus & Severson, 2006; Steadman, 1992). Social work's historic dual focus on person and environment is a useful conception in preparing inmates with mental illness and/or substance use disorders for the complicated transition from prison to community.

Social workers are frequently called upon to advocate for inmates and ex-inmates (Alexander, 1989; Andrews, Feit, & Everett, 2011; Brownell & Roberts, 2002; Cnaan et al., 2008; Griffin, 2007; Kelly, Smith & Gibson, 2009; Kita, 2011; Mazza, 2008; Rainford, 2010; van Wormer et al., 2008). The National Association of Social Workers' policy statement on Correctional Social Work, adopted in 1999, includes a call for the development of a practice standard in correctional social work (McNeece & Roberts, 2001). Among the 10 principles in the statement, advocacy for inmates was listed at the top.

Toi (2014) reviewed the relevant literature on social work in corrections since 2000, paying special attention to incarcerated people with mental illness and/or substance use disorders. According to the review, the core professional roles are summarized as: (a) assessment, (b) advocacy, (c) discharge planning, (d) individual

counseling, (e) group work/counseling, (f) community linkage/referral, (g) substance abuse treatment, (h) case management, (i) program development/evaluation, (j) follow-up, (k) education and skills training, (l) screening, (m) crisis intervention, (n) psychotherapy, and (o) assisting families of inmates. However, very little is known about what social workers have reported that they do, especially when working with inmates with mental illness and/or substance use disorders.

Social Work Values

From its inception, social work distinguishes itself from other professions by a set of values that guides its practice (Reamer, 2001). Social, cultural, organizational, or personal values affect the decisions that social workers make (Greeno, Hughes, Hayward, & Parker, 2007). Simultaneously, the personal values of social worker are often influenced by familial, religious, cultural, and current societal values (Congress, 1999). As such, social workers may find differences between their personal and professional value systems. A criminal justice system that values order, control, and punishment challenges such social work values as dignity of the individual, client self-determination, and social justice (Gumz, 2004; McNeece & Roberts, 2001).

In contrast to the value base of social work, the primary approach to offenders in corrections is based upon control and punishment from an authoritarian stance (Young & LoMonaco, 2001). As Ohlin (1960) noted, a historical conflict exists "between the adherents of a protective ideology and of a social work philosophy" (p. 129). Inevitably, social workers in prisons face value dilemmas, role conflicts, or difficulties in ethical decision-making, due to the philosophical difference between

social work and correctional organizations. Severson (1994) cautioned that effective work with incarcerated populations requires an application of social work values in a unique setting, full of risks of liability, professional ostracism, and personal change.

Professional value and ethical dilemmas do not represent a new issue for correctional social workers. These dilemmas can be traced to social work's beginnings in the field of corrections. According to Rothman (1980), the head of social work at Norfolk prison in Massachusetts, in the late 1920s, was "particularly sensitive to the problem of the therapist as double agent, the caseworker who was at once supposed to serve the institution and the inmate" (p. 403). Similarly, Pray (1946) noted that an essential confusion and conflict existed in the values and viewpoints between the prison administrators and social workers in the authoritarian institutions.

The dual goal of helping the individual and fulfilling the mandates of a correctional organization with a responsibility to sustain safety and security creates structural dilemmas. For social workers, ethical challenges arise when they have two or more conflicting obligations, where they need to weigh the needs of the justice system against those of incarcerated people (Sheafor & Horejsi, 2008; Treger & Allen, 1997). Social workers often find themselves having to choose between these two value systems (Pollock, 2012; van Wormer, Springer, & Maschi, 2012). Other professionals can face similar conflicts in correctional practice (Ward, 2013). Psychiatrists, for example, must decide whether to prescribe antipsychotic drugs as a treatment, or for behavioral control intervention (Tanay, 1982). Likewise, psychologists experience ethical and professional dilemmas when they are expected

to perform custody-oriented activities, which would affect therapeutic relationship with the individual inmate (Weinberger & Sreenivasan, 1994).

Role Incongruity, Ambiguity, and Conflict in Correctional Settings

Social work has traditionally had an uneasy alliance with corrections (Alexander, Young, & McNeece, 2008; Fox, 1983; Handler, 1975; Ivanoff & Smyth, 1997; Reamer, 2004). This uneasy alliance has been attributed to differences in values, principles, and philosophies (Ivanoff, Smyth, & Finnegan, 1993; Mazza, 2008; Patterson, 2012; Severson, 1994; Young & LoMonaco, 2001). Social work's focus on improving the fit between people and their environments is not readily compatible with the ideology of prisons (Kita, 2011). As a consequence, social workers often experience difficulties functioning in correctional settings, especially those who believe that prisons are philosophically opposed to social work values (Patterson, 2012; Severson, 1994). As Blau and Scott (1962) noted, divergent principles and values tend to generate conflicts between professionals and their organizations.

Similar to social workers those who work in hospitals, schools, or military, prison social workers often find their professional value orientations in conflict with agency policies and regulations. Social workers experience significant strain between their roles as clinical staff members, and as correctional staff members. Feeling caught between these discrepant role expectations, social workers deal with role incongruity, role ambiguity, and role conflict (Johnson, 2008). As "resident guests," social workers may experience "role ambiguity and role strain" (Dane & Simon, 1991, p. 208), in addition to value discrepancy. The status of "resident guest"

and the conflicting roles associated with it creates significant stress for social workers (Brodsky, 1982; Lloyd, King, & Chenoweth, 2002). This role stress is exacerbated by working with inmates with mental illness and/or substance use disorders, who are warehoused in prisons (Hafemeister, Hall, & Dvoskin, 2001). Pollock (2013) has documented that role conflict and role ambiguity lead to job stress, and reduced job satisfaction among employees in correctional settings. However, few studies have examined the effect of role incongruity, role ambiguity or role conflict on the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders.

Job Satisfaction

According to the definition by Cranny, Smith, and Stone (1992), job satisfaction is an affective reaction to one's job, resulting from the person's comparison of actual outcomes with those that are desired. Job dissatisfaction negatively affects an organizational culture by opening paths to burnout, absenteeism, and staff turnover (Acker, 2004; Camp, 1994; Garland, McCarty, & Zhao, 2009; Jataratne & Chess, 1984; Lambert, Edwards, Camp, & Sayler, 2005; Siefert, Jayaratne, & Chess, 1991; Whitehead & Lindquist, 1986). These negative consequences jeopardize both individual and organizational performance. According to Carlson and DiIulio (2008), the U.S. Department of Justice has determined several main goals of performance-based management (i.e., justice, safety, order, management, or health) in corrections, each with their own indicators. For example, the management goal includes indicators such as job satisfaction, stress and burnout, or staff turnover, to improve organizational health and accomplish organizational

missions.

Job satisfaction has been studied as an important indicator in prisons, and has found to have an inverse effect on staff turnover. High turnover generally decreases the quality of services provided, and places the health and safety of staff and inmates at risk (Lambert & Hogan, 2009). Most job satisfaction studies in prisons have focused on custodial or correctional staff overall (Hepburn & Knepper, 1993; Lambert, 2004; Lambert, Altheimer, & Hogan, 2010; Lambert & Hogan, 2009, 2010; Lambert, Hogan, Paoline, & Clarke, 2005). Increasingly, researchers have brought attention to the job satisfaction of non-custodial staff and administrators, such as wardens (Cullen, Latessa, Kopache, Lombardo, & Burton, 1993), nurses (Gulotta, 1987; Flanagan & Flanagan, 2001, 2002), psychological staff, teachers, and unit management staff (Garland et al., 2009). However, few studies have specifically focused on the job satisfaction of prison social workers.

Conceptual Framework

Role theory. Role theory is defined as "a collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role, or under what circumstances certain types of behaviors can be expected" (Conway, 1988, p. 63). Social work scholars have long used role theory to explain human interactions with others in social environment (Payne, 2005; van Wormer, Besthorn, & Keefe, 2007). Role theory provides a theoretical lens with which to study and describe the direct and indirect influences of the social environment on the individual. Role theory is congruent with social work's historical emphasis on person-environment transactions (Davis, 1996; Thompson & Greene, 2009).

Role theory posits that, "when the behaviors expected of an individual are inconsistent – one kind of role conflict – he/she will experience stress, become dissatisfied, and perform less effectively than if expectations imposed on him/her did not conflict" (Rizzo, House, & Lirtzman, 1970, p. 151). The theory's basic assumptions are: (a) expectations are the major generators of roles, (b) expectations are learned through experience, and (c) persons are aware of the expectations they hold (Biddle, 1986). In the framework of role theory, the behavior of people can be understood as an interaction between their personalities and their roles. Furthermore, social interaction can be understood in terms of the positions occupied by the role occupants, and the way that their behaviors are shaped by the perceptions, values, prescriptions, and sanctions associated with these positions (Garvin, 1991). Among the variety of concepts in role theory, role expectation, role stress (role incongruity, role ambiguity, and role conflict) and role strain (response to stress), will be useful concepts to guide this study.

Role expectation. In role theory, role expectations are defined as position-specific norms, that identify the attitudes, behaviors, and cognitions required and anticipated for a role occupant (Hardy, 1978; Hardy & Hardy, 1988). In other words, they are the set of expectations for the behaviors of a person or a position held by a particular person or by a generalized other (Davis, 1996). For example, society holds a certain expectation of social workers as human service professionals. Similarly, prison organizations may expect social workers to assume specific roles in working with inmates. Severson (1994) suggested that the social worker should review the expectations of correctional organizations, as well as

expectations of their own roles, although these do not have to be the same. In general, conflicting role expectations and role performances would be major sources of psychological distress.

Role incongruity. Role incongruity may commonly arise when a role occupant finds that the expectations for his or her role performance are operating against his/her self-perceptions, dispositions, attitudes, and values (Hardy, 1978). Role incompatibility occurs between an individual's self-concept and the expectations of his or her professional roles, and lasts until the self-identity and values fall into line with those expected by the social environment (Hardy & Hardy, 1988). In contrast to concepts such as role ambiguity or role conflict, the concept of role incongruity, and its association with related concepts, has not been fully developed in the literature.

Role ambiguity. In role ambiguity, expectations are unclear to the role occupant. It occurs when the specifications set for an expected role are incomplete, or insufficient to guide the incumbent as to what is desired or how to do it (Biddle, 1979, 1986). Study findings indicate that role ambiguity leads to less concern for or involvement with the group, lower job satisfaction, increased tension, anxiety, and depression (Caplan & Jones, 1975; Fisher & Gitelson, 1983; Van Sell, Brief, & Schuler, 1981). Role ambiguity is more detrimental to role performance, satisfaction, and commitment than role conflict (Fisher & Gitelson, 1983; Hardy & Hardy, 1988; Rizzo et al., 1970). Hardy and Hardy (1988) noted that role ambiguity is greater among administrators, whereas role conflict is stronger among professionals in an organization. Although most studies report that role ambiguity has negative impact on professionals, it "provides opportunity for creativity in the role and role making"

(Hardy & Hardy, 1988, p. 201). As Fogler (2009) emphasized, the concept of role ambiguity is essential to social work research, since social workers experience multiple group memberships and contrasting role expectations from the groups and organizations to which they belong.

Role conflict. Role conflict arises when a person experiences incompatible demands in the performance of his or her designated roles (Davis, 1996). It may also occur when the employee's role in the agency requires that they perform in a manner that is inconsistent with their values (Cox & Steiner, 2013). Although role conflict has both positive and negative impacts on individuals and organizations, studies suggest that role conflict is more likely to have a negative effect such as decreased job satisfaction, dysfunctional coping behaviors, and stress and anxiety (Jones, 1993: Rizzo et al., 1970).

Prior studies have found role conflict and its linkage to subsequent stress especially in the formal organization (Biddle, 1986; Fisher & Gitelson, 1983; Van Sell, Brief, & Schuler, 1981). Since prisons are highly formalized organizations, a considerable amount of research exists on the effect of role conflict among correctional staff. Overall, studies suggest that role conflict negatively affects job satisfaction and organizational commitment (Hogan et al., 2006; Van Voorhis et al., 1991; Whitehead & Lindquist, 1986). Moreover, a study conducted by Hepburn and Albonetti (1980) indicated that role conflict was greater for treatment staff than custodial staff, within a medium security prison. Few studies have explored role conflict among non-custodial staff, such as social workers.

Role stress and role strain. Role stress is defined as a role occupant's

perception of a social structural condition, in which role obligations are vague, irritating, difficult, conflicting, or impossible to meet (Hardy, 1978). Role stress is located in social structure and may generate role strain (Hardy & Hardy, 1988). Role strain refers to the subjective state of distress experienced by a role occupant when exposed to role stress (Hardy, 1978). It arises when incongruity exists between what is perceived to be the role expectations and what is actually being achieved within the role (Lambert & Lambert, 2001). While roles can positively impact a role occupant's happiness and well-being, the demands of some roles can be frustrating for those who perform the roles (Forsyth, 2010). A meta-analytic review by Örtqvist and Wincent (2006) reported that overall, role stress facets are positively related to tension, and negatively related to job satisfaction.

Role theory presumes that a role occupant's perception of a problematic social condition (stress) leads to an individual internal response (strain). It suggests that a role stress – role strain model can be utilized to examine role problems and their consequences. Role problems are mainly represented by role ambiguity, role conflict, role incongruity, or role overload (Hardy & Hardy, 1988). For example, ambiguity about which philosophy should be followed, administrative or occupational, leads to enduring and dramatic conflict for professional staff (Hall & Tolbert, 2005). When role strain is prevalent, dissatisfied, tension-ridden health care professionals "may be drained of both energy and commitment to the organization and to professional values" (Hardy, 1978, p. 73). Role strain related to role incongruity is considered a factor that maintains an uneasy relationship between social work and criminal justice (Ivanoff, Smyth, & Dulmus, 2007; Needleman & Needleman, 1997). As such, the

role stress – role strain model will be a helpful guide in this study.

Research Questions and Hypotheses

The following set of research questions and hypotheses are proposed:

1. What roles are assumed by social workers in prison when working with inmates with mental illness and/or substance use disorders?
2. Is there a relationship between social workers' value orientations and their defined professional roles in working with inmates with mental illness and/or substance use disorders?
3. Do social workers perceive, and if they do, at what level, role incongruity, ambiguity and/or conflict between their self-defined professional roles and their organizationally-defined roles?
4. Are social workers' perceived role incongruity, ambiguity and/or conflict associated with the extent of their role strain?

   Hypothesis #1: Social workers who report higher role incongruity, ambiguity and/or conflict will report higher role strain than those who experience role compatibility, after controlling for demographic variables.
5. How does social workers' perceived role strain influence the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders?

   Hypothesis #2: Social workers who perceive higher role strain will experience lower job satisfaction than those who perceive lower role strain, after controlling for demographic variables.
6. Do social workers' perceived role incongruity, ambiguity and/or conflict

influence the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders?

Hypothesis #3: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict, after controlling for demographic variables.

7. Do social workers' perceived role incongruity, ambiguity and/or conflict influence the extent of job satisfaction through their indirect influence on role strain in working with inmates with mental illness and/or substance use disorders?

   Hypothesis #4: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict through their indirect influence on role strain in working with inmates with mental illness and/or substance use disorders, after controlling for demographic variables.

Chapter Two: Methodology

Study Design and Rationale

This study used a cross-sectional design. A cross-sectional design is appropriately used in exploratory studies, to assess the prevalence of a specific phenomenon, problem, attitude, or issue, and to identify relationships among hypothesized variables (Rubin & Babbie, 2005). In addition, a self-administered survey is an appropriate method, since the study participants, social workers, are accustomed to completing surveys, and are assumed to have limited time to participate in more time-intensive data collection methods. This study employed Dillman, Smyth, and Christian's (2009) mixed-mode survey design, and included: (a) a paper and pencil survey in a conference setting, (b) an online survey utilizing Qualtrics software, and (c) a mailed survey. A combination of the three survey modes was utilized in two settings.

The survey was divided into five sections and required approximately 20 minutes to complete. The first section contained items related to social workers' roles in state prisons. The second section covered questions that explore social workers' perceptions about their own role ambiguity, role conflict, and role strain. In the third section, participants were asked about their perceptions regarding their own job satisfaction in working with inmates with mental illness and/or substance use disorders. In the fourth section, participants were asked to answer questions that intended to measure their professional value orientations. The final section inquired into the demographic characteristics of participants (see Appendix A for a copy of survey instrument). The survey was constructed using measures from the literature,

and also with items constructed specifically for this study.

Sampling

Study population. According to the Bureau of Justice Statistics, U.S. Department of Justice (2008), there are 1,821 correctional facilities in the United States, 1719 of which are state facilities in 2005. There are 1,190 confinement facilities, after excluding 529 community-based facilities. Among the confinement facilities, this study focused on state prisons. More specifically, the target population was social workers who work in state prisons in the Northeast region of the United States: Connecticut; Maine; Massachusetts; New Hampshire; New Jersey; New York; Pennsylvania; Rhode Island; and Vermont, regardless of their affiliations (e.g., state Department of Corrections, a university correctional health care system, a private for-profit health care company, or a private non-profit health care company).

Sampling frame. Since there is no list of social workers in state prisons readily available, the student researcher needed to contact each state's Department of Corrections, or the appropriate authorities (e.g., university correctional health care systems, private for-profit health care company) to gain permission to access social workers as potential participants. Social work services in the target region were provided by a variety of correctional systems, including each state's Department of Corrections; university correctional health care systems; private non-profit health care companies; private for-profit health care companies; or a combination of these systems.

There were 155 correctional facilities in all nine of the Northeast region states at the beginning of 2013, and the estimated population of social workers at all of

these states combined was 775. A power analysis, using Cohen's table for effect size, indicated a minimum sample size of 105 respondents was necessary for a .05 level of significance and moderate effect size of .5 (Cohen's *d*). Of the nine Northeast region states, the researcher approached six correctional systems in five states, and stopped approaching the rest of the states when the pool of potential respondents in the sampling frame reached the target sample size. Ultimately the survey was conducted in three states in the Northeast region of the United States.

Inclusion/exclusion criteria. In some states, social workers worked under other job titles, such as mental health professional, counselor, or case manager. Therefore, social workers included in this study were defined as: 1. staff whose job title includes the term "social worker," and/or 2. staff who perform social workers roles in state prisons, regardless of job titles at the facility. Although the job description of social workers differed by state, the example of potential tasks performed by social workers were: (a) to conduct screening and psychosocial assessment; (b) to develop, monitor, and evaluate treatment plans as part of a multi-disciplinary team; (c) to provide individual counseling, crisis intervention, or other forms of psychosocial interventions; (d) to conduct group therapy, or other forms of group work; (e) to assist in discharge planning; (f) to build and link with networks of community aftercare resources; and (g) to advocate for treatment and psychosocial needs on behalf of inmates. Ultimately, potential role responsibilities of social workers in prison were included as a survey instrument in the Section 1 questions.

Instruments

Social work roles in prison. Since there is no standardized measure pertaining to social workers' role in prison, the researcher developed a list of potential social work roles, by examining a large body of literature with specific focus on inmates with mental illness and/or substance use disorders. Academic journal articles and book chapters published from 2000 through 2013 were searched through multiple databases including ERIC, PsychINFO, and Social Work Abstracts. Searches were conducted using combinations of the following terms: social work or social worker, prison, correctional, forensic, or criminal justice. The title and abstract of each article was reviewed, to determine whether the article should have been included, based on predetermined inclusion/exclusion criteria. Reference lists of articles were used to find additional publications for inclusion. Out of 112 articles and book chapters identified, 15 articles were selected for review, to assess social workers' roles in prisons. In addition, job duties, as specified in the job descriptions of social workers in several states, were reviewed in order to evaluate these professional roles.

The result of the literature review indicated that social workers typically carry out direct practice tasks including intake, engagement, psychosocial assessment, and counseling, in collaboration with other mental health professionals (Alexander, 2011; Kita, 2011; McNeece & Roberts, 2001; Patterson, 2012; Rainford, 2010; Reamer, 2004). Likewise, most studies stressed that social workers are expected to provide their distinctive expertise in building networks of community aftercare resources, to assist inmates' reentry (Alexander et al., 2008; Brownell & Roberts, 2002; O'Brien, 2009; van Wormer et al., 2008; VanderWaal, Taxman, &

Gurka-Ndanyi, 2008). In addition, some studies underscored that social workers should take on the role of advocate for the growing population of inmates and ex-inmates (Andrews et al., 2011; Griffin, 2007; Mazza, 2008; Sanford & Foster, 2009). Based on the potential social work roles informed by the review, core professional roles were listed, and a draft of survey questions was made for expert review.

Expert review. An expert review of the survey questions for social work roles in prison was implemented from January through March 2014, to enhance the content validity of the instrument. Four expert reviewers were recruited, with the assistance of one dissertation committee member. The experts consisted of: (a) a research director in one state correctional system; (b) a supervising psychologist, who closely works with social workers in one state prison; (c) a researcher who has an extensive expertise in correctional staff research; and (d) a clinical social worker in one state's Department of Mental Health and Addiction Services, who has expertise in suicide prevention, including prevention in a correctional setting.

The expert reviewers were asked to evaluate the questions that would be used in the first section of the survey instrument. Reviewers rated the importance of each item, which described the potential roles of social workers in prisons, when they work with inmates with mental illness and/or substance use disorders. The reviewers used a 7-point scale, and made comments about each question item by filling out an Expert Review Sheet. The revised draft of the questions was evaluated during a meeting with the research director in one state correctional system and a dissertation committee member. The draft of the survey questions for social work roles in prison

was finalized, upon consultation by the rest of committee members of the dissertation study.

Pilot testing. The survey instrument, including a new 22-item measure for social worker roles in prison, was pilot-tested in April 2014. A pilot testing is an essential evaluation method for every survey study, to identify unexpected problems in survey design and instrument, in advance of the main study. It provides a prospect of whether the study procedure will work in the field, and is especially indispensable for a new survey questionnaire (Dillman et al., 2009). A pilot testing should also be planned to assess whether the survey questions are understandable to participants, are ordered correctly, and can be finished within the estimated time for completion (Bradburn, Sudman, & Wansink, 2004).

The researcher sent a request letter to potential participants for the pilot testing, asking if they would be interested in assisting the study by filling out a questionnaire and providing comments and feedback about the survey instrument. The survey instrument was ultimately pilot-tested by seven licensed clinical social workers, who all had practiced in correctional facilities or were social work educators and/or researchers in the field of criminal justice. It took approximately 60 minutes of their time: 20 minutes to complete the survey, and 40 minutes to review the survey instrument using a review sheet in a face-to-face meeting. The review sheet included 25 questions, to evaluate several aspects of the survey instrument such as the time to complete, clarity of wording, or appropriateness of question ordering (see Appendix B for the review sheet). Minor changes were made to a few questions, to improve clarity of wording, and the survey instrument was finalized for

the major study. The internal reliability of the Social Work Roles in Prison Scale indicated a Cronbach's alpha coefficient of .90 (n = 119) in this study.

Independent variables

Role incongruity. In this study, role incongruity was defined as the differences between one's perception of the professional roles one should be performing, and the roles as expected by the organization. Respondents were first asked to read the list of social workers' role responsibilities in state prisons, and then to indicate how they think social workers should perform each professional role in state prisons. This portion represented the Social Work Roles in Prison Scale. Subsequently, the respondents were asked to indicate how they thought the organizations expected them to perform each professional role. Each item was coded using a five-point, Likert-type responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Role incongruity scores were calculated by summing up the absolute value of the differences between the social workers' self-perceptions of their professional roles, and the expectations of these roles by the organizations. The internal reliability for the Role Incongruity Score was very good in this study, with a Cronbach's alpha coefficient of .92 (n = 118). Total scores for role incongruity were calculated by adding up the scores on each of the question items, where higher scores indicated greater incongruity and lower scores indicated less incongruity.

Role ambiguity. Role ambiguity was defined as a condition in which disagreement about role expectations occurs, associated with a lack of clarity in those expectations (Hardy & Conway, 1978; Hardy & Hardy, 1988). A six-item scale developed by Rizzo et al. (1970) measured role ambiguity. The coefficient alpha

values for previous studies for the scale ranged from .71 to .95 (Fields, 2002). Respondents were asked to respond to each item, indicating the degree to which the condition existed for them, using a five-point scale, with responses ranging from *strongly disagree* to *strongly agree*. The Role Ambiguity Scale had good internal consistency in this study, with a Cronbach's alpha coefficient of .87 (n = 120). Total scores for role ambiguity were calculated by adding up the scores for each of the question items, where higher scores indicated greater ambiguity and lower scores indicated less ambiguity.

Role conflict. Role conflict was defined as a condition in which a person perceives existing role expectations as being contradictory, or mutually exclusive (Hardy & Conway, 1978; Hardy & Hardy, 1988). An eight-item scale of role conflict by Rizzo et al. (1970) measured role conflict. The coefficient alpha values for the scale ranged from .71 to .87 (Fields, 2002). In the same way as role ambiguity scale, respondents were asked to respond to each item using a five-point scale, with responses ranging from *strongly disagree* to *strongly agree*. The Role Conflict Scale also showed good internal consistency in this study, with a Cronbach's alpha coefficient of .87 (n = 120). Total scores for role conflict were calculated by adding up the scores for each of the question items, where higher scores indicated greater conflict and lower scores indicated less conflict.

Social work values. Based on the prior work by Howard and Flaitz (1982), Abbott (1988) developed the Professional Opinion Scale (POS), which provides a methodologically sound means for assessing one's degree of commitment to social work values. The POS was further validated by Abbott (2003) and revised by Greeno

et al. (2007). In this study, the 28-item revised POS by Greeno et al. (2007) was used to assess professional value orientations. The revised POS has four value subscales identifying the core values of social work: respect for basic rights (alpha = .70), support of self-determination (alpha = .76), sense of social responsibility (alpha = .71), and commitment to individual freedom (alpha = .70). The 28-item revised POS indicated good internal consistency in this study, with a Cronbach's alpha coefficient of .86 (n = 117). Negatively worded items (2, 3, 4, 5, 6, 7, 8, 10, 11, 16, 20, 21, 22, 24, 25, 26, 27, and 28) were reverse-coded. Total scores for the revised POS were calculated by adding up the scores for each of the question items. Higher scores indicated greater consistency and lower scores indicated less consistency with social work values.

Mediating Variable

Role strain. Role strain was defined as the subjective state of distress experienced by a role occupant, when exposed to role stress (Hardy, 1978). It has been studied as a psychological and physiological state, related to feelings that role obligations are difficult or impossible to perform (Hardy & Hardy, 1988). For example, psychological responses have been identified as anxiety, tension, distress, irritation, frustration, and depression. The Work Tension Scale, developed by House and Rizzo (1972), was used to measure role strain as one of the psychological states experienced by social workers in prisons. It described an employee's psychological symptoms, associated with tension experienced at work, and is clearly conceptualized as a reflection of job-related psychological strain (Fields, 2002; Hurrell, Nelson, & Simmons, 1998). The coefficient alpha values for the scale

ranged from .71 to .89 (Fields, 2002). The items focused on strain that could have been ascribed to the job (e.g., 'I work under a great deal of tensions') and the response alternatives ranged from 1 (*strongly disagree*) to 5 (*strongly agree*) (Näswall, Sverke, & Hellgren, 2005). In this study, the researcher used the Work Tension Scale, and replaced all references to "in the company" with "in this facility." The Work Tension Scale indicated good internal consistency in the current study, with a Cronbach's alpha coefficient of .89 (n = 120). Total scores for role strain were calculated by adding up the Work Tension scores for each of the question items, where higher scores indicated greater strain and lower scores indicated less strain.

Dependent Variable

Job satisfaction. Global measures of job satisfaction, rather than facet measures, are generally used in prison research (Garland & McCarty, 2009; Lambert, Hogan, & Barton, 2002). In this study, job satisfaction was defined as an affective reaction to one's job, based on comparing actual outcomes with desired outcomes (Cranny et al., 1992; Fields, 2002). A five-item scale, used in the Prison Social Climate Survey data (Garland & McCarty, 2009; Garland et al., 2009; Saylor & Wright, 1992), was used to measure job satisfaction. Each item in the scale was measured on a seven-point Likert-type responses, ranging from 0 (*strongly disagree*) to 6 (*strongly agree*). Coefficient alphas for the job satisfaction scale indicated .80 in the prior studies (Garland & McCarty, 2009; Garland et al., 2009). In this study, the researcher used the job satisfaction scale by replacing all references to "BOP" (Federal Bureau of Prisons) with references to "this facility." The Job Satisfaction Scale indicated good internal consistency in this study, with a Cronbach's alpha

coefficient of .83 (n = 120). Negatively worded items (1 and 5) were reverse-coded. Total scores for the Job Satisfaction Scale were calculated by adding up the scores for each of the question items. Higher scores indicated greater job satisfaction and lower scores indicated less job satisfaction.

Data Collection

Correctional systems in the Northeast region have unique systems of health and mental health services for inmates, which differ by state. It required the researcher to spend a significant amount of time identifying the appropriate contact person, developing relationships with personnel in the systems, and ultimately obtaining approval to conduct the survey. Since the potential participants were employed by a variety of correctional systems in the region, the researcher had to approach six correctional systems in five out of nine states in the region, to secure the minimum sample size. Data collection took place from June 2014 through June 2015, at three correctional systems in three states in the Northeast region of the United States.

State A. In the first state of contact (State A), an endorsement from the administrator of the correctional system was obtained in April 2014. The research director of the correctional system, who also served as one of the expert reviewers, provided information on an upcoming training conference for social workers in the correctional system, and offered an opportunity to distribute the survey instrument at the conference. The original research protocol, which was approved by the University of Connecticut's IRB in December 2013, listed the modes of survey distribution as either mail or online. As such, an IRB amendment was made to

include an additional mode of administering the survey, “to be distributed at conferences,” and it was approved by the University of Connecticut’s IRB in May 2014. The researcher was allowed to attend a planning committee meeting, to explain the study and clarify any concerns regarding the distribution of the survey at the conference. The planning committee approved the final version of the survey instrument, and a session about the survey distribution was included in the conference program.

The one-day training conference for social workers, organized by the correctional system, was held twice in June 2014. The pre-notice letter was not used and instead, participants knew about the survey session from the conference agenda in advance. The survey instrument and an information sheet were distributed to participants by the researcher. A conference facilitator, who is an administrator at the correctional system, then verbally informed and explained that the survey was entirely voluntary and anonymous, and refusal to participate in the survey would not affect participants’ jobs or employment status in any way; this message was based upon the IRB-approved script, as prepared by the student researcher. The student researcher collected the survey instrument after participants completed the survey. Ultimately, all 61 participants returned the survey: 32 at the first conference, and 29 at the second conference. Two participants won a $50 gift card by a raffle at each conference, as a token of appreciation for responding.

Although it was expected that most of the social workers would participate in either the first or the second conference, an online survey was planned after consulting with administrators of the correctional system, in order to reach those

who did not participate at the conferences. A list of 32 social workers, who were unable to attend the conferences, was provided and the student researcher conducted an online survey between August and September 2014. The researcher used Qualtrics survey software, to distribute the online survey and manage the database. Qualtrics was chosen over other survey software due to its design for academic use, availability of user support services, and protection of participant confidentiality. Four social workers, with practice and research experience in the field of criminal justice, pre-tested the survey via email, mainly to check the technical aspects of the online survey. All the pre-test participants confirmed no technical concern in responding via the online survey.

An advance notice email was sent to the 32 potential participants at the beginning of August 2014. It provided information about the study with the researcher's contact information; explained that a survey would arrive in a few days; and expressed that the participants' responses would be greatly appreciated. Two days later, participants received an email that included the survey information sheet and a link to the online survey. After a week, a thank you/reminder email was sent to all the survey participants, thanking those respondents who had already returned the survey, and encouraging those who had not yet done so to participate. Three weeks later, a final reminder letter was sent by mail, and an individualized final reminder email was sent to all the survey recipients, about four weeks after the initial request email. In addition to the message of appreciation for respondents who had already returned the survey, the final reminder letter/email also reinforced the messages contained in three previous contacts that responding was important to the success of

the survey, and asked for cooperation in completing the study. After closing the online survey, one participant received a $50 gift card via email, chosen by drawing among those who opted to participate in the raffle anonymously. Sixteen participants responded to the online survey, out of 32 potential participants. Ultimately, the total number of respondents in State A was 77 out of 93, resulting in an 83% response rate.

State B. The researcher approached a clinical administrator of the correctional system in the second state of contact (State B) via email, with an inquiry letter, research protocol and approval letter from the University of Connecticut's IRB, survey cover letters, survey instruments, and the researcher's CV at the beginning of July 2014. The administrator responded with support for the study, and provided information on tasks, job titles, and number of potential participants at this particular correctional system. Since the correctional system was not listed in the research protocol, as were the other collaborating institutions, an IRB amendment to the protocol was submitted and approved by the University of Connecticut's IRB in November 2014. However, the researcher was informed by another clinical administrator who was responsible for the research requests that the study would need to be reviewed and approved by the legal department of the correctional system. Unfortunately, the researcher was not able to receive further feedback, regarding the progress of the internal review, within the planned time frame of data collection, although follow-up contacts were tried via email and phone. As a result, data collection did not occur in this state.

State C. While waiting for a feedback from State B, the researcher contacted

the third state (State C) in August 2014. The researcher sent an email to the research division of the correctional system, with an inquiry letter, research protocol and approval letter from the University of Connecticut's IRB, survey cover letters, survey instrument, and the researcher's CV. A coordinator of the research division responded to the inquiry and explained that there was a staff shortage due to recent retirement of the director of the division, and that the processing of the research request would be handled when a new staff member was deployed. However, no prospected schedule was mentioned. The research requested was not processed, although additional contact was made when the researcher sent the amended and re-approved IRB protocol.

State D. The researcher contacted a clinical administrator at the correctional system in the fourth state (State D) via email, with an inquiry letter, research protocol and approval letter from the University of Connecticut's IRB, survey cover letters, survey instrument, and the researcher's CV at the beginning of February 2014. Two weeks later, the administrator responded in support of the study, and offered an idea to help distribute the survey request via a listserv, which would reach all social work staff employed by the correctional system. The administrator consulted with the IRB office of the correctional system and confirmed that another IRB approval would not be required for the distribution of the survey via the listserv. Like the online survey in State A, the student researcher used Qualtrics survey software, but no advanced notice was used at this correctional system.

At the beginning of March 2015, a survey request with a link to the online survey, and a signed information sheet was distributed via the listserv, with the

administrator's assistance. After two weeks, a thank you/reminder email was sent to the potential participants via the listserv. Three weeks later from the first distribution, a final reminder email was sent via the listserv. In addition, the administrator provided further help by making an announcement about the survey during a conference within the correctional system, just after the distribution of the final reminder. After closing the online survey, selected participants received a $25 gift card via email, chosen by drawing from those who opted to participate in the raffle anonymously. Ultimately, 15 participants responded to the survey, out of 73 potential participants in State D, resulting in a 21% response rate.

In addition, the researcher was informed by the administrator that some social workers were also employed by another correctional system in State D. The researcher sent an inquiry email to an administrator at the research office of the state correctional system in March 2015, including the same documents and letters used in the other states. In the middle of May, the researcher received a feedback regarding the preliminary review of the research request, and was advised to submit an application form to request an official review. The application for an official review was sent to the research office at the beginning of June 2015, after corresponding with the office personnel in charge of handling the request. A week later, the researcher was informed that the application was not approved because "it is departmental policy to prohibit staff survey or interviews. Particularly, any surveys or interviews of correctional staff, either custody or civilian, are prohibited" at the state correctional system. As a result, the researcher was able to access one correctional system, out of two that provided social work services in State D.

State E. In the middle of December 2014, the researcher approached State E by sending an inquiry email to an administrator in the research division at the state correctional system, with same letters and documents previously used in the other states. About a month later, the administrator provided feedback, explaining that everything appeared to be in order to be presented for the review board at the state correctional system. The administrator also provided helpful information about the correctional system, including the size of the inmate population, the job title of social workers and other related job titles that might fall under the inclusion criteria for this study. The researcher asked for his help in sending out the research documentation to the review board, for further review. The review board approved the research request at the end of February 2015. The researcher submitted a Background Check Form, based upon the requirements stated in the approval letter, in preparation to access the state correctional facilities. The research division then provided a list of potential participants at the end of March 2015. The division also provided assistance with identifying potential participants from the list, since it was difficult to distinguish those staff who would meet the inclusion criteria, especially those performing social work roles without the term "social worker" in the job titles. In addition, the senior staff member in charge of the research division offered to help distribute the survey packet via an intra-department mail system, since identifying the actual work site of potential participants would not have beeen easy for the researcher.

The researcher brought the survey packets, including the survey information sheets, survey instruments, and stamped self-addressed return envelopes to the

research division at the beginning of May 2015. Within a week, all the packets were distributed to potential participants from the division. One administrator called the researcher by phone and informed him that all five of the staff in her division did not meet the inclusion criteria for the study, so the researcher excluded those staff from the list of participants accordingly. After three weeks, a thank you/reminder email, which included a link to the online survey, as an alternative mode for participating in the survey, was sent to all potential participants. Another five staff were not able to reached, since emails to those five addresses were not deliverable, due to unknown reasons. About a month later from the first distribution, a final reminder email was sent. In total, 32 participants responded to the survey, out of 70 potential participants (23 via mail, and 9 online) in State E, resulting in a 46% response rate. Some survey recipients informed the researcher that, "I am not a social worker," in response to the thank you/reminder email. Potentially, the actual response rate would have been higher, since the researcher was not able to identify and exclude the participants who did not meet the inclusion criterion 2 (i.e., staff who perform social work roles in state prisons, regardless of job titles in the facility).

A summary table of data collection in the three states is shown below.

Table 2.1 *Survey Responses by State*

State	Survey Mode	Sample	Response	Response %	Valid
State A	Conference	61	61	100%	61
	Online	32	16	50%	15
	State A Total	93	77	83%	76
State D	Online	73	15	21%	13
State E	Mail	-	23	-	23
	Online	-	9	-	8
	State E Total	70 (est.)	32	46% (est.)	31
Total		236 (est.)	124	53% (est.)	120

Data Analysis

Data analysis was conducted using Statistical Product and Service Solutions (SPSS) ver. 23 for Windows. Data collected both by paper-based (conference setting and mail) and via online surveys were merged into SPSS data set. Of the 124 responses returned, 120 valid responses were entered into analyses. Frequency statistics were run on the total dataset, to assess missing data and incorrect data entry for cleaning. Descriptive analyses were done for all demographic variables such as gender, race and ethnicity, age, years of experience, degree level, clinical licensure, affiliations (e. g., Department of Corrections, university correctional health care system, or private for-profit health care company), and job title.

Bivariate analyses were conducted to compute the Pearson's product-moment correlation coefficient (r), to test the association between social workers' value orientations with professional roles defined by social workers, in relation to research question 2.

Hypothesis #1: Social workers who report higher role incongruity, ambiguity and/or conflict will report higher role strain than those experience role compatibility, after controlling for demographic variables.

Hypothesis #2: Social workers who perceive higher role strain will experience lower job satisfaction than those who perceive lower role strain, after controlling for demographic variables.

Hypothesis #3: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict, after controlling for demographic variables.

Bivariate analyses were conducted to compute the Pearson's product-moment correlation coefficient (r) to test the association between: (a) role incongruity, ambiguity and/or conflict with role strain; (b) role strain with job satisfaction; and (c) role incongruity, ambiguity and/or conflict with job satisfaction. Hierarchical multiple regression was used to assess the effect of: (a) role incongruity, ambiguity and/or conflict on role strain; and (b) role incongruity, ambiguity and/or conflict on job satisfaction, after controlling for demographic variables such as job title, years of experience, or degree level as covariates.

Hypothesis #4: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict through their indirect influence on role strain, after controlling for demographic variables.

Mediation analyses were conducted to assess the mediator effect of the role

strain on job satisfaction, after controlling for demographic variables such as job title, years of experience, or degree level as covariates.

Verification

Validity/reliability. To confirm the content validity of the proposed measure for social work roles, the items should accurately reflect the construct. To this end, experts reviewed and evaluated the Social Work Roles in Prison Scale. In addition, a pilot testing was conducted to assess the reliability and validity of the survey. Although the pilot testing methods have their specific strengths and weaknesses, each of the methods can be characterized in terms of reliability, validity, and cost. As shown in Table 2.2, the researcher ran a Cronbach's alpha coefficient on the independent and dependent variables to ensure internal consistency reliability.

Table 2.2 *Cronbach's Alpha on Each Measure*

Measures	α: Prior studies	α: Current study
Social work roles in prison	–	.90
Role incongruity	–	.92
Role ambiguity	.71 – .95	.87
Role conflict	.71 – .87	.87
Social work values (Professional Opinion Scale)	.70 – .76	.86
Role strain (Work Tension Scale)	.71 – .89	.89
Job satisfaction	.80	.83

Ethical Considerations

Protection of human subjects. The approval of University of Connecticut's Institutional Review Board was obtained for this study, and served as the primary

IRB approval oversight (IRB Protocol #H13-309UCHC). All participants were notified via a survey cover letter that their consent was voluntary, and that the completion and return of the survey would signify consent. The estimated time for completion was noted, in order to avoid any unanticipated burdens for the participants.

Privacy/confidentiality. The questionnaire was based on a self-administered style, and did not contain any questions that would identify the respondent. The research database was stored on a password-protected computer. The returned copies of the survey were stored securely in a locked drawer and were destroyed upon completion of the research project. As for the online survey, Qualtrics software used Transport Layer Security (TLS) encryption (also known as SSLv3.1) for all Internet-transmitted data, to protect the privacy and confidentiality of the participants' data. This encryption helped to insure any data intercepted during transmission could not have been decoded, and that individual responses could not have been traced back to any individual respondents.

All data downloaded from the Qualtrics survey software did not contain any identifying information. As such, participants' contact information could not have been associated with their survey answers within the database. In addition, the data collected in the study were not shared by anyone besides the Principal Investigator and the student researcher. When the survey was administered at the conferences organized by the State A correctional authorities, the participants were asked to return the survey to the researcher directly, using envelopes provided, in order to limit the risk of anyone in the conference room viewing the responses, or noticing

that someone did not complete the survey.

Risks and inconveniences. There was no anticipated risk of serious or lasting harm to participants, as a result of completing in the survey. All participants were notified, via the survey information sheet, that their consent would be voluntary, and that the completion and return of the survey would signify consent. The estimated time for completion was noted, in order to remove any potential burdens for the participants. The survey information sheet also stated that a refusal to participate in the survey would not affect participants' job or employment status in any way. Participants did not have to answer any questions that they did not want to answer. If any item on the survey caused the participants discomfort, they could skip it. Survey administration in a conference setting might reduce the level of inconvenience for some participants, as compared with answering a survey by mail or completing a survey online during working hours at a prison.

Chapter Three: Results

This chapter describes and summarizes the results of statistical analyses conducted, to assess the research questions and hypotheses stated in the prior chapter. A sample of 120 participants, out of 124 respondents, was included in the analysis of this study. The chapter begins with descriptive statistics, followed by findings related to each research question and hypothesis.

Descriptive Statistics

Demographic characteristics. Table 3.1 summarizes the demographic characteristics of survey participants. Approximately 74% of participants identified themselves as female, 24% identified as male, and 1.8% identified themselves as 'other' or 'unknown'. The proportion of female was less than the one of female in the membership survey given by the National Association of Social Workers (NASW), which indicated that 83% of members were female and 17% were male (Arrington & Whitaker, 2008). The majority of participants were White (79.3%), followed by African American (11.2%), Hispanic (1.7%), Multi-racial (1.7%), and Asian or Pacific Islander (.9%). The proportion of race/ethnicity was also slightly different from the NASW survey (Arrington & Whitaker, 2008), which showed that 86% of participants were White, followed by African American (7%), and Hispanic (5%).

The mean age of respondents was 45.7 years (SD = 11.8), with a range from 24 to 71 years. The average age of respondents was almost consistent with the average age recorded in the NASW survey (Arrington & Whitaker, 2008), which indicated a mean age of 45. Participants were asked to provide the combined number of years

they had worked in any correctional facilities, since they may have worked in one or more facilities in their careers. Twenty-seven percent of participants have less than five years of experience working in correctional facilities, followed by 5 – 9 years of experience (26.1%), 10 – 14 years of experience (20.9%), and 15 – 19 years of experience (20.0%). Approximately 6% of participants have worked for 20 years or more in correctional facilities.

The majority of participants (67.5%) reported that the highest degree they have earned is a Masters of Social Work (MSW), followed by a Bachelor of Social Work (BSW, 3.4%), and a Doctor of Social Work (DSW), or a PhD in Social Work (.9%). Twenty-eight percent of participants earned their highest degree in an area other than social work. Participants were asked about their area of concentration, within their professional education. Forty-six percent of participants indicated that their area of concentration was integrated (micro and macro) practice, followed by micro practice (36.2%), and other practice concentrations (13.3%). Only five participants (4.8%) reported that their concentration was macro practice. More than half of the participants held social work licenses (59.3%), whereas 40.7% of participants did not. Among the participants who did not have a social work license, some indicated that they were licensed as professional counselors, chemical dependency professionals, or mental health counselors. Others reported they were certified as criminal justice addiction professionals or co-occurring disorders professionals.

Table 3.1 *Participant Characteristics*

Variables		Frequency	%
Gender (*n* = 116)	Female	86	74.1
	Male	28	24.1
	Other/Unknown	2	1.8
Race/Ethnicity (*n* = 116)	White/Caucasian	92	79.3
	African American/Black	13	11.2
	Hispanic/Latino(a)	2	1.7
	Multi-racial	2	1.7
	Asian or Pacific Islander	1	.9
	Other/Unknown	6	5.2
Age (*n* = 112)	24 - 29	7	6.3
Mean 45.7	30 - 39	32	28.6
Min. 24	40 - 49	30	26.8
Max. 71	50 - 59	27	24.1
	60+	16	14.3
Years of experience (*n* = 115)	0 – 4 years	31	27.0
*All correctional facilities combined.	5 – 9 years	30	26.1
	10 – 14 years	24	20.9
	15 – 19 years	23	20.0
	20 years or more	7	6.1
Highest degree (*n* = 117)	BSW	4	3.4
	MSW	79	67.5
	DSW/PhD	1	.9
	Degree in other disciplines	33	28.2
Practice concentration (*n* = 105)	Micro practice	38	36.2
	Macro Practice	5	4.8
	Integrated (Micro & Macro)	48	45.7
	Other	14	13.3
Social work licensure (*n* = 118)	Yes	70	59.3
	No	48	40.7

As shown in Table 3.2, the majority of participants were employed by University Correctional Health Care systems (73.9%), followed by State Department of Corrections (15.1%), private non-profit health care providers (6.7%), and private for-profit health care providers (.8%). Most participants (80.7%) identified themselves as practitioner/clinicians. Very few participants identified themselves as supervisors or administrators (5.3%, and .9%, respectively). Ninety-three percent of participants were employed full-time by their current agencies.

As defined in the survey inclusion criteria, participants were employed in a variety of job titles, indicating 27 different titles in total. Fifty-five percent of participants had the term “social worker” in their job titles, such as clinical social worker, psychiatric social worker, or just social worker. The remaining 45 % of participants performed social work tasks in their respective facilities, but did not have the term “social worker” in their job titles. Examples of those titles included professional counselor, adult counselor, mental health clinician, substance abuse therapist, or discharge planner.

Participants were asked to provide their best estimate of the number of inmates in their respective facilities. Approximately half of participants (47.9%) reported that their facilities have in between 1,000 to 2,999 inmates; followed by 500 to 999 inmates (29.9%); less than 500 inmates (15.4%), and more than 3000 inmates (6.0%). In a multiple-response question, more than half of participants reported that the security level at their respective facilities was identified as maximum (59.0%), followed by medium (43.6%), and minimum (24.8%). Another multiple-response question revealed that most of the participants worked at a facility that served adults

(91.5%), with 14.4% working at facilities serving juveniles. A majority of participants' clients were male inmates (77.1%), while 16.9% of participants reported working with female inmates. In addition, participants were asked to provide their best estimate of the percentage of working hours spent with inmates with mental illness and/or substance use disorders, during the past 30 days. On average, participants spent 64.3% of their working hours with inmates with co-occurring (mental illness and substance use) disorders, followed by inmates with mental illness only (54.9%), and inmates with substance use disorders only (54.7%), given their total working hours at the facility as 100%.

Table 3.2 *Employment/Agency/Population Characteristics*

Variables		Frequency	%
Type of agency (*n* = 119)	University Correctional Health Care	88	73.9
	State Department of Corrections	18	15.1
	Private non-profit health care provider	8	6.7
	Private for-profit health care provider	1	.8
	Other	4	3.4
Position category (*n* = 114)	Practitioner/Clinician	92	80.7
	Supervisor	6	5.3
	Administrator	1	.9
	Other	15	13.2
Full-time/Part-time (*n* = 117)	Full-time	109	93.2
	Part-time/Durational	8	6.8
Having a term "social worker"	Yes	64	54.7
in job title (*n* = 117)	No	53	45.3
Facility size (*n* = 117)	Less than 500 inmates	18	15.4
	500 – 999 inmates	35	29.9
	1000 – 2999 inmates	56	47.9
	More than 3000 inmates	7	6.0
	Work at multiple facilities	1	.9
Security level (*n* = 117)	Maximum	69	59.0
*Multiple responses	Medium	51	43.6
	Minimum	29	24.8
	Other	13	11.1
Client population (*n* = 118)	Adults	108	91.5
*Multiple responses	Juveniles	17	14.4
	Male inmates	91	77.1
	Female inmates	20	16.9
	Other	1	.8
Percent of working hours spent	Inmates with mental illness		54.9
with (*n* = 110)	Inmates with substance use disorders		54.7
	Inmates with co-occurring disorders		64.3

Multi-disciplinary team. Table 3.3 provides the list of professionals with whom the participants work, as part of a multi-disciplinary team in their respective facilities. The mean number of professionals, other than social worker, on these multi-disciplinary teams was 5.7 (*SD* = 2.6), ranging from 0 to 18. Eighty-three percent of participants responded that they work with correctional officers on a multidisciplinary team, followed by nurses (78.8%), counselors/substance abuse counselors (76.3%), psychologists (73.7%), psychiatrists (72.9%), physicians (44.9%), chaplains (31.4%), teachers (28.8%), parole officers (22.0%), probation officers (19.5%), occupational therapists (5.1%), unit managers (5.1%), wardens/deputy wardens (4.2%), captains (3.4%), physical therapists (2.5%), art therapists (1.7%), recreational therapists (1.7%), lieutenants (1.7%), and other professionals (11.0%). In addition, participants were asked how many social workers were employed at their facilities as full-time equivalent employees (FTE), including themselves. The mean number of FTE social workers in each facility was 8.0 (*SD* = 5.2), ranging from .5 to 22.

Table 3.3 *Characteristics of Multi-Disciplinary Team*

Professionals in MDT (*n* = 118)	Frequency	%
Correctional Officer	98	83.1
Nurse	93	78.8
Counselor/SA Counselor	90	76.3
Psychologist	87	73.7
Psychiatrist	86	72.9
Physician	53	44.9
Chaplain	37	31.4
Teacher	34	28.8
Parole Officer	26	22.0
Probation Officer	23	19.5
Occupational Therapist	6	5.1
Unit Manager	6	5.1
Warden/Deputy Warden	5	4.2
Captain	4	3.4
Physical Therapist	3	2.5
Art Therapist	2	1.7
Recreational Therapist	2	1.7
Lieutenant	2	1.7
Other	13	11.0
Ave. number of profession in MDT	5.7	
Min. 0 – Max. 18		
Ave number of social worker in facility	8.0	
Min. 0.5 – Max. 22		

Discharge planner. Participants were asked to provide information whether their respective facility had dedicated positions for discharge planning (transitional planning, release planning, reentry planning, or equivalent tasks). As shown in Table 3.4, approximately 88% of participants responded that the facility they worked had

dedicated positions for discharge planning. The main job title for the position was discharge planner (85.7%), but some other titles for discharge planning were reported, such as reentry specialist (3.1%), reentry coordinator, reentry counselor, or regional resource coordinator (2.0%, respectively). In addition, participants were asked what type of professional was performing the dedicated position for discharge planning. Sixty-eight percent of participants responded that social workers served in that position, followed by nurses (49.5%), counselors (30.5%), psychologists (8.4%), correctional officers (8.4%), and other professionals (13.7%).

Table 3.4 *Discharge Planner*

Variables		Frequency	%
Having dedicated position for discharge planning (n = 116)	Yes	102	87.9
	No	14	12.1
Job title for discharge planning (n = 98)	Discharge Planner	84	85.7
	Reentry Specialist	3	3.1
	Reentry Coordinator	2	2.0
	Reentry Counselor	2	2.0
	Regional Resource Coordinator	2	2.0
	Reentry Planner	1	1.0
	Mental Health Discharge Planner	1	1.0
	Discharge Planning Clinician	1	1.0
	Other	2	2.0
Professionals serve for discharge planning (n = 95)	Social Worker	65	68.4
	Nurse	47	49.5
	Counselor	29	30.5
	Psychologist	8	8.4
	Correctional Officer	8	8.4
	Other	13	13.7

Supervisory relationship. Similarly to survey participants, their direct supervisors are employed in these facilities, under a variety of job titles. The results indicated 32 different titles, in all. As indicated in Table 3.5, the majority of respondents' direct supervisors were psychologists (56.5%), followed by clinician supervisors (19.4%), and administrators/directors (8.3%). Only 6.5% of participants responded that their direct supervisors were social workers, although it is possible that some clinician supervisors, administrators/directors, or other managers/supervisors may have social work backgrounds. In addition, participants were asked to rate the relationship with their direct supervisors, using a five-point, Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Forty-three percent of participants reported that they were *satisfied* with the relationship with their direct supervisor, followed by *very satisfied* (27.4%), and *neutral* (14.2%). In contrast, 9.7% of participants indicated that they were *dissatisfied* with the relationship with their direct supervisor, while 6.2% of them reported being *very dissatisfied*. The mean score of the supervisory relationship was 3.75 (SD = 1.15).

Table 3.5 *Supervisory Relationship*

Variables		Frequency	%
Direct supervisor (*n* = 108)	Psychologist	61	56.5
	Clinician Supervisor	21	19.4
	Administrator/Director	9	8.3
	Social Worker	7	6.5
	Other Manager/Supervisor	5	4.6
	Nurse	2	1.9
	Psychiatrist	1	.9
	Vacant	2	1.9
Supervisory relationship (*n* = 113)	5: Very satisfied	31	27.4
Mean = 3.75, *SD* = 1.15	4: Satisfied	48	42.5
	3: Neutral	16	14.2
	2: Dissatisfied	11	9.7
	1: Very dissatisfied	7	6.2

Findings Related to Research Question 1

What roles are assumed by social workers in prison when working with inmates with mental illness and/or substance use disorders?

Table 3.6 shows the descriptive statistics of the Social Work Role in Prison Scale. Respondents were asked to read a list of social workers' role responsibilities in prisons, and then indicate how they think social workers should perform each professional role in the prisons, using a five-point, Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Among the 22 items, respondents reported the highest role responsibility should be "Develop skills as part of professional development" (M = 4.63, SD=.78), followed by "Document treatment in clinical records" (M = 4.56, SD = 1.02), and "Conduct screening and psychosocial assessment" (M = 4.51, SD = .96). Contrary, respondents thought that the least frequent role responsibilities should be "Provide forensic evaluations and court testimony as required" (M = 2.51, SD = 1.41), followed by "Conduct family therapy for inmates and family members" (M = 2.82, SD = 1.45), and "Assist family members of inmates in preparing for reintegration" (M = 3.01, SD = 1.41).

Table 3.6 *Social Work Role in Prison Scale* (*n* = 119)

Item	*M*	*SD*
Develop skills as part of professional development	4.63	.78
Document treatment in clinical records	4.56	1.02
Conduct screening and psychosocial assessment	4.51	.96
Provide individual counseling	4.45	1.13
Help implement programs that expand safety and wellness of inmates (e.g., suicide prevention)	4.34	.88
Educate inmates about their rights to treatment	4.28	.96
Develop treatment plans	4.27	1.03
Mentor new colleague	4.23	.86
Conduct group therapy, or other forms of group work	4.13	1.23
Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates	4.03	1.20
Evaluate effectiveness of treatment plans	3.99	1.20
Mediate between inmates and the organization about treatment and psychosocial needs	3.97	.96
Provide case management	3.92	1.27
Inform outside agencies of treatment/psychosocial needs on behalf of inmates when conducting referral	3.90	1.27
Conduct referrals to link inmates with community services and resources	3.86	1.33
Perform discharge planning (release, transitional, reentry planning or equivalent)	3.65	1.38
Expand networks of community-based services to assist inmates upon reentry	3.52	1.43
Involve family members in the reentry process	3.38	1.35
Participate in research projects	3.05	1.35
Assist family members of inmates in preparing for reintegration	3.01	1.41
Conduct family therapy for inmates and family members	2.82	1.45
Provide forensic evaluations and court testimony as required	2.51	1.41

The 22 items listed in the Social Work Role in Prison Scale were subjected to principal components analysis (PCA), using SPSS version 23. Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .84, exceeding the recommended value of .6 (Kaiser, 1970, 1974) and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, supporting the factorability of the correlation matrix.

Principal components analysis revealed the presence of six components, with eigenvalues exceeding 1, explaining 33.0%, 12.7%, 7.4%, 6.4%, 5.3% and 4.6% of the variance, respectively. Although the screeplot suggested a clear break after the third component, the four-component solution with oblimin rotation, was selected, considering the diverse types of resources in the questionnaire. The factor analysis identified the four-component model, composed of 22 items. It accounted for 59% of the variance, with good internal consistency (Cronbach's α = .90). As presented in Table 3.7, these factors were named as: Reentry planning role (component I: 7 items, α = .89); Clinical role (component II: 6 items, α = .88); Advocacy and mediating role (component III: 5 items, α = .70); and Professional development role (component IV: 4 items, α = .59). These findings suggest four different dimensions of social work roles that are essential in working with in mates who have mental illness and/or substance use disorders in prison.

Table 3.7 *Factor Analysis with Oblimin Rotation of Social Work Role in Prison Scale* (n = 119)

Scale	Component			
	I	II	III	IV
Conduct referrals to link inmates with community services and resources	**.86**	.14	.17	.23
Perform discharge planning	**.83**	.27	.33	.15
Inform outside agencies of treatment and psychosocial needs on behalf	**.79**	.24	.45	.31
Expand networks of community-based services to assist inmates upon reentry	**.75**	.15	.49	.25
Involve family members in the reentry process	**.71**	.33	.64	.18
Assist family members of inmates in preparing for reintegration	**.71**	.30	.59	.25
Provide case management	**.66**	.26	-.05	.18
Provide individual counseling	.17	**.85**	.26	.33
Conduct screening and psychosocial assessment	.11	**.81**	.22	.08
Document treatment in clinical records	.15	**.76**	.32	.43
Evaluate effectiveness of treatment plans	.37	**.76**	.19	.24
Conduct group therapy, or other forms of group work	.23	**.75**	.29	.39
Develop treatment plans	.28	**.74**	.04	.07
Advocate for institutional changes in meeting treatment and psychosocial needs	.19	.23	**.77**	.28
Conduct family therapy for inmates and family members	.33	.06	**.73**	.32
Educate inmates about their rights to treatment	.30	.54	**.65**	.06
Provide forensic evaluations and court testimony as required	.37	.21	**.56**	.34
Mediate between inmates and organization about treatment/psychosocial needs	.23	.35	**.50**	.13
Mentor new colleague	.19	.25	.09	**.72**
Help implement programs that expand safety and wellness of inmates	.23	.31	.31	**.67**
Develop skills as part of professional development	.05	.17	.22	**.65**
Participate in research projects	.38	.09	.18	**.61**

Note. Extraction method: Principal Components Analysis. Factor loadings > .50 are in boldface.

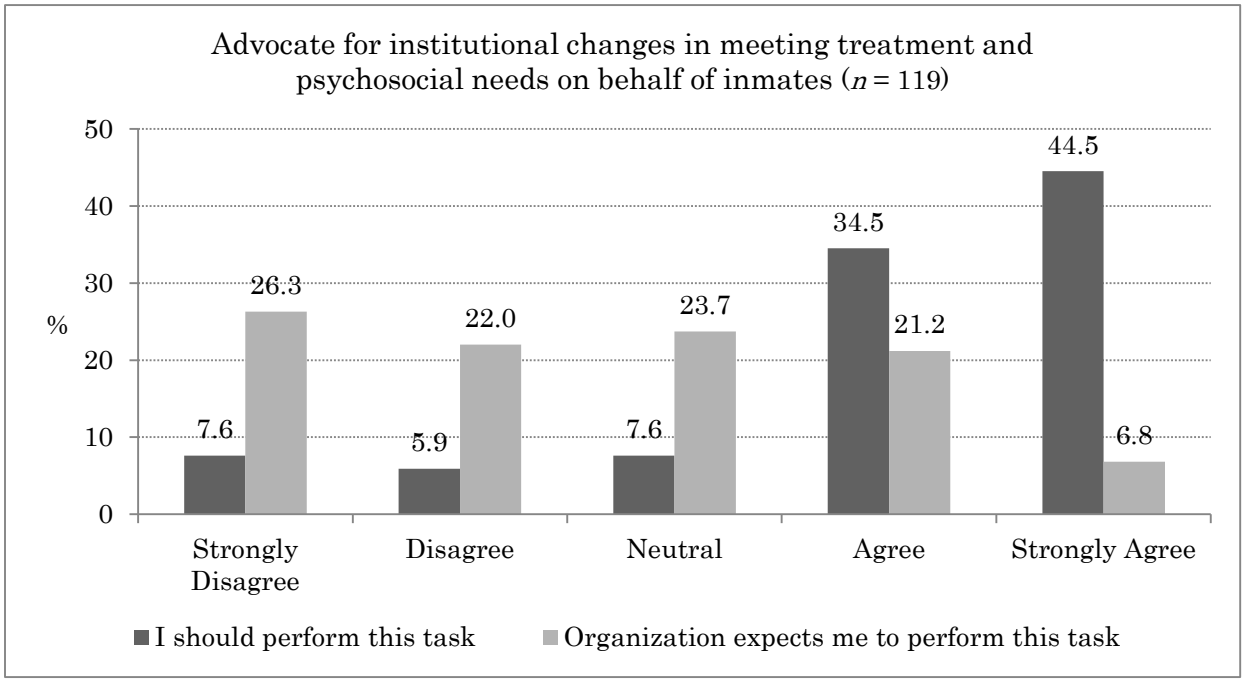
In addition, descriptive statistics of the social work role, as expected by each prison organization, is presented in Table 3.8. Respondents were asked to read a list of social workers' role responsibilities in prison, and then indicate how they think their respective prison organization expected social workers to perform each professional role. A five-point, Likert-type scale was used, with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Among the 22 items listed, respondents reported that the highest role expectation was to "Document treatment in clinical records" (M = 4.47, SD = 1.17), followed by "Conduct screening and psychosocial assessment" (M = 4.32, SD = 1.06), and "Develop treatment plans" (M = 4.19, SD = 1.13). The least expected role was to "Conduct family therapy for inmates and family members" (M = 1.72, SD = 1.05), followed by "Assist family members of inmates in preparing for reintegration" (M = 1.92, SD = 1.08), and "Provide forensic evaluations and court testimony as required" (M = 1.97, SD = 1.24).

When comparing the responses between the self-identified tasks and the organizational expectations, one item, in particular, indicated the most divergent results in the Social Work Role in Prison Scale: "Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates." As shown in Figure 3.1., nearly 80 percent of participants agreed, or strongly agreed with the task of being an advocate for inmates. In contrast, only 28 percent of participants agreed, or strongly agreed that their respective organization expected social workers to assume an advocacy role.

Table 3.8 *Social Work Role Expected by Organization* (*n* = 119)

Item	*M*	*SD*
Document treatment in clinical records	4.47	1.17
Conduct screening and psychosocial assessment	4.32	1.06
Develop treatment plans	4.19	1.34
Develop skills as part of professional development	3.96	1.12
Conduct group therapy, or other forms of group work	3.86	1.36
Provide individual counseling	3.86	1.35
Provide case management	3.75	1.36
Mentor new colleague	3.66	1.23
Help implement programs that expand safety and wellness of inmates (e.g., suicide prevention)	3.50	1.34
Educate inmates about their rights to treatment	3.47	1.26
Evaluate effectiveness of treatment plans	3.42	1.37
Inform outside agencies of treatment/psychosocial needs on behalf of inmates when conducting referral	3.06	1.41
Mediate between inmates and the organization about treatment and psychosocial needs	3.06	1.23
Conduct referrals to link inmates with community services and resources	2.98	1.49
Perform discharge planning (release, transitional, reentry planning or equivalent)	2.92	1.44
Participate in research projects	2.64	1.18
Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates	2.60	1.27
Expand networks of community-based services to assist inmates upon reentry	2.48	1.25
Involve family members in the reentry process	2.33	1.18
Provide forensic evaluations and court testimony as required	1.97	1.24
Assist family members of inmates in preparing for reintegration	1.92	1.08
Conduct family therapy for inmates and family members	1.72	1.05

Figure 3.1 Task as an Advocate for Inmates



Findings Related to Research Question 2

Is there a relationship between social workers' value orientations and their defined professional roles in working with inmates with mental illness and/or substance use disorders?

A summary of the descriptive statistics of Professional Opinion Scale (POS) which, measures social workers' value orientations, and Social Work Role in Prison Scale are presented in Table 3.9.

Table 3.9 *Descriptive Statistics for POS and Social Work Role in Prison Scale*

Measures	α	Min.	Max.	*M*	*SD*
Professional Opinion Scale (n = 117)	.86	78	131	105.61	12.74
Social Work Role in Prison Scale (n = 119)	.90	43	110	84.99	14.87

The minimum sample size needed for Pearson product-moment correlation coefficient, to detect a significant correlation between two variables, was calculated using Cohen's (1988) definition of effect size. The Cohen's table suggests that a minimum sample size of 82 cases is needed to achieve a power of .80, given a two-tailed alpha .05, and a moderate effect size of .30 for a two-tailed hypothesis (Abu-Bader, 2011; Cohen, 1988). One hundred and sixteen cases were used for the correlation analysis, which was greater than the desired sample size.

The relationship between social workers' value orientations (POS) and their defined professional roles (Social Work Role in Prison Scale) was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, positive correlation between the two variables, r = .19, n = 116, p < .05, with high levels for social workers' value orientations being associated with higher levels for their defined professional roles.

In order to further examine the association between the two variables on each subscale, the 28 items of the POS were subjected to principal components analysis (PCA) using SPSS version 23. Prior to performing PCA, the suitability of the data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Olkin value

was .73, which exceeded the recommended value of .6 (Kaiser, 1970, 1974) and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, supporting the factorability of the correlation matrix.

PCA revealed the presence of eight components with eigenvalues exceeding 1, explaining 23.1%, 9.6%, 7.7%, 6.2%, 5.4%, 5.2%, 3.8% and 3.7% of the variance, respectively. Although the screeplot suggested a clear break after the sixth component, the four-component solution with promax rotation was selected, following the previous studies (Abbott, 2003; Greeno et al., 2007). The four-component model accounted for 47% of the variance, with good internal consistency (Cronbach's α = .86). The factor loadings for the principal components analysis of Professional Opinion Scale are presented in Table 3.10.

Table 3.10 *Factor Analysis with Promax Rotation of Professional Opinion Scale* (*n* = 117)

Item	Component			
	1	2	3	4
Pregnant adolescents should be excluded from school*	**0.77**	0.16	0.19	0.46
Students should be denied government funds if they participate in protest demonstrations*	**0.76**	0.27	0.23	0.41
Juveniles do not need to be provided with legal counsel in juvenile courts*	**0.70**	0.19	0.08	0.24
Family planning services should be available to individuals regardless of income	**0.68**	0.18	0.47	0.25
The aged require only minimum mental health services*	**0.58**	0.20	0.00	0.01
Women should have the right to use abortion services	**0.54**	0.08	0.26	0.08
Family planning should be available to adolescents	**0.52**	0.03	0.24	0.16
The government should keep files on individuals with minority affiliation*	**0.50**	0.22	0.29	0.39
It would be better to give welfare recipients vouchers or goods rather than cash*	0.12	**0.66**	0.28	-0.02
The federal government has invested too much money in the poor*	0.25	**0.65**	0.53	0.35
Welfare workers should keep files on those clients suspected of fraud*	-0.08	**0.61**	0.07	-0.11
Sterilization is an acceptable method of reducing the welfare load*	0.18	**0.60**	0.22	0.28
Welfare mothers should be discouraged from having more children*	0.25	**0.60**	0.01	0.08
The employed should have more government assistance than the unemployed*	0.15	**0.57**	0.38	0.28
Capital punishment should not be abolished*	0.24	**0.55**	0.05	0.23
The death penalty is an important means for discouraging criminal activity*	0.33	**0.50**	0.26	0.31
All direct income benefits to welfare recipients should be in the form of cash	-0.08	**0.46**	0.37	-0.23
Unemployment benefits should be extended, especially in areas hit by economic disaster	0.22	0.18	**0.76**	0.33
The gap between poverty and affluence should be reduced through measures directed at redistribution of income	0.30	0.49	**0.74**	0.10
There should be a guaranteed minimum income for everyone	0.18	0.26	**0.69**	0.05
The government should provide a comprehensive system of insurance protection against loss of income because of disability	0.16	0.07	**0.68**	0.25
The government should not redistribute wealth*	0.28	0.55	**0.63**	0.15
A family may be defined as two or more individuals who consider themselves a family and who assume protective, caring obligations to one another	0.29	0.14	**0.51**	0.27
Retirement at age 65 should be mandatory*	0.15	0.12	0.12	**0.75**
Mandatory retirement based on age should be eliminated	0.17	0.08	0.38	**0.71**
Corporal punishment is an important means of discipline for aggressive, acting-out adolescents*	0.40	0.42	0.19	**0.59**
The mandatory retirement age protects society from the incompetency of the elderly*	0.47	0.33	0.03	**0.58**
The government should not subsidize family planning programs*	0.35	0.04	0.40	**0.50**

Note. Extraction method: Principal Components Analysis.

Previous studies on the POS suggest that the scale is best explained with four subscales: (a) Respect for basic rights, (b) Support of self-determination, (c) Sense of social responsibility, and (d) Commitment to individual freedom (Abbott, 2003; Greeno et al., 2007). The factor loadings in the PCA yielded similar results for the "Sense of social responsibility" subscale and the "Commitment to individual freedom" subscale, whereas several items were placed differently in the "Respect for basic rights" subscale and "Support of self-determination" subscale. For example, the following items were included in the "Respect for basic rights" subscale in Abbott (2003) and Greeno et al. (2007): (a) Retirement at age 65 should be mandatory, (b) The mandatory retirement age protects society from the incompetency of the elderly, and (c) Mandatory retirement based on age should be eliminated. However, these items were placed on the "Support of self-determination" subscale, with high factor loadings in the current study. Hence, the reliability of four subscales was examined, to see if there were any differences in the level of internal consistency between previous studies and the current study. Table 3.11 shows Cronbach's alpha coefficient for the four subscales, calculated using the original composition in each subscale. The researcher decided to apply the item composition of Greeno et al. (2007) for further correlation analysis, since this study employed the revised 28-item POS, as suggested by the authors. Cronbach's alpha coefficient did not indicate great differences among the three studies, in spite of the different item compositions. In addition, the descriptive statistics of the 28-item POS based on the item composition of Greeno et al. (2007) is shown in Table 3.12.

Table 3.11 *Comparison of Cronbach's Alpha*

POS Subscale	Cronbach's α (n = 117)		
	Abbott (2003)	Greeno et al. (2007)	Current Study
1: Respect for basic rights (BASICR)	.72	.76	.78
2: Support of self-determination (SELFD)	.66	.67	.69
3: Sense of social responsibility (SOCIALR)	.81	.81	.81
4: Commitment to individual freedom (INDIVFR)	.75	.72	.72

Note. Cronbach's alpha coefficient for the four subscales was calculated based on the original item composition in each subscale.

Table 3.12 *Revised 28-item Professional Opinion Scale* (*n* = 117)

Item	Mean	*SD*
Respect for basic rights (BASICR) α = .76		
Retirement at age 65 should be mandatory*	3.92	1.02
The government should keep files on individuals with minority affiliation*	4.21	0.91
The mandatory retirement age protects society from the incompetency of the elderly*	4.14	1.02
Mandatory retirement based on age should be eliminated	3.87	0.94
The aged require only minimum mental health services*	4.20	1.02
Pregnant adolescents should be excluded from school*	4.60	0.66
Students should be denied government funds if they participate in protest demonstrations*	4.56	0.67
Juveniles do not need to be provided with legal counsel in juvenile courts*	4.54	0.85
Corporal punishment is an important means of discipline for aggressive, acting-out adolescents*	4.31	0.95
Support of self-determination (SELFD) α = .67		
Women should have the right to use abortion services	4.36	0.93
The government should not subsidize family planning programs*	3.74	1.05
Family planning should be available to adolescents	4.04	0.90
Family planning services should be available to individuals regardless of income	4.40	0.63
A family may be defined as two or more individuals who consider themselves a family and who assume protective, caring obligations to one another	4.25	0.83
Sense of social responsibility (SOCIALR) α = .81		
There should be a guaranteed minimum income for everyone	3.37	1.17
The federal government has invested too much money in the poor*	3.86	1.08
The government should not redistribute wealth*	3.56	1.18
The government should provide a comprehensive system of insurance protection against loss of income because of disability	3.88	0.85
Unemployment benefits should be extended, especially in areas hit by economic disaster	4.05	0.80
The gap between poverty and affluence should be reduced through measures directed at redistribution of income	3.45	1.18
Commitment to individual freedom (INDIVFR) α = .72		
All direct income benefits to welfare recipients should be in the form of cash	1.77	0.74
The employed should have more government assistance than the unemployed*	3.48	0.99
Sterilization is an acceptable method of reducing the welfare load*	4.16	1.10
Welfare mothers should be discouraged from having more children*	3.01	1.23
Capital punishment should not be abolished*	3.21	1.39
The death penalty is an important means for discouraging criminal activity*	3.86	1.11
Welfare workers should keep files on those clients suspected of fraud*	2.34	0.95
It would be better to give welfare recipients vouchers or goods rather than cash*	2.45	0.99

The relationship between each subscale of POS and Social Work Role in Prison Scale was further examined using the Pearson product-moment correlation coefficient (see Table 3.13). The "Reentry planning role" did not show any association with any subscale of the POS. Likewise, there was no significant correlation between "Clinical role" and each subscale of the POS. There was a small, positive correlation between the "Advocacy & mediating role" and the "Sense of social responsibility" (SOCIALR), $r = .24$, $n = 116$, $p < .05$, with high levels of social workers' advocacy and mediating roles being associated with higher levels of their social work values for a sense of social responsibility. Similarly, there was a small, positive correlation between "Professional development role" and "Respect for basic rights" (BASICR), $r = .19$, $n = 116$, $p < .05$, with high levels of social workers' professional development roles being associated with higher levels of the social work values of having a respect for basic rights. In addition, there was a small, positive correlation between "Professional development role" and "Support of self-determination" (SELFD), $r = .24$, $n = 116$, $p < .01$, with high levels of social workers' professional development roles being associated with higher levels of the social work of providing support for self-determination.

Table 3.13 *Correlation Matrix: Social Work in Prison Scale and POS Subscale*

Subscale ($n = 116$)	BASICR	SELFD	SOCIALR	INDIVFR
Reentry Planning role	.04	.06	.18	-.04
Clinical role	.17	.16	.06	.12
Advocacy & mediating role	.11	.15	.24*	.09
Professional development role	.19*	.24**	.17	.13

* $p < .05$ ** $p < .01$ (2-tailed). BASICR: Respect for basic rights. SELFD: Support of self-determination. SOCIALR: Sense of social responsibility. INDIVFR: Commitment to individual freedom.

Additional analyses using a one-way between-groups analysis of variance (ANOVA) revealed that there was no significant difference in social work values sores for the categories for age, or years of experience working in correctional facilities. Similarly, having a social work degree, being licensed in social work, having the term "social worker" in a job title, gender, and client gender were all assessed, to see if there were significant differences in the mean scores for social work values between the two groups, using independent-samples t-tests. As shown in Table 3.14, there was no significant difference in the mean scores for social work values between the two groups, with having a social work degree, being licensed in social work, having the term "social worker" in a job title, and gender. Only client gender showed a significant deference in scores for participants whose clients were male only ($M = 105.11$, $SD = 12.34$), and female only or both ($M = 112.15$, $SD = 10.10$; $t(98) = -2.36$ $p < .05$, two-tailed).

Table 3.14 *Independent t-Test on Social Work Values (POS) and Social Work Roles*

	Social Work Values			Social Work Roles		
Variable	*M*	*SD*	*t*	*M*	*SD*	*t*
Social work degree			-1.84			-4.93***
Yes (values: *n* = 84, roles: *n* = 83)	106.95	12.08		89.07	12.71	
No (*n* = 33)	102.18	13.88		75.18	15.92	
Licensed in social work			-1.03			-4.59***
Yes (values: *n* = 70, roles: *n* = 69)	106.60	11.71		89.93	12.54	
No (values: *n* = 47, roles: *n* = 48)	104.13	14.13		78.00	15.51	
Having a term "Social Worker" in job title			-.05			-3.51**
Yes (values: *n* = 64, roles: *n* = 63)	105.80	11.93		89.52	12.51	
No (values: *n* = 52, roles: *n* = 53)	105.67	13.73		80.37	15.56	
Gender			.36			-1.14
Female (values: *n* = 86, roles: *n* = 85)	105.29	12.02		86.07	14.75	
Male (*n* = 28)	106.29	15.19		82.36	15.69	
Client gender			-2.36*			.91
Male only (values: *n* = 80, roles: *n* = 79)	105.11	12.34		86.62	12.90	
Female only or both (*n* = 20)	112.15	10.10		82.60	18.61	

Note. *$p < .05$ **$p < .01$ ***$p < .001$ (2-tailed).

Findings Related to Research Question 3

Do social workers perceive, and if they do, at what level, role incongruity, ambiguity and/or conflict between their self-defined professional roles and their organizationally-defined roles?

Role incongruity. As shown in Table 3.15, participants scored the lowest role incongruity for "Document treatment in clinical records" (*M* = .23, *SD* = .77),

followed by “Conduct screening and psychosocial assessment” (*M* = .25, *SD* = .61) and “Provide case management” (*M* = .53, *SD* = .98). Participants reported higher role congruity for most of the social work tasks that could be defined as “Clinical role,” except for “Evaluate effectiveness of treatment plans,” which is located almost at the middle of the list.

Contrary, participants expressed higher role incongruity in the tasks that could be defined as part of “Advocacy & mediating role” and “Reentry planning role,” especially pertaining to involving and assisting family members in the reentry process. More specifically, participants indicated the highest role incongruity with regards to the task “Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates” (*M* = 1.71, *SD* = 1.45), followed by “Involve family members in the reentry process” (*M* = 1.37, *SD* = 1.33), “Assist family members of inmates in preparing for reintegration” (*M* = 1.31, *SD* = 1.40), and “Expand networks of community-based services to assist inmates upon reentry” (*M* = 1.31, *SD* = 1.46). Most studies stress that social workers must take on the role of advocate for the inmates, and help to connect inmates with services and resources for reentry. The survey findings indicate that social workers experience the highest role incongruity in these roles.

Role incongruity score, grouped by four major elements of social work roles, was shown in Table 3.16. Participants indicated the highest role incongruity with “Advocacy and mediating role” (5 tasks, M = 1.13), followed by “Reentry planning role” (7 tasks, *M* = 1.08), “Professional development role” (4 tasks, *M* = .86), and expressed the lowest role incongruity with “Clinical role” (6 tasks, *M* = .58).

Table 3.15 *Role Incongruity Score* (*n* = 118)

Item	*M*	*SD*
Advocate for institutional changes in meeting treatment and psychosocial needs on behalf	1.71	1.45
Involve family members in the reentry process	1.37	1.33
Assist family members of inmates in preparing for reintegration	1.31	1.40
Expand networks of community-based services to assist inmates upon reentry	1.31	1.46
Conduct family therapy for inmates and family members	1.25	1.39
Conduct referrals to link inmates with community services and resources	1.10	1.38
Mediate between inmates and the organization about treatment and psychosocial needs	1.02	1.25
Inform outside agencies of treatment and psychosocial needs on behalf of inmates	.98	1.29
Evaluate effectiveness of treatment plans	.97	1.19
Perform discharge planning (release, transitional, reentry planning or equivalent)	.92	1.25
Help implement programs that expand safety & wellness of inmates, e.g., suicide prevention	.90	1.26
Educate inmates about their rights to treatment	.90	1.20
Mentor new colleague	.86	1.13
Participate in research projects	.85	1.17
Develop skills as part of professional development	.82	1.15
Provide forensic evaluations and court testimony as required	.79	1.18
Conduct group therapy, or other forms of group work	.75	1.07
Provide individual counseling	.72	1.05
Develop treatment plans	.59	.86
Provide case management	.53	.98
Conduct screening and psychosocial assessment	.25	.61
Document treatment in clinical records	.23	.77

Table 3.16 *Role Incongruity Score by Four Role Groups* (*n* = 118)

Item	*M*
Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates	1.71
Conduct family therapy for inmates and family members	1.25
Mediate between inmates and the organization about treatment and psychosocial needs	1.02
Educate inmates about their rights to treatment	.90
Provide forensic evaluations and court testimony as required	.79
Advocacy & mediating role (5 items) average score	**1.13**
Involve family members in the reentry process	1.37
Assist family members of inmates in preparing for reintegration	1.31
Expand networks of community-based services to assist inmates upon reentry	1.31
Conduct referrals to link inmates with community services and resources	1.10
Inform outside agencies of treatment and psychosocial needs on behalf of inmates when conducting	.98
Perform discharge planning (release, transitional, reentry planning or equivalent)	.92
Provide case management	.53
Reentry planning role (7 items) average score	**1.08**
Help implement programs that expand safety and wellness of inmates (e.g., suicide prevention)	.90
Mentor new colleague	.86
Participate in research projects	.85
Develop skills as part of professional development	.82
Professional development role (4 items) average score	**.86**
Evaluate effectiveness of treatment plans	.97
Conduct group therapy, or other forms of group work	.75
Provide individual counseling	.72
Develop treatment plans	.59
Conduct screening and psychosocial assessment	.25
Document treatment in clinical records	.23
Clinical role (6 items) average score	**.58**

To further explore the level of role incongruity, additional analyses were conducted, using one-way between-groups ANOVA, to determine whether there is a significant difference in the mean scores on role incongruity for age, or years of experience working in correctional facilities. There was no statistically significant difference in the role incongruity score for age or years of experience. Similarly, a series of independent-samples t-tests were done for the following: whether participants have a social work degree (yes/no); are licensed in social work (yes/no); have the term "social worker" in their job titles (yes/no); gender; and client gender (male only/female or both). This was conducted to assess whether there is a significant difference in the mean scores for role incongruity between the two groups.

There was no significant difference in the mean scores between the two groups for gender, or client gender. There was a significant difference in the mean scores between participants who had social work degrees (M = 22.29, SD = 16.56) and those who did not (M = 14.97, SD = 13.34; $t(113) = -2.24$, $p < .05$, two-tailed); between those who had a license (M = 23.32, SD = 17.32) and those who did not (M = 15.79, SD = 12.63; $t(113) = -2.67$, $p < .01$, two-tailed); and between who had the term "social worker" in their job titles (M = 23.78, SD = 16.81) and those who did not (M = 15.79, SD = 13.95; $t(113) = -2.74$, $p < .01$, two-tailed), as presented in Table 3.17.

Table 3.17 *Independent t-Test on Role Incongruity*

	Role Incongruity		
Variable	*M*	*SD*	*t*
Social work degree			-2.24*
Yes (*n* = 83)	22.29	16.56	
No (*n* = 32)	14.97	13.34	
Licensed in social work			-2.67**
Yes (*n* = 69)	23.20	17.32	
No (*n* = 47)	15.79	12.63	
Having a term "Social Worker" in job title			-2.74**
Yes (*n* = 63)	23.78	16.81	
No (*n* = 52)	15.79	13.95	
Gender			-1.12
Female (*n* = 85)	21.02	16.82	
Male (*n* = 27)	17.04	13.53	
Client gender			.44
Male only (*n* = 78)	20.85	15.95	
Female only or both (*n* = 20)	19.05	16.94	

Note. *$p < .05$ **$p < .01$ (2-tailed).

Role ambiguity and role conflict. The descriptive statistics for the role ambiguity scale and role conflict scale are presented in Table 3.18. All response choices on the role ambiguity scale were reverse-coded in advance, for statistical analysis. Participants reported the highest scores for "Clear, planned goals and objectives exist for my job" (*M* = 2.83, *SD* = 1.16), followed by "I feel certain about how much authority I have" (*M* = 2.80, *SD* = 1.28) and "Explanation is clear of what has to be done" (*M* = 2.75, *SD* = 1.11).

Table 3.18 *Role Ambiguity and Role Conflict Scale* (*n* = 120)

Item	*M*	*SD*
Role ambiguity scale		
Clear, planned goals and objectives exist for my job*	2.83	1.16
I feel certain about how much authority I have*	2.80	1.28
Explanation is clear of what has to be done*	2.75	1.11
I know exactly what is expected of me*	2.51	1.11
I know that I have divided my time properly*	2.18	.97
I know what my responsibilities are*	1.90	.86
Role conflict scale		
I work with two or more groups who operate quite differently	3.90	1.18
I have to do things that should be done differently	3.77	1.03
I do things that are apt to be accepted by one person and not accepted by others	3.60	1.16
I receive assignments without adequate resources and material to execute them	3.58	1.21
I receive incompatible requests from two or more people	3.33	1.14
I receive assignments without the staff to complete them	3.26	1.28
I work on unnecessary things	3.21	1.24
I have to go against a rule or policy in order to carry out an assignment	2.57	1.08

Note. Asterisk shows reverse-coded items.

As for the role conflict scale, participants gained the greatest scores represented by the item “I work with two or more groups who operate quite differently” (*M* = 3.90, *SD* = 1.18), followed by “I have to do things that should be done differently” (*M* = 3.77, *SD* = 1.03) and “I do things that are apt to be accepted by one person and not accepted by others” (*M* = 3.60, *SD* = 1.16).

The results of statistical analyses revealed that social workers perceived role incongruity, ambiguity and/or conflict between their self-defined professional roles

and their roles as defined by their respective employment organizations, in working with inmates with mental illness and/or substance use disorders. The descriptive statistics indicated to what extent the levels for role incongruity, ambiguity, and/or conflict perceived by social workers differ.

To further examine the level of role ambiguity and role conflict, additional analyses were conducted using one-way between-groups ANOVA, to determine whether there is a significant difference in the mean scores for role ambiguity and role conflict, in the categories for age, or years of experience working in a correctional facility. There was no statistically significant difference in the role ambiguity and role conflict scores, in the age, or years of experience categories. Similarly, a series of independent-samples t-tests was done for the following: whether participants have a social work degree (yes/no); are licensed in social work (yes/no); have the term "social worker" in their job titles (yes/no); gender; and client gender (male only/female or both), to assess whether there is a significant difference in the mean scores for role ambiguity and role conflict. There was no significant difference in the mean scores for both role ambiguity and role conflict, between female and male participants. In contrast, there was a significant difference in the mean scores for role ambiguity between participants whose clients are male only (M = 14.56, SD = 4.88), and those whose clients are female only or both (M = 17.50, SD = 5.28; $t(98) = -2.37$, $p < .05$, two-tailed). Likewise, there was a significant difference in the mean scores for role conflict between participants whose clients are male only (M = 26.73, SD = 6.52) and whose clients are female only or both (M = 30.10, SD = 6.10; $t(98) = -2.10$, $p < .05$, two-tailed).

There was a significant difference in the mean scores for role conflict between participants who have a social work license (M = 28.43, SD = 6.96) and those who do not (M = 25.56, SD = 5.99; $t(116) = -2.32$, $p < .05$, two-tailed); and between those who have the term "social worker" in their job titles (M = 28.92, SD = 6.32) and thos who do not (M = 25.28, SD = 6.75; $t(115) = -3.01$, $p < .01$, two-tailed). Contrary, as shown in Table 3.19, there was no significant difference in the mean scores for role ambiguity between participants who are licensed in social work (yes/no), have the term "social worker" in their job titles (yes/no).

Table 3.19 *Independent t-Test on Role Ambiguity and Role Conflict*

	Role Ambiguity			Role Conflict		
Variable	*M*	*SD*	*t*	*M*	*SD*	*t*
Social work degree			-.52			-1.50
Yes (*n* = 84)	15.14	5.31		27.86	6.78	
No (*n* = 33)	14.61	4.33		25.79	6.49	
Licensed in social work			.00			-2.32*
Yes (*n* = 70)	15.00	5.57		28.43	6.96	
No (*n* = 48)	15.00	4.15		25.56	5.99	
Having term "Social Worker" in job title			.18			-3.01**
Yes (*n* = 64)	14.92	5.20		28.92	6.32	
No (*n* = 53)	15.09	4.89		25.28	6.75	
Gender			.11			-1.20
Female (*n* = 86)	15.06	5.08		27.80	6.39	
Male (*n* = 28)	15.18	5.03		26.04	7.89	
Client gender			-2.37*			-2.10*
Male only (*n* = 80)	14.56	4.88		26.73	6.52	
Female only or both (*n* = 20)	17.50	5.28		30.10	6.10	

Note. *$p < .05$ **$p < .01$ (2-tailed).

Role stress and social work values. Additionally, partial correlation was conducted to explore the relation between social work values and role stress variables; role incongruity, role ambiguity, and role conflict, while controlling for state and the supervisory relationship as covariates. There was no correlation between social work values and role incongruity. Likewise, there was no correlation between social work values and role ambiguity. There was a small, positive, partial correlation between social work values and role conflict, $r = .16$, $n = 113$, $p < .05$, with higher social work values being associated with higher levels of role conflict. An inspection of the zero order correlation ($r = .18$) suggested that controlling for state and the supervisory relationship had a very small effect on the strength of the relationship between these two variables.

Preliminary Analyses

Preliminary analyses were conducted, in advance of the statistical tests, to answer the research questions 4 through 7. A series of independent-samples t-tests were computed for selected variables, to determine whether some demographic variables influenced the results of role strain. Gender, having a social work degree, being licensed in social work, having the term “social worker” in their job titles, security level, and client gender were all assessed, to determine whether there is a significant difference in the mean scores for role strain. Among the selected variables, only “Licensed in social work” showed a significant deference in scores, between participants who had a social work license ($M = 22.91$, $SD = 6.96$) and those who did not ($M = 20.04$, $SD = 6.37$; $t(116) = -2.28$, $p < .05$, two-tailed). The magnitude of the differences in the means (mean difference = -2.87, 95% *CI*: -5.37 to

-.38) was small (eta squared = .04). Table 3.20 shows the results of the independent t-test for role strain.

Table 3.20 *Independent t-Test on Role Strain*

	Yes (n = 70)		No (n = 48)		
Variable	*M*	*SD*	*M*	*SD*	*t*
Licensed in social work (n = 118)	22.91	6.96	20.04	6.37	-2.28*

Note. *p < .05.

In the same way, a series of one-way between-groups ANOVA was conducted for selected variables, to determine whether some demographic variables influenced the results for role strain. Categories for geographic state (State A/D/E), type of agency (Department of Corrections/University Correctional Health Care systems/other agencies), age group (5 groups), years of experience working in a correctional facility (5 groups), and supervisory relationship (*dissatisfied/neutral/satisfied*) were evaluated, to determine whether there was a significant difference in the mean scores for role strain among the different categories. No statistically significant differences were found in the categories for age, or years of experience working in a correctional facility. However, there was a statistically significant difference at the $p < .01$ level for role strain scores in the category of geographic state: $F(2, 117) = 7.0$, $p = .001$. The effect size, calculated using eta squared, was .11 (medium). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for State A ($M = 23.22$, $SD = 6.43$) was significantly different from State E ($M = 18.23$, $SD = 6.03$). State D ($M = 20.62$, *SD*

= 7.76) did not differ significantly from either State A or E (see Table 3.21).

Likewise, there was a statistically significant difference at the $p < .01$ level for role strain scores for the three types of agencies: $F(2, 116) = 7.0$, $p = .001$. The effect size, calculated using eta squared, was .11 (medium). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the State Department of Corrections ($M = 17.44$, $SD = 6.45$) was significantly different from that of the University Correctional Health Care systems ($M = 23.05$, $SD = 6.59$). Other agencies ($M = 18.85$, $SD = 5.83$) did not differ significantly from either the State Department of Corrections or the University Correctional Health Care systems. Table 3.22 shows the results of each one-way between-groups ANOVA for role strain.

In addition, there was a statistically significant difference at the $p < .001$ level for role strain scores for the supervisory relationship: $F(2, 110) = 9.9$, $p = .000$. The effect size, calculated using eta squared, was .15 (large). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the "*Satisfied*" category ($M = 19.92$, $SD = 6.90$) was significantly different from both the "*Neutral*" ($M = 25.19$, $SD = 4.76$) and the *"Dissatisfied*" groups ($M = 26.28$, $SD = 5.43$). The "*Dissatisfied*" group did not differ significantly from the "*Neutral*" group. The results of each one-way between-groups ANOVA for role strain are indicated in Table 3.23.

Table 3.21 *One-Way Between-Groups ANOVA on Role Strain: State*

	State A (n = 76)		State D (n = 13)		State E (n = 31)		
Variable (n = 120)	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*
State	23.32	6.43	20.62	7.76	18.23	6.03	7.00**

Note. **$p < .01$.

Table 3.22 *One-Way Between-Groups ANOVA on Role Strain: Type of Agency*

	DOC (n = 18)		Univ. (n = 88)		Other (n = 13)		
Variable (n = 119)	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*
Type of agency	17.44	6.45	23.05	6.59	18.85	5.83	7.00**

Note. **p < .01.

Table 3.23 *One-Way Between-Groups ANOVA on Role Strain: Supervisory Relationship*

	Satisfied (n = 79)		Neutral (n = 16)		Dissatisfied (n = 18)		
Variable (n = 113)	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*
Supervisory relationship	19.92	6.90	25.19	4.76	26.28	5.43	9.92***

Note. ***p < .001.

Furthermore, a series of independent-samples t-tests and one-way between-groups ANOVA were conducted, with the same variables as those used in the prior analyses of role strain, to determine whether these variables influenced the results on job satisfaction. No statistically significant differences were found for the observed variables and the job satisfaction scores, or among other categories except for the categories of supervisory relationship. There was a statistically significant difference at the p < .01 level for job satisfaction scores for the supervisory relationship: $F(2, 110) = 4.9$, $p = .009$. The effect size, calculated using eta squared, was .08 (medium). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the "*Satisfied*" group (M = 22.87, SD = 5.24) was significantly different from that of the "*Dissatisfied*" group (M = 18.56, SD = 7.03). The "*Neutral*"

group (*M* = 20.81, *SD* = 4.58) did not differ significantly from either the "*Satisfied*" group or the "*Dissatisfied*" groups. The results of one-way between-groups ANOVA on job satisfaction are presented in Table 3.24.

Table 3.24 *One-Way Between-Groups ANOVA on Job Satisfaction: Supervisory Relationship*

	Satisfied (*n* = 79)		Neutral (*n* = 16)		Dissatisfied (*n* = 18)		
Variable (*n* = 113)	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*
Supervisory relationship	22.87	5.24	20.81	4.58	18.56	7.03	4.92**

Note. **$p < .01$.

Finally, a correlation analysis was conducted among the role strain, job satisfaction, role incongruity, role ambiguity, and role conflict scales used in the analyses, in order to answer research questions from 4 through 7. A correlation matrix is presented in Table 3.25. The table shown is based upon one-tailed, since hypotheses #1 through #4 were one-tailed (directional) hypotheses.

Table 3.25 *Correlation Matrix* (*n* = 118)

Variable	*M*	*SD*	1	2	3	4	5
Role strain	21.71	6.80	—				
Job satisfaction	21.66	5.92	-.29**	—			
Role incongruity	20.12	15.86	.24**	-.14	—		
Role ambiguity	14.96	5.06	.15	-.18*	.28**	—	
Role conflict	27.20	6.74	.46***	-.18*	.49***	.40***	—

* $p < .05$ ** $p < .01$ *** $p < .001$ (1-tailed).

Findings Related to Research Question 4 (Hypothesis #1)

Are social workers' perceived role incongruity, ambiguity and/or conflict associated with the extent of their role strain?

Hypothesis #1: Social workers who report higher role incongruity, ambiguity and/or conflict will report higher role strain than those who experience role compatibility, after controlling for demographic variables.

Role incongruity. The relationship between the role incongruity scale and the levels of role strain was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed, to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, positive correlation between the two variables, $r = .24$, $n = 118$, $p < .01$, with higher role incongruity scores being associated with higher role strain.

In addition, partial correlation was conducted to explore the relation between the two variables, after controlling for scores on potential covariates examined in the preliminary analyses. State and the supervisory relationship categories were selected as covariates. This was to assess the influence on the relationship between the two variables, since a pre-investigation revealed that the impact these two variables had on the strength of the relationship was more substantial than other variables. There was no correlation between role incongruity and levels of role strain, while controlling for geographic state as a covariate, $r = .15$, $n = 115$, $p = .051$. An inspection of the zero order correlation ($r = .24$) suggested that controlling for state had a large effect on the strength of the relationship between these two variables.

Likewise, there was no correlation between role incongruity and levels of role strain, while controlling for the supervisory relationship as a covariate, $r = .14$, $n = 113$, $p = .076$. An inspection of the zero order correlation ($r = .24$) suggested that controlling for supervisory relationship had a large effect on the strength of the relationship between these two variables. Hypothesis #1 was not supported for role incongruity.

Role ambiguity. The relationship between the role ambiguity scale and the levels of role strain was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was no correlation between the two variables, $r = .15$, $n = 120$, $p = .053$.

In addition, partial correlation was conducted to explore the relation between the two variables, while controlling for state as a covariate. There was a small, positive, partial correlation between role ambiguity and role strain, $r = .18$, $n = 117$, $p < .05$, with higher role ambiguity scores being associated with higher levels of role strain. An inspection of the zero order correlation ($r = .15$) suggested that controlling for geographic state had a small effect on the strength of the relationship between these two variables. Contrary, there was no correlation between role ambiguity and levels of role strain, while controlling for the supervisory relationship as a covariate, $r = .11$, $n = 113$, $p = .118$. An inspection of the zero order correlation ($r = .15$) suggested that controlling for supervisory relationship had a small effect on the strength of the relationship between these two variables. Hypothesis #1 was not supported for role ambiguity.

Role conflict. The relationship between role conflict and levels of role strain was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a medium, positive correlation between the two variables, $r = .46$, $n = 120$, $p < .001$, with higher role conflict scores being associated with higher levels of role strain.

In addition, partial correlation was conducted to explore the relation between the two variables, while controlling for state as a covariate. There was still a medium, positive, partial correlation between role conflict and role strain, $r = .44$, $n = 117$, $p < .001$, with higher role conflict scores being associated with higher levels of role strain. An inspection of the zero order correlation ($r = .46$) suggested that controlling for state had a very small effect on the strength of the relationship between these two variables. Likewise, there was still a medium, positive, partial correlation between role conflict and role strain, while controlling for the supervisory relationship as a covariate, $r = .41$, $n = 113$, $p < .001$, with higher role conflict scores being associated with higher levels of role strain. An inspection of the zero order correlation ($r = .46$) suggested that controlling for the supervisory relationship had a small effect on the strength of the relationship between these two variables.

Hypothesis #1 was supported for role conflict. Social workers who reported higher role conflict reported higher role strain, more than those who experienced role compatibility, after controlling for state and the supervisory relationship. A correlation matrix for role strain, job satisfaction, role incongruity, role ambiguity,

and role conflict, after controlling for state and the supervisory relationship, is presented in Table 3.26 and Table 3.27.

Table 3.26 *Correlation Matrix Controlled for State* (*n* = 115)

Variable	*M*	*SD*	1	2	3	4	5
Role strain	21.71	6.80	—				
Job satisfaction	21.66	5.92	-.33***	—			
Role incongruity	20.12	15.86	.15	-.17*	—		
Role ambiguity	14.96	5.06	.18*	-.18*	.32***	—	
Role conflict	27.20	6.74	.44***	-.19*	.47***	.41***	—

* $p < .05$ *** $p < .001$ (1-tailed).

Table 3.27 *Correlation Matrix Controlled for Supervisory Relationship* (*n* = 113)

Variable	*M*	*SD*	1	2	3	4	5
Role strain	21.71	6.80	—				
Job satisfaction	21.66	5.92	-.20*	—			
Role incongruity	20.12	15.86	.14	-.06	—		
Role ambiguity	14.96	5.06	.11	-.15	.26**	—	
Role conflict	27.20	6.74	.41***	-.11	.44***	.38***	—

* $p < .05$ ** $p < .01$ *** $p < .001$ (1-tailed).

The focus of correlation analyses was to measure the size and direction of the linear relationship between two variables (Tabachnick & Fidell, 2007). Further analyses were performed, not only to examine relationships but also to assess how well role stress variables such as role incongruity, role ambiguity, and role conflict were able to predict the levels of role strain, using multiple regression analyses.

Hierarchical multiple regression analysis was used to assess the ability of three

role stress measures: role incongruity, role ambiguity, and role conflict, to predict the levels of role strain, after controlling for the influence of state and the supervisory relationship as covariates. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. State and the supervisory relationship were entered at Step 1, explaining 20.3% of the variance in perceived role strain. After entry of role incongruity, role ambiguity, and role conflict, the total variance explained by the model as a whole was 34.0%, F (5, 105) = 10.80, $p < .001$. The three role stress measures explained an additional 13.7% of variance in role strain, after controlling for state and the supervisory relationship, R squared change = .14, F change (5, 105) = 7.22, $p < .001$. In the final model, only one role stress variable (role conflict) and two control variables were statistically significant, with role conflict recording the highest beta value (*beta* = .42, $p < .001$), followed by the supervisory relationship (*beta* = -.26, $p < .01$) and state (*beta* = -.25, $p < .01$). Both role incongruity and role ambiguity were not significant in the final model. In this model, role conflict made the strongest, most unique contribution towards the prediction of role strain (see Table 3.28).

Table 3.28 *Results of Hierarchical Multiple Regression: Role Strain*

	Role Strain				
Predictor	*R*	R^2	ΔR^2	*Beta*	*F*
Step 1	.45	.20	.20		13.79***
State				-.25**	
Supervisory relationship				-.32***	
Step 2	.58	.34	.14		10.80***
State				-.25**	
Supervisory relationship				-.26**	
Role incongruity				-.13	
Role ambiguity				.00	
Role conflict				.42***	

Note. $n = 113$. $^{**}p < .01$ $^{***}p < .001$.

Further analyses were conducted to explore why only role conflict, unlike role incongruity or role ambiguity, was the greatest predictor of role strain. As presented in Table 3.29, there was no significant correlation between social work values and role incongruity. Likewise, there was no significant correlation between social work values and role ambiguity. However, there was a small, positive, partial correlation between social work values and role conflict, controlling for state and the supervisory relationship, $r = .16$, $n = 117$, $p < .05$., with greater commitment to social work values being associated with higher levels of role conflict. A potential interpretation of this result will be addressed in the discussion chapter.

Table 3.29 *Correlation Matrix* (*n* = 117)

Variable	*M*	*SD*	1	2	3	4	5
Social work values	105.61	12.74	—				
Role strain	21.71	6.80	-.03	—			
Role incongruity	20.12	15.86	.15	.07	—		
Role ambiguity	14.96	5.06	.14	.14	.30**	—	
Role conflict	27.20	6.74	.16*	.40**	.44***	.39***	—

* $p < .05$ ** $p < .01$ *** $p < .001$ (1-tailed).

Findings Related to Research Question 5 (Hypothesis #2)

How does social workers' perceived role strain influence the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders?

Hypothesis #2: Social workers who perceive higher role strain will experience lower job satisfaction than those who perceive lower role strain, after controlling for demographic variables.

The relationship between role strain and the level of job satisfaction was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed, to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, negative correlation between the two variables, $r = .29$, $n = 120$, $p < .01$, with higher role strain scores being associated with lower levels of job satisfaction.

In addition, partial correlation was conducted to explore the relation between two variables, while controlling for state as a covariate. There was a medium,

negative, partial correlation between the role strain and job satisfaction, $r = .33$, $n = 120$, $p < .001$, with high levels of role strain score associated with lower levels of job satisfaction. An inspection of the zero order correlation ($r = .29$) suggested that controlling for state had a very small effect on the strength of the relationship between these two variables. Likewise, there was still a small, negative, partial correlation between role strain and job satisfaction, while controlling for the supervisory relationship as a covariate, $r = .20$, $n = 113$, $p < .05$, with higher role strain scores being associated with lower levels of job satisfaction. An inspection of the zero order correlation ($r = .29$) suggested that controlling for the supervisory relationship had a small effect on the strength of the relationship between these two variables.

Hypothesis #2 was supported. Social workers who perceived higher role strain experienced less job satisfaction than those who perceived lower role strain, after controlling for state and the supervisory relationship.

Findings Related to Research Question 6 (Hypothesis #3)

Do social workers' perceived role incongruity, ambiguity and/or conflict influence the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders?

Hypothesis #3: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict, after controlling for demographic variables.

Role incongruity. The relationship between role incongruity and levels of job satisfaction was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was no correlation between role incongruity and levels of job satisfaction, $r = -.14$, $n = 118$, $p = .059$.

In addition, partial correlation was conducted to explore the relation between the two variables, while controlling for scores on the supervisory relationship. There was no correlation between role incongruity and job satisfaction, while controlling for the supervisory relationship as a covariate, $r = -.06$, $n = 113$, $p = .28$. An inspection of the zero order correlation ($r = -.14$) suggested that controlling for the supervisory relationship had a small effect on the strength of the relationship between these two variables. Hypothesis #3 was not supported for role incongruity.

Role ambiguity. The relationship between role ambiguity and levels of job satisfaction was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, negative, partial correlation between role ambiguity and job satisfaction, $r = -.18$, $n = 120$, $p < .05$.

In addition, partial correlation was conducted to explore the relation between the two variables, while controlling for supervisory relationship as a covariate. There was no correlation between role incongruity and levels of job satisfaction, while controlling for the supervisory relationship as a covariate, $r = -.15$, $n = 113$, $p = .055$. An inspection of the zero order correlation ($r = -.18$) suggested that

controlling for the supervisory relationship had a very small effect on the strength of the relationship between these two variables. Hypothesis #3 was not supported for role ambiguity.

Role conflict. The relationship between role conflict and levels of job satisfaction was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, negative, partial correlation between role conflict and job satisfaction, r = -.18, n = 120, $p < .05$.

In addition, partial correlation was conducted to explore the relation between the two variables, while controlling for the supervisory relationship as a covariate. There was no correlation between role conflict and levels of job satisfaction, while controlling for supervisory relationship as a covariate, r = -.11, n = 113, p = .115. An inspection of the zero order correlation (r = -.18) suggested that controlling for the supervisory relationship had a very small effect on the strength of the relationship between these two variables. Hypothesis #3 was not supported for role conflict.

Further analyses were performed not only to examine relationships, but also to assess how well role stress variables; role incongruity, role ambiguity, and role conflict, were able to predict the levels of job satisfaction, using multiple regression analyses. Hierarchical multiple regression analysis was used to assess the ability of three role stress measures in predicting the levels of job satisfaction, after controlling for the influence of the supervisory relationship as a covariate. Preliminary analyses were conducted to ensure no violation of the assumptions of

normality, linearity, multicollinearity and homoscedasticity. The supervisory relationship was entered at Step 1, explaining 8.2% of the variance in job satisfaction. After entry of three role stress measures; role incongruity, role ambiguity, and role conflict, the total variance explained by the model as a whole was 10.7%, $F(4, 106) = 3.16$, $p < .05$. The three role stress measures explained an additional 2.5% of variance in job satisfaction, after controlling for the supervisory relationship, *R* squared change = .03, *F* change (3, 106) = .97, $p = .409$. In the final model, only the supervisory relationship was statistically significant, recording the highest beta value (*beta* = .26, $p < .05$). The three role stress measures; role incongruity, role ambiguity, and role conflict, were not significant in the final model. A summary of the results is indicated in Table 3.30.

Table 3.30 *Results of Hierarchical Multiple Regression: Job Satisfaction*

	Job Satisfaction				
Predictor	*R*	R^2	ΔR^2	*Beta*	*F*
Step 1	.29	.08	.08		9.75**
Supervisory relationship				.29**	
Step 2	.33	.11	.03		3.16*
Supervisory relationship				.26*	
Role incongruity				.01	
Role ambiguity				-.12	
Role conflict				-.07	

Note. $N = 113$. *$p < .05$ ***$p < .01$.

Additional analyses were conducted using one-way between-groups ANOVA, to determine whether there is a significant difference in the mean scores on job

satisfaction, in the categories of age, or years of experience working in a correctional facility. There was no statistically significant difference in the job satisfaction scores, in the categories of age, or years of experience. Similarly, a series of independent-samples t-tests on having a social work degree, being licensed in social work, having the term "social worker" in their job titles, gender, and client gender was conducted, to assess whether there is a significant difference in the mean scores for job satisfaction between the two groups. There was no significant difference in the mean scores for job satisfaction between any of the two groups.

As indicated in Table 3.31, the scores on job satisfaction were comparable to Garland & McCarty's (2009) study on prison teachers, psychological staff, and unit management staff employed by the Federal Bureau of Prisons (BOP). Collapsing the "*Strongly agree,*" "*Agree,*" and "*Somewhat agree*" responses, 86.7% of participants in the current study agreed that their job is usually interesting (BOP participants in Garland & McCarty's study: 87%); 84.1% agreed that their job suits them very well (BOP: 84%); and 81.7% agreed that their job is usually worthwhile (BOP: 81%). For negatively-coded items, 27.4% of participants in the current study agreed that they would be more satisfied with some other job at the facility (BOP: 21%); and 24.2% reported that they would change to some other job at the facility, if they had a chance (BOP: 22%). The mean score for job satisfaction among BOP health care staff in Garland & McCarty's study was 4.40, whereas participants in the current study scored 4.33, on average. Participants in this study reported slightly higher job satisfaction than BOP unit caseworkers (average score: 4.14), but obtained lower job satisfaction scores than the BOP psychological staff (4.85) and teachers (4.45).

Table 3.31 *Level of Job Satisfaction: Current Study* (*n* = 120) and *Garland & McCarty's Study* (*n* = 430)

		Level of Agreement or Disagreement (%)						
		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I would be more satisfied with some other job at facility than I am with my present job	BOP	31.7	26.7	7.4	13.8	6.2	8.6	5.7
	Current	25.0	28.3	10.0	9.2	13.3	8.3	5.8
My job in this facility is usually interesting to me	BOP	1.2	3.1	4.0	5.2	20.0	39.8	26.7
	Current	0.0	3.3	5.0	5.0	15.8	51.7	19.2
My job in this facility suits me very well	BOP	1.7	3.1	3.1	8.3	18.8	38.7	26.4
	Current	0.8	4.2	4.2	6.7	20.8	35.0	28.3
My job in this facility is usually worthwhile	BOP	1.4	4.8	3.6	9.8	18.6	38.1	23.8
	Current	0.8	1.7	7.5	8.3	20.8	41.7	19.2
If I have a chance, I will change to some other job at the same rate of pay at this facility	BOP	31.4	27.6	3.1	16.2	6.2	8.6	6.9
	Current	25.0	27.5	9.2	14.2	9.2	12.5	2.5

Note . BOP: Federal Bureau of Prisons (Garland & McCarty, 2009), Current: Current Study

Findings Related to Research Question 7 (Hypothesis #4)

Do social workers' perceived role incongruity, ambiguity and/or conflict influence the extent of job satisfaction through their indirect influence on role strain in working with inmates with mental illness and/or substance use disorders?

Hypothesis #4: Social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict through their indirect influence on role strain in working with inmates with mental illness and/or substance use disorders, after controlling for demographic variables.

Baron & Kenny (1986) suggest mediation analyses should meet following four

criteria in establishing mediation: (a) show that the causal variable is correlated with the outcome; (b) show that the causal variable is correlated with the mediator; (c) show that the mediator affects the outcome variable; and (d) establish that M completely mediates the X-Y relationship, and that the effect of X on Y controlling for M (path *c′*) should be zero. However, more recent studies (MacKinnon, Fairchild, & Fritz, 2007; Hayes, 2009; Preacher & Hayes, 2008) suggest potential use of mediation analyses even when X and Y are not significantly correlated. As such, mediation analyses of role stress measures; role incongruity, role ambiguity, and role conflict, were performed, although these measures did not show significant correlations with job satisfaction, controlling for state and the supervisory relationship as covariates.

Role incongruity. A mediation analysis was conducted using the PROCESS macro for SPSS developed by Hayes (2013). Preliminary analyses suggested that there were no serious violations of assumptions of normality or linearity. The total effect of role incongruity on job satisfaction was not significant, c = -.02, $t(107)$ = -.68, p = .50. Role incongruity was not significantly predictive of the hypothesized mediating variable, role strain, a = .02, $t(107)$ = .50, p = .62. When controlling for role incongruity, role strain was significantly predictive of job satisfaction, b = -.20, $t(106)$ = -2.44, $p < .05$. The estimated, direct effect of role incongruity on job satisfaction, while controlling for role strain, was c' = -.02, $t(106)$ = -.52, p = .61. A bias-corrected bootstrap confidence interval for the indirect effect (ab = -.01) based on 1,000 bootstrap samples included zero (-.0311 to .0114).

The indirect effect of role incongruity on job satisfaction, through role strain,

was not statistically significant. The effects of role incongruity on job satisfaction were not mediated by role strain, since comparison of the coefficients for the direct versus indirect paths (c' = -.02 vs. ab = -.012) indicated that a relatively small part of the effect of role incongruity on job satisfaction was mediated by role strain. In addition, the direct path from role incongruity to job satisfaction (c) was not statistically significant. Thus, hypothesis #4 was not supported for role incongruity. The diagram for the mediation analysis is shown in Figure 3.2.

Figure 3.2. Mediation Analysis: Role Incongruity

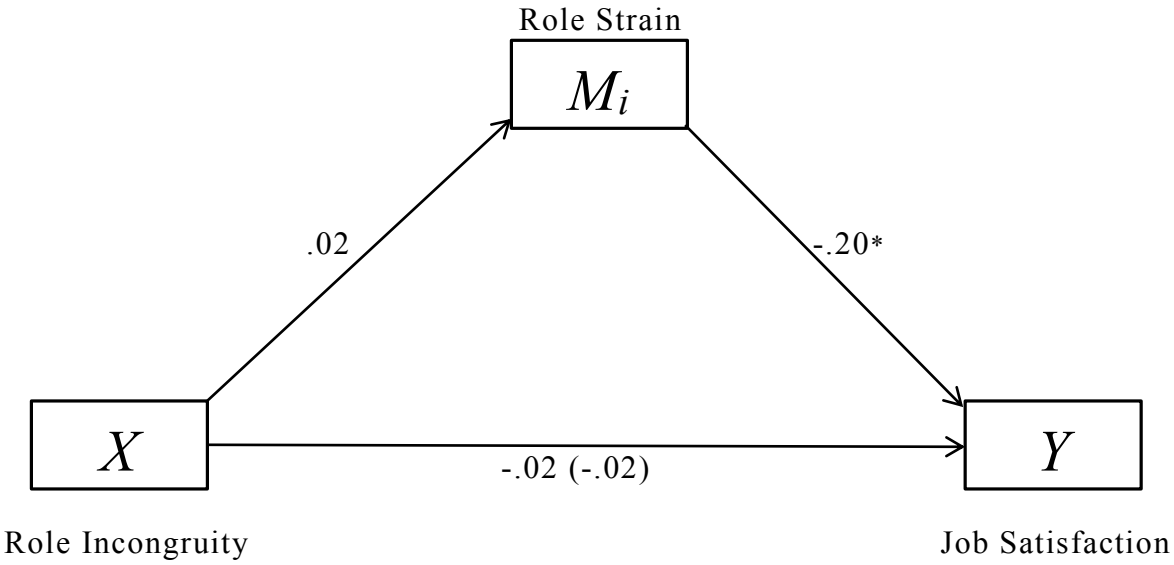


Figure 3.2. Standardized regression coefficient for the relationship between role incongruity and job satisfaction as mediated by role strain. The standardized regression coefficient between role incongruity and job satisfaction, controlling for role strain, is in parentheses. *p < .05.

Role ambiguity. The total effect of role ambiguity on job satisfaction was not significant, c = -.07, $t(109)$ = -.61, p = .55. Role ambiguity was not significantly predictive of the hypothesized mediating variable, role strain, a = .19, $t(109)$ = 1.22,

p = .22. When controlling for role ambiguity, role strain was significantly predictive of job satisfaction, b = -.21, $t(108)$ = -2.46, $p < .05$. The estimated direct effect of role ambiguity on job satisfaction, controlling for role strain, was c' = -.03, $t(108)$ = -.27, p = .79. A bias-corrected bootstrap confidence interval for the indirect effect (ab = -.04) based on 1,000 bootstrap samples included zero (-.1359 to .0111).

The indirect effect of role ambiguity on job satisfaction, through role strain, was not statistically significant. The effects of role ambiguity on job satisfaction were not mediated by role strain, since comparison of the coefficients for the direct versus indirect paths (c' = -.03 vs. ab = -.04) indicated that a relatively small part of the effect of role ambiguity on job satisfaction was mediated by role strain. In addition, the direct path from role ambiguity to job satisfaction (c) was not statistically significant. Thus, hypothesis #4 was not supported for role ambiguity. The diagram for the mediation analysis is shown in Figure 3.3.

Figure 3.3. Mediation Analysis: Role Ambiguity

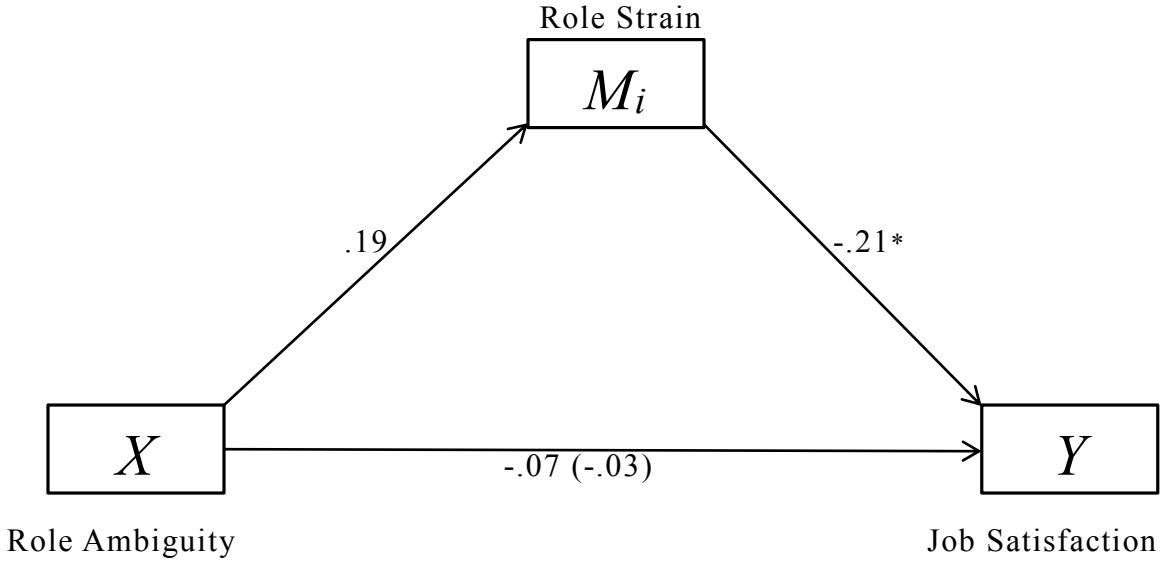


Figure 3.3. Standardized regression coefficient for the relationship between role ambiguity and job

satisfaction as mediated by role strain. The standardized regression coefficient between role ambiguity and job satisfaction, controlling for role strain, is in parentheses. *$p < .05$.

Role conflict. The total effect of role conflict on job satisfaction was not significant, $c = -.12$, $t(109) = -1.64$, $p = .10$. Role conflict was significantly predictive of the hypothesized mediating variable, role strain, $a = .38$, $t(109) = 4.52$, $p < .001$. When controlling for role conflict, role strain was significantly predictive of job satisfaction, $b = -.19$, $t(108) = -2.20$, $p < .05$. The estimated direct effect of role conflict on job satisfaction, controlling for role strain, was $c' = -.05$, $t(108) = -.64$, $p = .52$. A bias-corrected bootstrap confidence interval for the indirect effect ($ab = -.07$) based on 1,000 bootstrap samples did not include zero (-.1585 to -.0145).

The indirect effect of role conflict on job satisfaction, through role strain, was statistically significant. The effects of role conflict on job satisfaction seemed to be mediated by role strain, since comparison of the coefficients for the direct versus indirect paths ($c' = -.05$ vs. $ab = -.07$) indicated that a relatively large part of the effect of role conflict on job satisfaction was mediated by role strain. Although the direct path from role conflict to job satisfaction (c) was not statistically significant, hypothesis #4 was supported for role conflict. Social workers who perceived greater role conflict experienced less job satisfaction than those who perceived less role conflict, indirectly through role strain, in working with inmates with mental illness and/or substance use disorders, after controlling for state and the supervisory relationship as covariates. The diagram for the mediation analysis is shown in Figure 3.4.

Figure 3.4. Mediation Analysis: Role Conflict

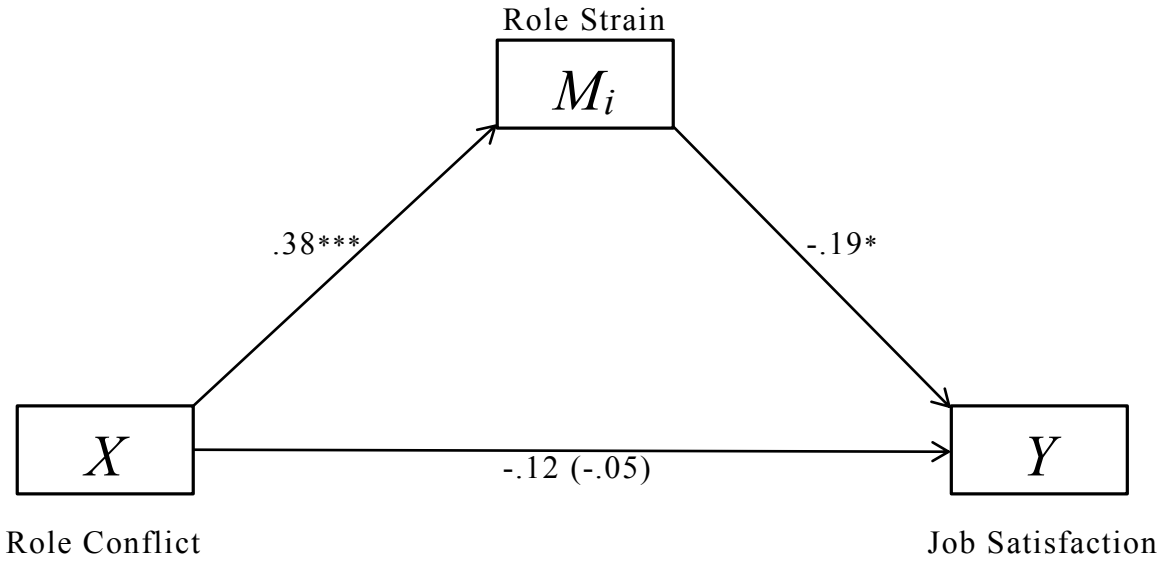
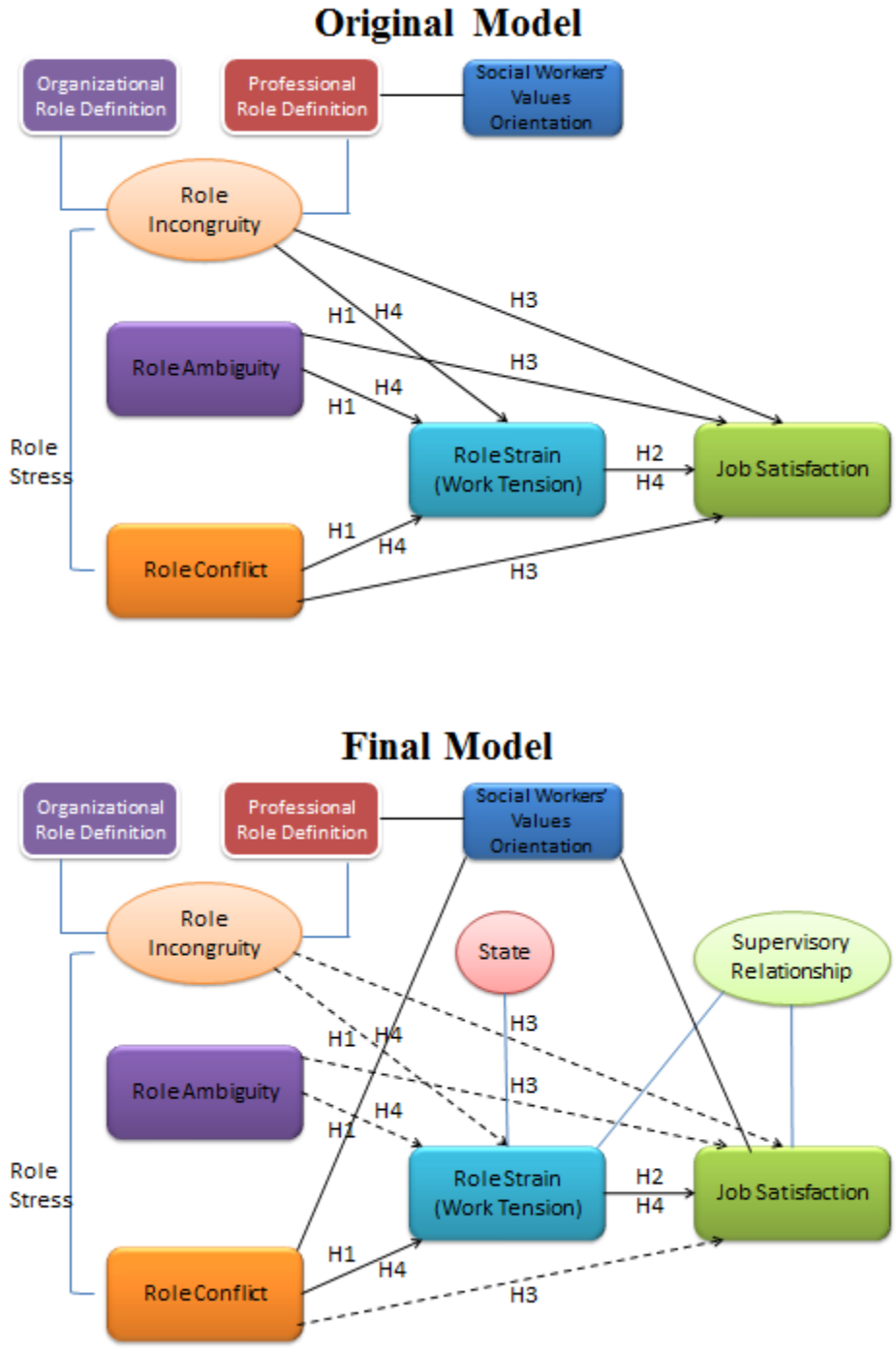


Figure 3.4. Standardized regression coefficient for the relationship between role conflict and job satisfaction as mediated by role strain. The standardized regression coefficient between role conflict and job satisfaction, controlling for role strain, is in parentheses. $*p < .05$ $***p < .01$.

The original conceptual model and the final model are shown as follows.

Figure 3.5. Conceptual Model



Chapter Four: Discussion

This chapter will discuss the main findings of the analyses, as presented in the prior chapter, and in reference to past research and relevant theory. This chapter presents an analysis of results pertaining to seven research questions and four hypotheses. In addition, limitations of the study will be discussed.

Social Work Role

The first research question was: What roles are assumed by social workers in prison, when working with inmates with mental illness and/or substance use disorders? Four major dimensions of social work roles in prisons were identified by the principal components analysis. They include: (a) Reentry planning role, made up of seven different tasks; (b) Clinical role, made up of six different tasks; (c) Advocacy and mediating role, made up of five different tasks; and (d) Professional development role, made up of four different tasks. Comparable research on social work roles in state prisons is limited. Based upon a practical experience at the mental health unit in one state prison, Showalter and Hunsinger (1997) describe social worker's key functions in three domains: (a) acting as therapists, (b) strengthening inmate support systems, and (c) advocating and mobilizing resources for inmates. The findings in this study include similar functions as the ones found in Showalter and Hunsinger's study, but unfortunately, no further comparison was possible, due to a lack of information about the individual tasks in the three domains.

Reentry planning role. The social work profession has contributed to the role of discharge planning in institutional settings, especially upon clients' discharge

from general or psychiatric hospitals (Abramson, 1988; Altman, 1982; Blazyk & Canavan, 1985; Davidson, 1978; Holliman, Dziegielewski, & Teare, 2003; Kadushin & Kulys, 1993; McGriff, 1965). Likewise, social workers in correctional settings are expected to provide their expertise, to create connections between the criminal justice system and community services for reentry of inmates with mental illness and/or substance use disorders (Brownell & Roberts, 2002; Cnaan et al., 2008; Kita, 2011; O'Brien, 2009; Rainford, 2010; Reamer, 2004; Studt, 1967; Toi & Mogro-Wilson, 2015; van Wormer et al., 2008). However, the results from this study uncovered that social workers regarded most of the tasks related to reentry planning as less of a priority than clinical tasks. Similarly, participants perceived a lower level of expectations by their employing organizations for reentry planning tasks than for clinical tasks.

Approximately 88% of participants responded that their respective facilities have a dedicated discharge planning job position, and 68% of participants noted that a social worker serves in that position. Indeed, there may be a division of labor for reentry planning, among social work staff in some facilities; for instance, clinical social workers mainly engage in clinical tasks, whereas discharge planners work on reentry planning. However, an additional analysis using independent-samples t-test revealed that there was no significant difference in the level of reentry planning role, between participants who reported that their respective facilities had dedicated discharge planning positions (M = 24.95, SD = 7.54), and those who reported their respective facilities did not (M = 27.85, SD = 4.65; $t(113) = 1.35$, $p = .18$, two-tailed). Despite the expertise, which can contribute to advancing the quality of

discharge planning, it appears that social workers are not being fully utilized in the process of reentry planning. As noted in the discharge planning study by Toi and Mogro-Wilson (2015), one potential explanation of these results is that increasing demands for clinical work for inmates, who have behavioral health needs, may hinder both social workers and administrators from engaging in reentry planning tasks.

Clinical role. Most of the social workers' tasks, related to the clinical role, scored higher than other items in the Social Work Roles in Prison Scale. The results were consistent with the literature, stating that social workers typically perform direct practice tasks, such as intake, psychosocial assessment, development of treatment plans, individual counseling, or group work (Alexander, 2011; Gibelman, 2005; Matejkowski et al., 2014; McNeece & Roberts, 2001; O'Brien, 2009; Patterson, 2012; Rainford, 2010; Reamer, 2004; Sanford & Foster, 2009; van Wormer et al., 2008; VanderWaal et al., 2008). As anticipated from a high prevalence of mental illness and/or substance use disorders among incarcerated populations reported in previous studies, participants in this study spent a significant portion of their working hours with inmates with mental illness, substance use disorders, and co-occurring disorders. It is evident from the results that the high prevalence of behavioral health problems among inmates demands that social workers engage in more clinical tasks throughout their workday. Likewise, participants perceived higher levels of expectations by their organizations for clinical tasks than for most reentry planning tasks.

Advocacy & mediating role. Advocacy is not an easy task for social workers,

especially in a correctional setting, because of the conflicting principles and philosophies between the field of social work and the criminal justice system. Nevertheless, the literature has emphasized that social workers should take on the role of advocate for the growing population of inmates and ex-inmates (Andrews et al., 2011; Brownell & Roberts, 2002; Cnaan et al., 2008; Griffin, 2007; Kelly et al., 2009; Kita, 2011; Mazza, 2008; McNeece & Roberts, 2001; O'Brien, 2009; Sanford & Foster, 2009; van Wormer et al., 2008). Only a few state correctional systems expect advocacy to be an essential task of social work. For example, one state correctional system demands that social workers "advocate and develop networks of social and clinical services to assist clients in meeting identified needs," as part of a job description. However, most state correctional systems do not mention "advocacy" in their own descriptions of prison social workers.

As anticipated, the item "Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates" indicated the most divergent responses between self-identified tasks and organizational expectations, more than other items in the Social Work Role in Prison Scale. As a result, the greatest role incongruity was reported for the task of advocacy. Furthermore, as Lloyd et al. (2002) note, social work is a highly stressful occupation, with the tension coming from role conflict between client advocacy, and meeting the needs of the agency. However, social workers may be able to manage stressful situations if they are well trained in how to effectively advocate for inmates' needs and rights, in a correctional setting.

Although advocacy has often been mentioned in the literature, few studies

have addressed mediating as one of the essential social work roles in a correctional setting. Mediating is a distinctive, professional method in social work, and is used in advance of, or with, advocacy (Gitterman & Germain, 2008). Mediating the often-troubled transactions between a client and various systems—the family, group, or agency (Schwartz, 1971, 1976; Schwartz & Zalba, 1971) is an indispensable function for social workers. Social workers should be well prepared to function as mediators in prisons. As Gitterman and Germain (2008) suggest, if mediating failed to connect clients to organizations, or other social networks, the social worker should seek "to influence the organization to be more responsive by advocacy" (p. 252). An advocacy and mediating role demand that social workers represent their employing organizations, without becoming, or disowning those organizations (Gitterman, 1985). Further examination of mediating methods and skills used in correctional settings would be essential to effectively achieve advocacy goals, where social workers assist inmates with mental illness and/or substance use disorders.

Professional development role. None of the four tasks grouped in the professional development role – "Develop skills as part of professional development," "Help implement programs that expand safety and wellness of inmates (e.g., suicide prevention)," "Mentor new colleague," and "Participate in research projects" – have been addressed in previous literature. Unexpectedly, respondents listed the item "Develop skills as part of professional development" at the top of all other social work tasks. Respondents also perceived that their employing organizations would highly expect social workers to perform all of these tasks, except for "Participating in research project." This finding is encouraging, indicating that social workers are

willing to assume responsibility for better services for their clients, and are willing to bring their expertise to a multi-disciplinary team in prison, through professional growth and development.

Although social workers are expected to equip themselves with skills and knowledge, a situation unique to correctional settings, very few social work programs have included correctional contents as part of their curriculums (Studt, 1965; van Wormer & Roberts, 2000; Young, 2000). Nonetheless, social workers are often required to make difficult ethical decision-makings in correctional setting, where professional values are challenged by two or more conflicting obligations. Professional development is an essential activity for social workers, to ensure quality of services in any field of practice, including corrections (NASW, 2002). As such, prison social workers may be aware that they should be more self-directed, to develop their expertise. They should help new colleague grow with skills, and develop a firm knowledge base, which is especially necessary for working in a correctional setting. In addition to the curriculum development focused on correctional content in the school of social work, more opportunities for continuing education programs or trainings tailored to prison social workers would help enhance the professional expertise of social workers.

Social Work Values

Research question 2 explored whether there is a relationship between social workers' value orientations and their defined professional roles in working with inmates with mental illness and/or substance use disorders.

The NASW Code of Ethics (2008) presents core social work values: service,

social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Building on Meddin's (1975) theory of values and behavior, and also using a study by Howard and Flaitz (1982), the NASW Code of Ethics, and the 1983 NASW Policy Statements, Abbott (1988, 2003) operationalized these social work values through social workers' behavior choices, and developed the Professional Opinion Scale (POS), to assess one's degree of commitment to these social work values. The current study used a 28-item POS, which was refined and suggested by Greeno et al. (2007), as a result of confirmatory factor analysis.

Rokeach's (1973) theory of values posits that values influence subsequent behaviors. Meanwhile, Rokeach (1979) cautions that, with a series of evidence both from experimental and non-experimental studies, it does not claim that all behaviors have no other determinants. Influenced by Meddin's (1975) hierarchical classification scheme, ranging from value orientation to behaviors, Abbott (1988) also assumed that values determine behaviors. Contrary to this theory, DiFranks (2008) found that there was no significant relationship between value beliefs and behaviors, in the survey of 206 members of NASW, using a 32-item POS (Abbott, 2003).

The current study did not measure behavior directly, but indicated there was a small, positive correlation between social workers' value orientations and their professional roles. It suggested that social workers who had a higher commitment to social work values intended to assume a broader range of social work role responsibilities at their respective facilities. However, not all social work roles were associated with social work values. As the findings indicated, neither "Reentry

planning role" nor "Clinical role" was associated with any subscales of POS. Perhaps this is because these roles are regarded as central to social work role responsibilities, regardless of the level of one's commitment to social work values.

In contrast, there was a small, positive correlation between "Advocacy & mediating role" and "Sense of social responsibility" (SOCIALR), with high levels for advocacy and mediating role being associated with higher levels of the social work values of sense of social responsibility. The results clearly demonstrate that the core social work value of social justice, as stated in the Code of Ethics (NASW, 2008), demands that social workers use an advocacy role to pursue social change efforts, on issues of poverty, unemployment, discrimination, and other forms of social injustice. Likewise, there was an association between the "Professional development role" with both "Respect for basic rights" (BASICR) and "Support of self-determination" (SELFD), with high levels of social workers' professional development roles being associated with higher levels of social work value of respect for basic rights and support of self-determination. This may mirror the tendency of social workers – who value clients' basic rights and self-determination, even in correctional settings, – to be more willing to undertake a professional development role, and consider it a responsibility of the social work profession.

Literature shows mixed findings for the potential impacts of demographic characteristics on professional values. For example, previous studies have reported a negative relationship between age and social work values (Barretti, 2004; Hayes & Varley, 1965; Judah, 1979; Moran, 1989), but a more recent study found that age had a positive effect on commitment to social work values (Miller, 2013). Some studies

indicate that demographic variables such as race/ethnicity, age, years of experience, and educational background can impact social work values (Abbott, 1988; Dolgoff, Loewenberg, & Harrington, 2005; Greeno et al., 2007). Greeno et al., (2007) also note that social workers may assimilate professional values and ethical decision-making with an increase in years of working experience. Likewise, Abbott (1988) suggests that social work values are influenced by professional education, socialization, and work experience. Professional socialization was not specifically explored in this study, but additional analyses using one-way between-groups ANOVA revealed no significant differences in social work values, in the categories of age, or years of experience working in correctional facilities. Similarly, there was no significant difference in the mean scores of social work values between the categories of having a social work degree, being licensed in social work, having the term "social worker" in job title, and gender. Only client gender showed a significant difference, in scores for participants whose clients were "male only" and "female only or both." Overall, the results in this study are not consistent with the findings in previous studies.

Few studies examined how social work education can influence on social work values, but Miller (2013) reports that there is a positive relationship between an emphasis on professional values in the classroom and commitment to social work values in practice. Although the current study did not find the relationship between having a social work degree and social work values, more of a focus on and integration of professional values into a social work curriculum may help students to better prepare for becoming professionals, with a greater commitment to social work

values. Further exploration of these predictors of a higher commitment to social work values would be needed, including other potential variables (e.g., continuing education, parental values, or religious values) in the broader framework of professional socialization.

On the other hand, having a social work degree, being licensed in social work, and having the term "social worker" in a job title indicated a significant difference in the mean scores for social work roles. Taken together, these findings suggest that having a social work degree, being licensed in social work, and having the term "social worker" in a job title did not influence participants' social work values, but may have impacted the level of social work roles in correctional facilities.

The potential influence of client gender on participants' professional values may be explained by the idea of clients as socializing agents, as proposed by Miller (2013). According to Miller (2013), the findings from the survey of 470 MSW alumni from a large, Mid-Atlantic public university showed that participants who reported that their clients had a strong effect on their thoughts, perceptions, and feelings about what it means to be a social worker scored higher on a 40-item POS (Abbott, 1988). It is unknown from the current study whether female inmates had greater influence on social workers' thoughts or feelings than male inmates. However, the unique backgrounds of female inmates – many are mothers (O'Brien, 2001), with histories of abuse and trauma, and have special needs for physical and behavioral health treatment – may have a substantial influence on one's professional values, over the process of one's professional socialization.

Role Stress

The third research question was: Do social workers perceive, and if they do, at what level, role incongruity, ambiguity and/or conflict between their self-defined professional roles and their organizationally-defined roles?

Role incongruity. The findings indicated that social workers did perceive role incongruity between their self-defined professional roles and the roles as defined by their work organizations. But the level of role incongruity differed by individual tasks, ranging from the highest role incongruity task, "Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates," to the lowest role incongruity task, "Document treatment in clinical records," followed by "Conduct screening and psychosocial assessment." When it is grouped according to the four major dimensions of social work roles, participants expressed the highest role incongruity with "Advocacy and mediating role," followed by "Reentry planning role," "Professional development role." They reported the lowest role incongruity in "Clinical role."

Previous study emphasizes that role stress arises when incongruity exists between the perception of role expectations, and what is actually being achieved within the role (Lambert & Lambert, 2001). Most studies have stressed that social workers must take on the role of advocate for the inmates (Andrews et al., 2011; Brownell & Roberts, 2002; Cnaan et al., 2008; Griffin, 2007; Kelly et al., 2009; Kita, 2011; Mazza, 2008; McNeece & Roberts, 2001; O'Brien, 2009; Sanford & Foster, 2009; van Wormer et al., 2008), but the findings in this study indicate that social workers may experience higher levels of stress, due to incongruities within this role. Similarly, participants reported greater role incongruity in the mediating role.

Although it is essential for social workers to mediate the engagement between client needs and those of their employing agencies (Schwartz & Zalba, 1971), it seems that recent literature in the field of corrections has neglected this unique function of social work profession. To effectively advocate for incarcerated clients, mediating methods and skills should be examined (Gitterman & Germain, 2008), as they are also essential in a correctional setting.

Although literature has documented that prison social workers are expected to provide their expertise, to create connections between the criminal justice system and community services for incarcerated people (Brownell & Roberts, 2002; Cnaan et al., 2008; Kita, 2011; O'Brien, 2009; Rainford, 2010; Reamer, 2004; Studt, 1967; van Wormer et al., 2008), participants reported higher levels of incongruity for the reentry planning role, due to the lowered expectations of this role by the overseeing organizations. As examined earlier in this chapter, this result was not related to the deployment of dedicated staff for discharge planning at various facilities. Rather, it may be that the greater organizational expectations of clinical tasks, performed by a multi-disciplinary team for inmates who have mental illness and/or substance use disorders, may have a significant impact on this result.

In particular, participants indicated higher role incongruity in working with inmates' family members on the reentry process. Some studies have suggested that social workers assist families of inmates with psychosocial counseling, social functioning, and economic maintenance (Gibelman, 1995, 2005; Sanford & Foster, 2009). Increasingly, the children of incarcerated adults face numerous risks at home and in their communities, as a result of parental incarceration (Kjellstrand & Eddy,

2011). However, the prevalence of role incongruity in these tasks may reflect the fact that few programs exist to support both the children of inmates and the incarcerated parents themselves, in prison and in the community (Matejkowski et al., 2014; La Vigne, Davies, & Brazzell, 2008).

Overall, professional development and clinical tasks were not the major source of role incongruity. Most of the clinical tasks showed very low levels of role incongruity. Clearly, this result is consistent with previous studies, and the job descriptions listed for most of the state correctional systems.

To further explore the levels of role incongruity, additional analyses were conducted using one-way between-groups ANOVA, to determine whether there is a significant difference in the mean scores for role incongruity, among the categories of age, or years of experience working in correctional facilities. There was no statistically significant difference in role incongruity score among the categories of age, or years of experience. Similarly, a series of independent-samples t-tests on whether participants had a social work degree, were licensed in social work, and had the term “social worker” in their job titles, gender, and client gender were conducted, to assess whether there is a significant difference in the mean scores on role incongruity between the two groups. There was no significant difference in the mean scores, for gender, or client gender. However, there is a significant difference in the mean scores for role incongruity, between the two groups for having a social work degree or not, being licensed in social work or not, and having the term “social worker” in their job titles or not.

The results illustrate that participants who have the term “social worker” in

their job titles, have a social work degree, and/or professional license perceive higher role incongruity than those who do not. These findings are consistent with the prior findings that having a social work degree, being licensed in social work, and/or having the term "social worker" in a job title has some impact on the level of social work roles in correctional facilities. As Hardy (1978) notes, role incongruity arises when a role occupant finds that expectations for his or her role performance operate against his or her self-perception, disposition, attitudes, and values. Unlike other role stress constructs, such as role ambiguity or role conflict, few studies have examined role incongruity in a correctional setting. Although it is not comparable to other professions, the findings suggest that, when social workers perform professional tasks, they do experience role incongruity, due to a poor person-role fit (Hardy & Hardy, 1988), in a prison setting.

Role ambiguity and role conflict. Role ambiguity and role conflict are the major role stress constructs often studied in the field of corrections, especially for correctional officers (Grusky, 1959; Hepburn & Albonetti, 1980; Hogan et al., 2006; Lambert, Hogan, Cheeseman, & Barton-Bellessa, 2013; Lambert, Hogan, & Tucker, 2009; Pogrebin, 1978). Although there is a paucity of research on social work staff, previous studies of correctional officers found mixed results on the relationship between demographic variables (e.g., gender, race/ethnicity, age, or tenure in the facility) and role stress variables (Lambert, Hogan, Cheeseman, & Barton-Bellessa, 2013; Misis, Kim, Cheeseman, Hogan, & Lambert, 2013; Morgan, Van Haveren, & Pearson, 2002).

To further examine the level of role ambiguity and role conflict, additional

analyses were conducted using one-way between-groups ANOVA, to determine whether there is a significant difference in the mean scores for role ambiguity and role conflict, in the categories of age, or years of experience working in a correctional facility. Like role incongruity, there was no statistically significant difference in the role ambiguity and role conflict scores in the categories of age, or years of experience. Similarly, a series of independent-samples t-tests on having a social work degree, being licensed in social work, having the term "social worker" in their job titles, gender, and client gender were conducted, to assess whether there is a significant difference in the mean scores for role ambiguity or role conflict between the two groups. There was no significant difference in the mean scores for either role ambiguity or role conflict, between female and male participants.

There was a significant difference in the mean scores for role conflict between the two groups for being licensed in social work or not, and having the term "social worker" in job their titles or not. Contrary, there was no significant difference in the mean scores for role ambiguity between the two groups for being licensed in social work or not, and having the term "social worker" in their job titles or not. It seems that previous studies have made no clear conclusion as to whether gender, or the stage of one's professional development, has any association with role ambiguity. For example, in nursing research, it is has been reported that role ambiguity can be seen in any type of nursing positions: a head nurse, a clinical nurse specialist, or a staff nurse. It has also been reported that role ambiguity is greater among nursing administrators, whereas role conflict is stronger among professionals within organizations (Hardy & Hardy, 1988). It is hard to know why the difference occurs

for role conflict but not for role ambiguity. However, professional socialization may provide a potential explanation for the findings. As Hardy and Hardy (1988) note, role conflict may be a much more problematic role stress for professionals than role ambiguity, because of the professional identity obtained through an extensive socialization process.

The potential influence of client gender on role ambiguity and role conflict may be partly explained by the fact that female inmates are more likely to have a history of abuse, trauma, mental illness and substance abuse, and these often present behavioral disruptions in women's prison facilities (Hills, Siegfried, & Ickowitz, 2004). Clinical staff who work in secure settings, like prisons and secure hospital units, are more likely to develop vicarious traumatization than clinical staff working in less secure, and community settings (Moulden, & Firestone, 2007). Most staff in correctional settings lack formal training opportunities, to help them cope with traumatized inmates, and these staff members may face the risk of emotional reactivity and burnout (Miller & Najavits, 2012). Potential impact of client gender on role stress should be further explored, in relation to other stress factors, specifically in working with female offenders.

Role Strain

Research question 4 examined whether social workers' perceived role incongruity, ambiguity and/or conflict are associated with role strain. Hypothesis #1 stated that social workers who report higher role incongruity, ambiguity and/or conflict will report higher role strain, more than those who experience role compatibility, after controlling for demographic variables.

Role theory presumes that a role occupant's perception of a problematic social condition (stress represented by role incongruity, ambiguity, and conflict) leads to an individual internal response (strain). It suggests that a role stress–role strain formulation can be utilized, to examine role problems and their consequences (Hardy & Hardy, 1988). The results of hierarchical multiple regression analysis in this study indicated that both role incongruity and role ambiguity were not significant predictors of role strain. Role conflict, in fact, was the strongest predictor of role strain in the final model. The findings of the current study supported hypothesis #1. Social workers who reported higher role conflict reported higher role strain, more than those who experienced role compatibility, after controlling for state and the supervisory relationship. However, the hypothesis was not supported for role incongruity and role ambiguity. Previous studies suggest that role strain related to role incongruity is considered as a factor that maintains an uneasy relationship between social work and criminal justice (Ivanoff et al., 2007; Needleman & Needleman, 1997). In the current study, role conflict had a strong association with role strain among prison social workers.

As discussed in research question 3, social workers perceived role incongruity between their self-defined professional roles and their organization's defined roles. However, this incompatible situation did not necessarily create tension, frustration, or anxiety among social workers, when they work with inmates with mental illness and/or substance use disorders. Owing to very few studies on role incongruity, it is not clear whether role incongruity acts as a major source of role strain, as other role stress constructs do. An alternative explanation for this result is that high levels of

role incongruity may still be manageable among participants, if their roles are redefined, or if there is a redefinition of adequate role performance (Hardy & Hardy, 1988) for prison social workers.

Most studies have indicated that role ambiguity leads to less concern or involvement with a group, lower job satisfaction, increased tension, anxiety, and depression (Caplan & Jones, 1975; Fisher & Gitelson, 1983; Van Sell et al., 1981). Based on a meta-analytic review examining eight studies with a total of 1,435 respondents, Örtqvist and Wincent (2006) reported that role ambiguity was positively related to tension (r = .35), having medium effect sizes. Likewise, by reviewing seven studies with a total of 1,220 respondents, the authors concluded that role conflict was positively related to tension (r = .43), having medium effect sizes. However, these findings did not apply to the current study. Although most studies on role stress use role ambiguity and role conflict as a set measure, these two measures are distinctive in approaching stressful conditions that participants may experience. The role ambiguity scale tries to tap into more static status for participants (e.g., "*I feel…*" or "*I know…*"). The role conflict scale is approaching more dynamic status, reflecting the actual behaviors of participants (e.g., "*I work…*" or *I have to do…*"), in which social workers often have to make uneasy ethical decision-makings in working with inmates. If Rokeach's (1973) theory of values is applicable to correctional social workers, participants' professional values may influence subsequent behaviors, which is more associated with role conflict than role ambiguity.

To further explore this potential relationship, a partial correlation analysis was

conducted for social work values (POS), role strain, role incongruity, role ambiguity, and role conflict scale, after controlling for state and the supervisory relationship. There was a small, positive, partial correlation between social work values and role conflict, controlling for state and the supervisory relationship, with greater commitment to social work values being associated with higher levels of role conflict. Unlike role incongruity or role ambiguity, social workers who reported higher role conflict may experience greater role strain, because they face difficult decision-making that is not consistent with professional values. Although the comprehensive mechanism is not clear, this result may provide a potential explanation as to why only role conflict creates role strain, among other role stress variables.

Job Satisfaction

Relationship with role strain. Research question 5 explored how social workers' perceived role strain influenced the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders. Hypothesis #2 stated that social workers who perceive higher role strain will experience lower job satisfaction than those who perceive lower role strain, after controlling for demographic variables. This hypothesis was supported. There was a small, negative, partial correlation between role strain and job satisfaction, while controlling for state or the supervisory relationship as a covariate, with higher levels of role strain associated with lower levels of job satisfaction.

As reviewed in chapter 1, a number of job satisfaction studies have been conducted in correctional settings, as an important indicator of workplace

management (Blau, Light, & Chamlin, 1986; Byrd, Cochran, Silverman, & Blount, 2000; Castle, 2008; Cullen et al., 1993; Dennis, 1998; Garland et al., 2009; Griffin, 2001; Griffin, Hogan, Lambert, Tucker-Gail, & Baker, 2010; Grossi & Berg, 1991; Hepburn & Knepper, 1993; Jurik & Halemba, 1984; Lambert, 2004; Lambert et al., 2005; Lambert et al., 2010; Lambert & Hogan, 2009; Lindquist & Whitehead, 1986; Rogers, 1991; Stinchcomb & Leip, 2013; Walters, 1993; Whiteacre, 2006). Some of the studies use role stress variables, represented by role ambiguity and role conflict, but very few studies examine the relationship between role strain and job satisfaction among prison employees. By examining data obtained from a survey of correctional staff employed by the Arizona Department of Corrections, Hepburn and Knepper (1993) found that role strain was negatively correlated with job satisfaction. The findings of the current study on social workers are consistent with the Hepburn & Knepper's study on correctional staff.

In addition, Hepburn and Knepper (1993) reported that role strain was lower among human service officers than among correctional security officers in state prisons. In the current study, no significant differences were found among demographic groups, except for participants with social work licenses (see Table 3.20 in chapter 3). Participants licensed in social work reported higher role strain than those who are not. Role strain refers to the subjective state of distress, as experienced by a role occupant when exposed to role stress. In other words, it is the psychological and physiological states related to feelings that role obligations are difficult or impossible to perform (Hardy, 1978; Hardy & Hardy, 1988). As reported in prior analyses, participants who are licensed in social work also had significantly

higher scores for both role incongruity and role conflict, more than who are not.

Increasingly, state correctional systems demand social work staff with state clinical licensure in working with inmates with behavioral health needs. However, as Hardy (1978) notes, most health care professionals are at the risk of exhaustion, and may lose their commitment both to the organizations and to their professional values. Further investigation on the role stress–strain model and its pathway to job satisfaction is needed, in relation to the importance of professional development in social work.

Relationship with role stress. Research question 6 explored how social workers' perceived role incongruity, ambiguity and/or conflict influence the extent of job satisfaction in working with inmates with mental illness and/or substance use disorders. Hypothesis #3 stated that social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict, after controlling for demographic variables. These hypotheses were not supported either for role incongruity, role ambiguity or role conflict.

Considerable research has been conducted, on the relationship between role stress and job satisfaction. Overall, studies have suggested that role ambiguity and role conflict negatively influence job satisfaction (Hogan et al., 2006; Van Voorhis et al., 1991; Whitehead & Lindquist, 1986). In a meta-analytic review of 43 studies, Fisher and Gitelson (1983) showed that both role ambiguity and role conflict were negatively correlated with overall job satisfaction. Örtqvist and Wincent (2006) conducted a meta-analysis, which evaluated 42 studies with a total of 10,062

respondents and reported that role ambiguity was negatively related to job satisfaction ($-.68 < r < .05$). Similarly, by reviewing 38 studies with a total of 9,780 respondents, the study summarized that role conflict was also negatively related to job satisfaction ($-.62 < r < .41$).

However, these findings did not apply to the current study. The current study did not provide support either the findings in empirical literature and role theory, which identifies role stress variables as predictors of job satisfaction. Overall, social work research supports role theory. For example, in a sample of 259 social workers in mental health agencies in New York State, Acker (2004) found that both role ambiguity and role conflict had a statistically significant, negative association with their job satisfaction. In a survey of 165 licensed clinical social workers in Florida, Um and Harrison (1998) unexpectedly found that role ambiguity had no significant association with job satisfaction, whereas role conflict did as anticipated. The authors explain the contradicting finding between role ambiguity and role conflict by stating that combatant situations, like role conflict, may have a tendency to cause job dissatisfaction, more than non-combatant situations like role ambiguity. However, this potential explanation does not seem applicable to the current study of social workers at correctional institutions.

Job satisfaction is influenced by a variety of predictors such as the work itself, pay, promotion, supervision, and support form supervisors and coworkers (Acker, 2004; Smith, 1992). In addition, client factors or organizational factors, such as organizational climate, were not explored in the current study. Perhaps, for participants in this study, role stress was not strong enough to explain their job

satisfaction, when compared to other potential predictors in working with inmates with mental illness and/or substance use disorders. In the final regression model, for instance, it was unexpected that the supervisory relationship was the only statistically significant predictor of job satisfaction, recording the highest beta value (*beta* = .26, $p < .05$).

By using data from the 2005 Prison Social Climate Survey, Garland et al. (2009) confirmed that supervision was a significant, positive predictor of job satisfaction among teachers, psychological staff, and unit management staff employed by the BOP. The survey was not specifically targeted to social workers, but it may provide a potential explanation to the findings in the current study. Role incongruity, ambiguity, and conflict are unavoidable role stresses for social workers in correctional settings. However, having good supervisory support may enhance job satisfaction, even in a stressful environment. As examined in research question 4, the supervisory relationship was also a statistically significant predictor of role strain (*beta* = .26, $p < .01$), with a better supervisory relationship predictive of lower role strain. Steps should be taken to further explore the role the supervisory relationship may play in understanding the stress–strain–outcome mechanism.

Level of job satisfaction. The results of one-way between-groups ANOVA indicated that there were no statistically significant differences in job satisfaction scores in the categories of age, or years of experience. Similarly, a series of independent-samples t-tests revealed that there were no significant differences in the mean scores for job satisfaction between any of the two groups; whether one has a social work degree, is licensed in social work, has the term “social worker” in his or

her job title, gender, and client gender.

The influence of personal characteristics on job satisfaction seems to be inconclusive throughout the research on correctional staff. Flanagan and Flanagan (2002), for example, reported that years of experience among correctional nurses, and age were related to job satisfaction, but in opposite ways: younger nurses and those with more experience in working in corrections had more job satisfaction. Similarly, Garland and McCarty (2009) indicated that non-custodial staff such as psychologists, teachers, and unit management personnel with advanced professional degrees showed higher job satisfaction than those who did not have a bachelor's degree. In contrast, the findings of this study are consistent with Stinchcomb & Leip's (2013) national study of jail employees. The authors reported that personal variables, such as age, gender, or race/ethnicity, did not account for job satisfaction among jail line staff. This is in contrast to the potential influence of organizational variables, such as supportive work climate, empowerment/autonomy, or compensation/benefits.

Role Strain as Mediator

Research question 7 explored whether social workers' perceived role incongruity, ambiguity and/or conflict influence the extent of job satisfaction through their indirect influence on role strain in working with inmates with mental illness and/or substance use disorders. Hypothesis #4 stated that social workers who perceive higher role incongruity, ambiguity and/or conflict will experience lower job satisfaction than those who perceive lower role incongruity, ambiguity and/or conflict through their indirect influence on role strain in working with inmates with

mental illness and/or substance use disorders, after controlling for demographic variables. The hypotheses were not supported for role incongruity and role ambiguity. Although Baron and Kenny's (1986) first criterion for mediation analysis: causal variable is correlated with the outcome, was not met in this study, the mediation analysis indicated that a relatively large part of the effect of role conflict on job satisfaction was mediated by role strain. Examination of the path coefficients indicated role conflict had indirect effects on job satisfaction through role strain.

The results of this study showed that none of the role stress variables had a direct effect on job satisfaction. Since most prison work environments are inherently stressful, social workers may be prepared or equipped to manage the role stress in certain ways. For example, when role ambiguity exists, it potentially provides an opportunity for creativity in a professional role, and new role making (Hardy & Hardy, 1988). Likewise, when role incongruity exists, social workers may consider protecting themselves through role transition: the social processes that bring one's self-perception and behavior into line with professional roles expected by the organization (Hardy & Hardy, 1988).

However, unlike role incongruity and role ambiguity, it appears that role conflict may have a unique influence on social workers' ethical decision-making, partly because role conflict often occurs in relation to professional values and actions. One possible explanation for this finding is that, when role conflict is unmanageable, social workers may feel more dissatisfied with their jobs, through the state of role strain. In this study, the pathway of role conflict–role strain–job satisfaction is best explained by the stress–strain–outcome model. Further

investigation of role conflict and its association with professional values would provide a better understanding of job satisfaction among prison social workers.

Limitations

Although possible measures were taken, this study has several limitations. The major limitation of the study was how to construct the variable of social workers' roles in prison, since there is no existing standardized scale. It was developed through a comprehensive review of the literature, and evaluated by a panel of experts in the field of corrections. In addition, the 22-item instrument was pilot-tested by social workers in correctional and criminal justice settings, to ensure content validity. The reliability and validity of this scale is very important, since the scale serves as the basis for two essential measures: social work roles in prison, and role incongruity. The factor analysis identified four-component model, composed of 22 items with a good internal consistency (Cronbach's $\alpha = .90$), as a first step towards developing an instrument to assess social work roles in prison settings. However, further replication of the results using confirmatory factor analysis, with broader samples, will be required to validate the new scale.

Another limitation was the extent to which the study was able to capture the entire population. It should be noted that the sample of correctional social workers in the analysis was not the representative of all correctional social workers working in the United States, due to the coverage error. This study aimed to approach social workers who worked in state prisons in the Northeast, but did not cover those in BOP in the region. In addition, the correctional systems in the Northeast region may have unique characteristics that may impact social work roles in state prisons. Ultimately,

the researcher approached six correctional systems in five different states, out of nine states in the Northeast. However, this study took place in three correctional systems in only three states in the region. In spite of continued efforts to approach potential samples with support from staff and administrators in some correctional systems, the research requests for this study were not accepted or processed by three correctional systems in three states. Therefore, the findings of this study should not be generalized for the entire population beyond the 3 states in the region that participated.

The target sample size was defined in the research proposal based upon sample size tables for the Pearson's correlation and multiple regression analyses, using the Cohen's (1988) definition of effect size. Ideally, a larger sample size was needed for some statistical analyses. For factor analysis, for example, one common rule of thumb is that a researcher should have set a ratio of 4:1 subjects-to-variables ratio or larger (MacCallum, Widaman, Preacher, & Hong, 2001). There is very little agreement among researchers (Comrey & Lee, 1992; Pett, Lackey, & Sullivan, 2003; Tabachnick, & Fidell, 2007), but Gorsuch's (1983) recommendation requiring a minimum 5:1 subjects-to-variables ratio should be considered as a general guide. The current study achieved the required sample size for the analysis on the Social Work Roles in Prison Scale (22-item scale: n = 110 needed), but did not meet the minimum sample size for the analysis on social work values (28-item POS, n = 140 needed). As such, this limitation should be considered, for findings from the factor analysis on the POS scale.

This study was exploratory in nature and used a non-experimental design,

based upon a self-administered survey. As such, it held all of the methodological limitations of non-experimental research (Kerlinger & Lee, 2000). Causal factors cannot be determined, since this is cross-sectional study. In addition, the self-report nature of this survey was another limitation. Social desirability bias may have been unavoidable, especially in answering the items about self-identified social work roles, and social work values. Some participants might have unconsciously responded in a manner that "*I should perform this task…,*" perhaps believing that to be the response of a good, or ideal social worker.

The inattention to potentially important factors in correctional settings was final limitation to the current study. Under the role theory framework, role stress, role strain, and job satisfaction were the main variables used in this study, in relation to social work roles and values. However, organizational factors such as organizational climate or culture were not included in the study, although these factors could potentially have an impact on social workers in correctional facilities. Likewise, potential impacts of client factors on social workers' stress and strain should be taken into consideration, especially in working with inmates with mental illness and/or substance use disorders.

Chapter Five: Implications

In spite of several limitations, the current study has implications towards the understanding of social work roles in prisons. Implications for social work practice, research, and education are described in reference to main findings of the current study.

Implications for Social Work Practice

More than ever, a large number of people with mental illness and/or substance use disorders are likely to be treated for these conditions in correctional settings, rather than in their communities. Examining role stress experienced by social workers, and the potential impact of this stress on role strain and job satisfaction may increase the understanding of the ways professional roles influence how one works with inmates with mental illness and/or substance use disorders. This study is the first study quantitatively focused on social wok roles in state prisons in the United States. The findings revealed what social workers think they should be doing in prisons. The study informs the literature on the discrepancy between what previous studies have suggested social workers should be doing, and what social workers actually think they should be doing in prisons. Additionally, the concept of role incongruity uncovered areas and depths of discrepancies between self-identified professional roles, and the roles expected by the employing organizations. Social workers, supervisors, and prison administrators may be able to use this information to review social work tasks and roles, to better assist with the reentry of inmates with mental illness and/or substance use disorders.

As Studt (1959) note, prison social workers in the early years of the profession

were often employed without the title “social worker.” At the time, job titles for what was essentially the same type of work, included “classification officer, institutional parole officer, treatment worker, diagnostic clinic worker, or supervisor of cottage life” (pp. 11-12). A social worker today might experience difficulties in performing the full range of professional tasks that these titles and jobs entailed. Although the expectations of social workers have changed over time, the current study found that a certain portion of participants perform social work tasks, but without the title “social worker” in their respective facilities. This study showed contradictory findings, in that participants with the title “social worker” experienced greater role incongruity and role conflict. Likewise, participants with social work licenses experienced greater role incongruity and role conflict.

These results may illustrate a stressful situation for social workers, as previous literature often referred to the conflict and dilemma that social workers inevitably experienced in correctional settings. The findings in the current study highlight that role conflict is the strongest source of role strain for social workers, among other role stress variables including role incongruity or role ambiguity. Increasingly, correctional organizations are required to address issues of work-related stress, such as burnout, compassion fatigue, or vicarious trauma (Denhof, Spinaris, & Morton, 2014). Not just social workers, but supervisors and administrators should also be cautious about the significant impact of role conflict, and its potential pathways towards role strain and job satisfaction, among social workers and professionals in correctional settings.

Social workers have practiced in various host settings such as hospitals,

schools, military, probation, or court system where they often encountered discrepancies between professional mission and values and those in the employing organizations (Dane & Simon, 1991; Dulmus & Sowers, 2012; Germain, 1984). The findings in this study may provide recommendations to advance the social work practice, not only in the field of corrections, but also in such secondary agency services, or those fields where social workers address conflict, and have ethical and value dilemmas. Furthermore, it would be interesting to explore how the levels of role stress, strain and job satisfaction differ by those host settings in relation to value dilemmas social workers may experience.

In this study, most social workers reported they should conduct group work in their respective organizations. They felt less role incongruity in leading and assisting a variety of groups, owing to relatively high expectations form their respective organizations. Considering the large number of incarcerated population, this result may suggest that corrections may be one of the fields where group workers, social work educators, and researchers should pay more attentions. Like advocacy, participants experienced high role incongruity in mediating between inmates and the organization about treatment and psychological needs. Social workers can utilize a distinctive professional function: to mediate the transactions between individual member needs and group requirements; and between group needs and services in the facility (Gitterman, 1985; Schwartz, 1971, 1976), especially in working with inmates with behavioral health needs.

Implications for Social Work Research

During the era of mass incarceration, prisons have become de facto state

hospitals, treating more people with mental illness than all state psychiatric hospitals across the country (Daniel, 2007). As a result, prison social workers encounter inmates with treatment needs that may be better served thorough community models. Nevertheless, empirical research, which informs social work practices in prison, is sparse.

One of the potential methodological contributions of this study was to present the concept of role incongruity, specific to social work roles in prison settings, by utilizing the Social Work Roles in Prison Scale, tailored for this population. Due to the setting-specific nature, role incongruity has not been fully studied, as compared to other role stress variables, such as role ambiguity and role conflict. Although the scale is still in the first stages for validation, the methods used in this study may be applicable to research in other fields, when role incongruity is the variable of concern (e.g., role incongruity among school social workers, or hospital social workers).

According to the results, not all data fit the model as anticipated, under the framework of role theory. Role incongruity and role ambiguity were not significant predictors in the model. Rather, the stress–strain–outcome model was confirmed as the pathway of role conflict–role strain–job satisfaction. It is hard to conclude why role conflict was the robust predictor, among other variables, but this finding may serve as one of the empirical supports in social work literature, where conflict and ethical dilemmas have been the central concern for practice in correctional settings. As indicated in the previous chapters, social workers with a greater commitment to social work values reported higher levels of role conflict; but this relationship was

not true for role incongruity of role ambiguity. Few studies have empirically examined professional values in the framework of role theory. Future research should carefully examine how role theory can be used to predict and explain the phenomenon, in relation to social work practice in prison, by including professional values in the framework.

Conducting research in a correctional setting holds both challenges and opportunities for researchers (Apa et al., 2012; Appelbaum, 2008; Cislo & Trestman, 2013; Vaughn, Pettus-Davis, & Shook, 2012; Wakai, Shelton, Trestman, & Kesten, 2009). It requires strategies specific to corrections, but even well-trained researchers face resistance from stakeholders (Appelbaum, 2008). Prison social workers are not vulnerable populations, but they appear to be a hard-to-reach population for researchers. For early career researchers and doctoral students, it is harder to anticipate the unique barriers and obstacles in corrections that could be found at each phase of the research project. Since few quantitative studies have focused on social workers' practices in prisons, the researcher needed to learn and design the research, mostly from studies conducted in other professional disciplines such as correctional officers, nurses, or psychologists. The process and methodology used in the current study may contribute to social work research by preparing for potential barriers and challenges in correctional settings.

Implications for Social Work Education

In spite of an historical partnership between social work and corrections, very few social work educators have included correctional content in their curriculums. Elliott Studt (1965), an early proponent of correctional social work, once asked "Do

we train the student for the traditional, insinuating role or to be a mediator in a larger framework?" (p. 234). She also emphasized that there is a major difference "between exhorting the student to be influential and teaching him how to perform such a role" (p.234) in correctional settings. As the findings in this study suggest, the issues raised by Studt a half century ago are still central to the agenda of social work education in the field of corrections. Advocacy and mediating role were found to be essential social work roles, but it is imperative to teach these skills, to be useful in social work practice in prisons.

Previous studies have stressed ethical and value dilemmas among social workers in prions. However, very few studies have empirically evaluated social workers' values in a correctional setting. As D. S. Young (2000) notes, identifying ethical principles, underlying ethical and value dilemmas, would be essential to social work education, to prepare students for practice in a correctional setting. Unexpectedly, the results of this study revealed that having a social work education or a professional license to practice social work did not contribute to greater commitment to professional values. The study may serve as a starting discussion on how social work education can help students form social work values, during the process of professional socialization.

One of the unexpected findings in this study was that social workers indicated higher role incongruity in working with inmates' family members in the reentry process. A family member's incarceration can have significant impacts on the whole family, especially for children's lives. The children of incarcerated parents are more likely to be exposed to behavioral, sociodemographic, and community risk factors

(Kjellstrand & Eddy, 2011; Matejkowski et al., 2014). Involvement of family members would not be easy for prison social workers without having a coordinated support from the employing organization, social service agencies, mental health services, and other relevant resources in the community. Social work education should help students equip with the social work's unique mediating function to create linkage between criminal justice system and community services and resources to better assist inmates and their family members in the reentry process.

Consistent with the literature, the findings in this study clearly illustrate that social workers in prisons work with a variety of professionals, on a multi-disciplinary team. In addition, most participants in this study were supervised by other professionals, such as psychologists. The supervisory relationship was found to have had a significant impact on social workers' role strain and job satisfaction. Inclusion of inter-professional education into curriculums may help social work students prepare for future collaboration with team members in prison, helping them to possibly establish better relationships with supervisors from other professions.

The findings in the current study show that participants with social work degrees experience higher role incongruity, and participants with social work licenses express greater role incongruity, role conflict, and role strain. More attention to self-care should be addressed in social work education, in relation to work-related stress such as burnout, compassion fatigue, and vicarious trauma that social workers may experience while working in prisons.

More than a century ago, Kenneth Pray (1949) stressed that the social work

profession can contribute to corrections without losing its identity and principles. However, most prison social workers still struggle to serve clients in a very unique, uneasy environment, to achieve the mission of the profession. van Wormer and Roberts (2000) eloquently note that, “it is time for schools of social work to prepare their students to meet the growing need for expertise in helping offenders and the persons who have been victimized to turn their lives around” (p. v). This study may contribute to social work education and knowledge by expanding on the few studies of social work roles, in relation to professional values and conflict in prisons.

Implications for Macro Policy

It is hard to estimate how many social workers are employed in correctional settings in the United States, but the total numbers might have significantly increased during the era of mass incarceration, due to the demands for assisting inmates with mental illness and/or substance use disorders. As Dorothea Dix, in the mid-1800s, devoted to advocate for better treatment for people with mental illness in prisons across county, many correctional social workers of today may find that they should be an essential part of advocates to improve the quality of treatment and mental health service delivery within the criminal justice system. It is encouraging that the findings of this study suggest that social workers who had a higher commitment to social work values intended to assume a broader range of social work role responsibilities at their respective facilities. On the other hand, social workers with a greater commitment to social work values reported higher levels of role conflict. This result may mirror a continued, taxing situation of social workers who walk a tightrope, balancing the conflicting obligations to inmates and prison

organizations, since the inception of correctional social work nearly a century ago.

Currently, only a few state correctional systems define advocacy as an imperative task for social workers in the facility. Including an advocacy task in the job description would potentially help social work staff to be an effective advocate for inmates with mental illness and/or substance use disorders, with less role conflict and role strain. In addition, unionization may enhance social workers' influence on organizational and macro policy issues by pursuing collective goals and gaining political power of the profession (Scanlon & Harding, 2005). Although it was not explored whether participants joined unions in this study, unionization of prison social workers may potentially affect their advocacy role or tolerance for role conflict.

Prison social workers may be able to build a coalition with fellow staff, supervisors, and administrators who share the professional mission for the delivery of better mental health services to inmate with behavioral health needs. For example, a guideline by the American Psychiatric Association (APA) states that "The fundamental policy goal for correctional mental health care is to provide the same level of mental health services to each patient in the criminal justice process that should be available in the community" (Weinstein et al., 2000, p. 6). Similarly, the International Association for Correctional and Forensic Psychology (2010) demands members and other mental health providers to be mindful of their professional responsibilities to their correctional agency, staff, communities, families, and society by "Advocating for and providing optimal psychological or other mental health services of sufficient quality and quantity to meet the professionally

identified mental health needs of seriously mentally ill inmates and offenders" (p. 760).

The NASW once adopted a policy statement on Correctional Social Work in 1999 which addressed a call for the development of a practice standard in correctional social work (McNeece & Roberts, 2001). However, further development of the practice standard has not been pursued. The findings of this study illustrate that prison social workers inevitably experience role conflict and are less satisfied with their job thorough the state of role strain, in working with inmates with mental illness and/or substance use disorders. In addition, social workers indicate the highest role incongruity in advocating for inmates' treatment and psychosocial needs, which is less expected by their respective organizations. As such, establishing a guideline for correctional social work would help inform correctional systems and other professionals that advocacy is one of the essential tasks for social workers in correctional settings.

This study indicated that prison social workers often experience role conflict and may have difficulties in ethical decision-makings due to contradictory philosophies and principles between social work and the criminal justice system. For instance, a social worker may work in a prison where the use of administrative segregation or solitary confinement is a common practice, although he or she understands that placing inmates with behavioral health problems in isolation can exacerbate their symptoms (Berger, Chaplin, & Trestman, 2013; Buser, 2015; Metzner & Fellner, 2010; Jansson, 2015). Prison social workers may "have to make individual judgments about the ethical and moral implications of solitary

confinement policies that they directly witness" (Wilson, 2014), or they can act from case to cause, inside and outside of correctional systems, by collectively advocating for the reform and influencing policies at the local, state, and federal levels (Lewis, 2014; Maschi & Atkinson, 2015).

The shift from mass incarceration to decarceration would be a pressing social justice challenge for social workers in the United States (Pettus-Davis & Epperson, 2015). With this shift, many thousands of inmates with mental illness and/or substance use disorders will probably return back to the community in the near future, as we saw during the era of deinstitutionalization. However, without adequate funding and sufficient structure (e.g., trained mental health staff and services such as Forensic Assertive Community Treatment) in the community, people with behavioral health needs, families, and communities may experience the disasters of deinstitutionalization again (Lamb & Weinberger, 2014). The findings of this study indicated that social workers serve for the dedicated positions for discharge planning more than other professionals in prisons, as in other institutional settings like general or psychiatric hospitals. Whereas, the results uncovered that most participants regarded reentry planning tasks as less of a priority than clinical tasks.

Social workers can provide its unique mediating function with the expertise to build connection between criminal justice system and community services (Toi & Mogro-Wilson, 2015). In particular, social workers who engage in discharge planning are knowledgeable about how collateral consequences, in relation to restrictions of their civil and legal rights, housing, employment, or treatment, hinder ex-offenders' efforts to return back into the community. The social work profession

can and should play a critical role in debilitating the effects of collateral consequences, while assisting reentry (Burton, Fisher, Jonson, & Cullen, 2014).

The code of ethics of the NASW (2008) demands social workers for social and political action. It states that: "Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully" (p. 19). As the issues of deinstitutionalization, transinstitutionalization, and mass incarceration illustrate, mental health and criminal justice policy have been shaped by a set of social, economic, and political choices that mainly reflect the dominant beliefs, values, ideologies, and traditions of powerful social institutions (Gil, 1981). In the coming era of decarceration, social work practitioners, educators, and researchers should strive to influence the development of social service policies to meet the needs of all clients including inmates with mental illness and/or substance use disorders.

Future Research

Future research should be planned by including some important areas that were uncovered in the study limitations. First, a further validation of the newly developed scale for social work role in prison will be essential using a confirmatory factor analysis with a larger sample size. The process of this study revealed that approaching social workers in the correctional system is not easy. One of the alternative sampling methods to access prison social workers would be the respondent-driven sampling (RDS), a form of chain-referral network sampling, designed to approach hard-to-reach or hidden populations (Heckathorn, 1997;

Heckathorn, Semaan, Broadhead, & Hughes, 2002; Wejnert & Heckathorn, 2008). In addition, responding a survey thorough a peer referral process over social networks, rather than through the employing agencies, may contribute to reducing social desirability bias.

Although much attention was not paid to racial/ethnic and gender variables in this study, future research should address the potential impact of racial, ethnic, and gender issues on both inmates and social workers in prisons. As in other practice settings, the majority of social workers participated in this study were White female, in contrast to the over-representation of African American and Hispanic male inmates in prisons in the Unites States. The proportion of racial/ethnic and gender groups among administrators, staff, and professionals may influence organizational culture and climate in the correctional facility, or even in a multi-disciplinary team. Further examination of racial/ethnic and gender issues in the correctional settings would help understand prison social workers' role stress, role strain, and job satisfaction.

The current study found that the supervisory relationship had a significant impact on social workers' perceived role strain and job satisfaction. Future research should examine the important role the supervisory relationship may play in the correctional settings, using a rigorously tested multi-item scale. Although the supervisory relationship was used as a covariate in the hypothesized model in this study, it would be interesting to explore if role strain has potential effect on job satisfaction, mediated, or moderated by the supervisory relationship. The supervisory relationship may play an essential role in social workers' practices in

host settings, including corrections. Prison social workers frequently experience role conflict and difficult ethical decision-makings in working with inmates with mental illness and/or substance use disorders, especially in advocating for their needs and rights. Future research focusing on the supervisory relationship will contribute to further understanding of social workers' role problems, in relation to professional values and conflict in prisons.

Conclusion

Social work has contributed to the field of corrections for almost a century, yet research focused on role problems experienced by social workers is sparse. This study examined the roles of social workers in state prisons when working with inmates with mental illness and/or substance use disorders. More specifically, the study explored the level to which social workers experience role incongruity, role ambiguity, and role conflict between ethical and practice principles defined by the profession, and the roles expected of them by the prison organization. It also assessed the level of social workers' perceived role strain, and its direct and indirect influence on job satisfaction. Moreover, the study aimed to understand job satisfaction by focusing on how social workers' perceived role incongruity, role ambiguity, and role conflict are associated with role strain and job satisfaction, in working with inmates with mental illness and/or substance use disorders.

The findings of this study indicate that social workers perform broader and more in-depth tasks than what are shown in the literature and what they are expected by the organization. Especially, social workers who had a higher commitment to social work values intended to assume a broader range of social work roles. On the

other hand, social workers with a greater commitment to social work values experienced higher levels of role conflict. Indeed, role conflict was the strongest predictor of role strain among other role stress variables. The findings may serve as one of the empirical supports in social work literature, where conflict and ethical dilemmas have been the central concern for practice in correctional settings.

Contrary to role theory, none of the role stress variables were significant predictors of job satisfaction. A relatively large part of the effect of role conflict on job satisfaction was mediated by role strain. When role conflict is unmanageable, social workers may feel more dissatisfied with their jobs, through the state of role strain. In addition, social workers indicate the highest role incongruity in advocating for inmates' treatment and psychosocial needs, which is less expected by their respective organizations.

Including an advocacy task in the job description may potentially help social work staff to be an effective advocate for inmates with mental illness and/or substance use disorders, with less role conflict and role strain. In addition, establishing a profession's guideline for correctional social work would help inform correctional systems and other professionals that advocacy is one of the essential tasks for social workers in correctional settings. In the coming era of decarceration, social work practitioners, educators, and researchers should strive to influence the development of social service policies to meet the needs of all clients including inmates with mental illness and/or substance use disorders.

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List of Appendices

Appendix A: Survey Instrument

UCONN
UNIVERSITY OF CONNECTICUT

Correctional Social Workers Survey

You have been invited to participate in a study to examine social worker's practice and roles in working with inmates with mental illness and/or substance use disorders.

This survey is being distributed to:
1. staff whose job title includes the term "social worker" *and/or*
2. staff who perform social worker's roles in correctional facilities, regardless of job titles in the facility.

The survey consists of five sections and will take about 20 minutes of your time to complete the questionnaire.

This survey is confidential. Your participation in this survey is entirely voluntary and very important.

I would be most grateful if you would share your time and complete this survey.

A research study by Hiroki Toi, MSW, Doctoral Student
University of Connecticut School of Social Work
December, 2014

SECTION 1

-1. Please read the list which states potential tasks in relation to social worker's roles in correctional facilities. In the first column, please indicate the extent to which you agree the ***tasks you think you (social worker) should perform*** in your facility when you work with inmates with mental illness and/or substance use disorders.

Then, in the next column, please indicate the extent to which you agree the ***tasks the organization expects you to perform*** in your facility when you work with inmates with mental illness and/or substance use disorders.

Please circle a number **for each column** using the scale given below.

EXAMPLE **Please start from Q1 in next page.**		**1** *Strongly Disagree* **2** *Disagree* **3** *Neutral* **4** *Agree* **5** *Strongly Agree*	
		In my job, I think ***I should perform*** these tasks	My ***organization expects me to perform*** these tasks in my job
Q1	Conduct screening and psychosocial assessment.	1 2 3 4 ⑤	1 2 3 4 ⑤
Q2	Develop treatment plans.	1 2 3 ④ 5	1 2 ③ 4 5

Please circle a number **for each column** using the scale given below.

PLEASE START HERE: ↓		**1** *Strongly Disagree*	**2** *Disagree*	**3** *Neutral*	**4** *Agree*	**5** *Strongly Agree*	**1** *Strongly Disagree*	**2** *Disagree*	**3** *Neutral*	**4** *Agree*	**5** *Strongly Agree*
		In my job, I think ***I should perform*** these tasks					My ***organization expects me to perform*** these tasks in my job				
Q1	Conduct screening and psychosocial assessment.	1	2	3	4	5	1	2	3	4	5
Q2	Develop treatment plans.	1	2	3	4	5	1	2	3	4	5
Q3	Provide individual counseling.	1	2	3	4	5	1	2	3	4	5
Q4	Conduct group therapy, or other forms of group work.	1	2	3	4	5	1	2	3	4	5
Q5	Evaluate effectiveness of treatment plans.	1	2	3	4	5	1	2	3	4	5
Q6	Perform discharge planning (release, transitional, reentry planning or equivalent).	1	2	3	4	5	1	2	3	4	5
Q7	Involve family members in the reentry process.	1	2	3	4	5	1	2	3	4	5
Q8	Educate inmates about their rights to treatment.	1	2	3	4	5	1	2	3	4	5
Q9	Advocate for institutional changes in meeting treatment and psychosocial needs on behalf of inmates.	1	2	3	4	5	1	2	3	4	5
Q10	Expand networks of community-based services to assist inmates upon reentry.	1	2	3	4	5	1	2	3	4	5
Q11	Conduct family therapy for inmates and family members.	1	2	3	4	5	1	2	3	4	5
Q12	Document treatment in clinical records.	1	2	3	4	5	1	2	3	4	5
Q13	Provide forensic evaluations and court testimony as required.	1	2	3	4	5	1	2	3	4	5
Q14	Provide case management.	1	2	3	4	5	1	2	3	4	5
Q15	Assist family members of inmates in preparing for reintegration.	1	2	3	4	5	1	2	3	4	5
Q16	Conduct referrals to link inmates with community services and resources.	1	2	3	4	5	1	2	3	4	5
Q17	Inform outside agencies of treatment and psychosocial needs on behalf of inmates when conducting referral.	1	2	3	4	5	1	2	3	4	5
Q18	Participate in research projects.	1	2	3	4	5	1	2	3	4	5
Q19	Help implement programs that expand safety and wellness of inmates (e.g., suicide prevention).	1	2	3	4	5	1	2	3	4	5

PLEASE START HERE: ↓		1 *Strongly Disagree*	2 *Disagree*	3 *Neutral*	4 *Agree*	5 *Strongly Agree*	1	2	3	4	5
		In my job, I think ***I should perform*** these tasks					My ***organization expects me to perform*** these tasks in my job				
Q20	Mediate between inmates and the organization about treatment and psychosocial needs.	1	2	3	4	5	1	2	3	4	5
Q21	Develop skills as part of professional development.	1	2	3	4	5	1	2	3	4	5
Q22	Mentor new colleague.	1	2	3	4	5	1	2	3	4	5

SECTION 2

- 1. Please indicate the degree to which you agree or disagree with the following statements when you work with inmates with mental illness and/or substance use disorders in your facility. Please circle a number using the scale given below.

PLEASE START HERE: ↓		Answer (Please circle a number) 1 *Strongly Disagree*	2 *Disagree*	3 *Neutral*	4 *Agree*	5 *Strongly Agree*
Q1	I have to do things that should be done differently.	1	2	3	4	5
Q2	I have to go against a rule or policy in order to carry out an assignment.	1	2	3	4	5
Q3	I receive incompatible requests from two or more people.	1	2	3	4	5
Q4	I do things that are apt to be accepted by one person and not accepted by others.	1	2	3	4	5
Q5	I work on unnecessary things.	1	2	3	4	5
Q6	I work with two or more groups who operate quite differently.	1	2	3	4	5
Q7	I receive assignments without the staff to complete them.	1	2	3	4	5
Q8	I receive assignments without adequate resources and material to execute them.	1	2	3	4	5
Q9	I know exactly what is expected of me.	1	2	3	4	5
Q10	I know that I have divided my time properly.	1	2	3	4	5
Q11	Explanation is clear of what has to be done.	1	2	3	4	5
Q12	I feel certain about how much authority I have.	1	2	3	4	5
Q13	I know what my responsibilities are.	1	2	3	4	5
Q14	Clear, planned goals and objectives exist for my job.	1	2	3	4	5

- 2. Please indicate the degree to which you agree or disagree with the following statements when you work with inmates with mental illness and/or substance use disorders in your facility. Please circle a number using the scale given below.

PLEASE START HERE: ↓		**Answer (Please circle a number)**				
		1 *Strongly Disagree*	**2** *Disagree*	**3** *Neutral*	**4** *Agree*	**5** *Strongly Agree*
Q1	My job tends to directly affect my health.	1	2	3	4	5
Q2	I work under a great deal of tension.	1	2	3	4	5
Q3	I have felt fidgety or nervous as a result of my job.	1	2	3	4	5
Q4	If I had a different job, my health would probably improve.	1	2	3	4	5
Q5	Problems associated with my job have kept me awake at night.	1	2	3	4	5
Q6	I have felt nervous before attending meetings in this facility.	1	2	3	4	5
Q7	I often “take my job home with me” in the sense that I think about it when doing other things.	1	2	3	4	5

SECTION 3

Please indicate the degree to which you agree or disagree with the following statements when you work with inmates with mental illness and/or substance use disorders in your facility. Please circle a number using the scale given below.

PLEASE START HERE: ↓		**Answer (Please circle a number)**						
		0 *Strongly Disagree*	**1** *Disagree*	**2** *Somewhat Disagree*	**3** *Neutral*	**4** *Somewhat Agree*	**5** *Agree*	**6** *Strongly Agree*
Q1	I would be more satisfied with some other job at this facility than I am with my present job.	0	1	2	3	4	5	6
Q2.	My job in this facility is usually interesting to me.	0	1	2	3	4	5	6
Q3	My job in this facility suits me very well.	0	1	2	3	4	5	6
Q4	My job in this facility is usually worthwhile.	0	1	2	3	4	5	6
Q5	If I have a chance, I will change to some other job at the same rate of pay at this facility.	0	1	2	3	4	5	6

SECTION 4

The next group of questions is asking your belief about professional values.
Please read each item and circle a number that best reflects your belief in the answer column.

PLEASE START HERE: ↓		**Answer (Please circle a number)**				
		1 *Strongly Disagree*	**2** *Disagree*	**3** *Neutral*	**4** *Agree*	**5** *Strongly Agree*
Q1	All direct income benefits to welfare recipients should be in the form of cash.	1	2	3	4	5
Q2	The employed should have more government assistance than the unemployed.	1	2	3	4	5
Q3	Sterilization is an acceptable method of reducing the welfare load.	1	2	3	4	5
Q4	Welfare mothers should be discouraged from having more children.	1	2	3	4	5
Q5	Capital punishment should not be abolished.	1	2	3	4	5
Q6	The death penalty is an important means for discouraging criminal activity.	1	2	3	4	5
Q7	Welfare workers should keep files on those clients suspected of fraud.	1	2	3	4	5
Q8	It would be better to give welfare recipients vouchers or goods rather than cash.	1	2	3	4	5
Q9	There should be a guaranteed minimum income for everyone.	1	2	3	4	5
Q10	The federal government has invested too much money in the poor.	1	2	3	4	5
Q11	The government should not redistribute wealth.	1	2	3	4	5
Q12	The government should provide a comprehensive system of insurance protection against loss of income because of disability.	1	2	3	4	5
Q13	Unemployment benefits should be extended, especially in areas hit by economic disaster.	1	2	3	4	5
Q14	The gap between poverty and affluence should be reduced through measures directed at redistribution of income.	1	2	3	4	5
Q15	Women should have the right to use abortion services.	1	2	3	4	5
Q16	The government should not subsidize family planning programs.	1	2	3	4	5
Q17	Family planning should be available to adolescents.	1	2	3	4	5
Q18	Family planning services should be available to individuals regardless of income.	1	2	3	4	5
Q19	A family may be defined as two or more individuals who consider themselves a family and who assume protective, caring obligations to one another.	1	2	3	4	5
Q20	Retirement at age 65 should be mandatory.	1	2	3	4	5

PLEASE START HERE: ↓		Answer (Please circle a number) 1 *Strongly Disagree*	2 *Disagree*	3 *Neutral*	4 *Agree*	5 *Strongly Agree*
Q21	The government should keep files on individuals with minority affiliation.	1	2	3	4	5
Q22	The mandatory retirement age protects society from the incompetency of the elderly.	1	2	3	4	5
Q23	Mandatory retirement based on age should be eliminated.	1	2	3	4	5
Q24	The aged require only minimum mental health services.	1	2	3	4	5
Q25	Pregnant adolescents should be excluded from school.	1	2	3	4	5
Q26	Students should be denied government funds if they participate in protest demonstrations.	1	2	3	4	5
Q27	Juveniles do not need to be provided with legal counsel in juvenile courts.	1	2	3	4	5
Q28	Corporal punishment is an important means of discipline for aggressive, acting-out adolescents.	1	2	3	4	5

SECTION 5 (Final Section)

Q1. During the past 30 days, what is your best estimate of the percentage of your working hours spent with inmates with mental illness and/or substance use disorders? (Given your total working hours at the facility as one hundred percent.)

Please record a number from 0 to 100.

- Inmates with mental illness _____%
- Inmates with substance use disorders _____%
- Inmates with co-occurring disorders _____%
  (Mental illness and substance use disorders)

Q2. How many social workers work in your facility as Full-Time Equivalent (FTE) employees including yourself? (For example, a half-time employee would count as .5.)

_____ Social worker(s)

Q3. Please identify the professionals with whom you work as part of multidisciplinary team. Please check all that apply.

☐	Counselor
☐	Physician
☐	Psychiatrist
☐	Nurse
☐	Psychologist
☐	Occupational therapist
☐	Physical therapist
☐	Teacher
☐	Chaplain
☐	Parole officer
☐	Probation officer
☐	Correctional officer
☐	Other(Please specify):

Q4. Please provide your best estimate of the number of inmates in your facility as of today. Please select only one.

☐	Less than 100 inmates
☐	100 – 499 inmates
☐	500 – 999 inmates
☐	1,000 – 2999 inmates
☐	More than 3,000 inmates

Q5. What population(s) does your facility serve? Please check all that apply.

☐	Adults
☐	Juveniles
☐	Male inmates
☐	Female inmates
☐	Other (Please specify):

Q6. What is the security level of your facility? Please check all that apply.

☐	Maximum
☐	Medium
☐	Minimum
☐	Forensic Hospital
☐	Other (Please specify):

Q7. What is the title of your position in your facility?

Title:

Q8. What is the category of your position in your facility? Please select only one.

☐	Administrator (or equivalent)
☐	Supervisor (or equivalent)
☐	Practitioner (or equivalent)
☐	Other (Please specify):

Q9. What is the title of your direct supervisor?

Title:

Q10. In your current position listed above, are you:

☐	Full-time (32 hours or more per week) employee
☐	Part-time (Less than 32 hours per week) employee

Q11. Are you licensed in social work?

☐	Yes
☐	No
☐	I have other professional license (Please specify):

Q12. Within what type of agency are you employed? Please select only one.

☐	State Department of Corrections (or equivalent)
☐	University Correctional Health Care System (or equivalent)
☐	Private for-profit health care provider
☐	Private non-profit health care provider
☐	State Department of Mental Health/Substance Abuse (or equivalent)
☐	Other (Please specify):

Q13. Does your facility have the dedicated position(s) for discharge planning (transitional planning, release planning, reentry planning, or equivalent)?

Yes	No
☐	☐

13 -1. <u>If yes</u>, what is the title of the position? (e.g., Discharge planner, Reentry specialist) Please list all, if more than one title.

Title:

13 -2. <u>If yes</u>, what professionals serve for the dedicated position(s)? Please check all that apply.

☐	Social workers
☐	Nurses
☐	Psychologists
☐	Counselors
☐	Occupational therapists
☐	Parole officers
☐	Probation officers
☐	Correctional officers
☐	Other (Please specify):

Q14. How would you rate your relationship with your direct supervisor at the facility? Please circle a number.

	1	2	3	4	5	
←	*Very dissatisfied*	*Dissatisfied*	*Neutral*	*Satisfied*	*Very Satisfied*	→

Q15. How long have you been employed in correctional facilities in total? Please report the combined number of years you have worked in all correctional facilities, if more than one facility.

☐ 0-4 years	☐ 10-14 years	☐ 20 years or more
☐ 5-9 years	☐ 15-19 years	

Q16. What social work degree(s) do you hold? Please check all that apply.

☐	BSW
☐	MSW (or equivalent)
☐	DSW/PhD
☐	I do not hold a social work degree

Q17. What was your major practice concentration in your professional education? Please select only one.

☐	Micro practice
☐	Macro practice
☐	Integrated practice (micro & macro)
☐	Other(Please specify):

Q18. What is your age?

_____ years old

Q19. What is your gender?

☐ Male	☐ Female	☐ Identify as other

Q20. What is your race/ethnicity? Please check only one.

☐	African American/Black
☐	Asian or Pacific Islander
☐	Hispanic/Latino(a)
☐	Multi-racial
☐	Native American/Alaskan Native
☐	White/Caucasian
☐	Other (Please Specify):

Thank you very much for your participation!

- **If you have any additional information or comments that you would like included in this survey, please use the space provided below.**

- **If you have any questions, please contact me by e-mail: hiroki.toi@uconn.edu**

Appendix B: Pilot Test Review Sheet

1. How long did it take to complete the survey?

Section 1	minutes
Section 2	minutes
Section 3	minutes
Section 4	minutes
Section 5	minutes
Total	minutes

2. Overall how did you find the length of the survey instrument?

☐	Very long
☐	Somewhat long
☐	Just right
☐	Somewhat short
☐	Very short

3. Overall how easy or difficult was the survey to complete?

☐	Very easy
☐	Somewhat easy
☐	Neutral
☐	Somewhat difficult
☐	Very difficult

4. Which questions did you find it difficult to answer? (Write in question number, Ex. Q #14, Q # 15.)

5. Was the inclusion criteria of the participants in the first page clear for you?

6. Was the instruction of each section clear for you? If not, which instructions did you feel unclear? (Write in question number, Ex. Section 1, Section 4.)

7. Was the wording of the question clear for you? If not, which questions did you find unclear? (Write in question number, Ex. Q #14, Q # 15.)

8. Did any of the items require you to think too long or hard before responding? If so, which ones? (Write in question number, Ex. Q #14, Q # 15.)

9. Which items produced irritation, embarrassment, or confusion? (Write in question number, Ex. Q #14, Q # 15.)

**10. Do you think any of the questions lead to response which represents socially desirable behavior? If so, which ones? (Write in question number, Ex. Q #14, Q # 15.) ***Examples of socially desirable behavior are being a good citizen, being well informed, and fulfilling moral and social responsibilities.

Q #11: Specific question to Section 1 (social worker roles/tasks)

11. Have any other important tasks/roles been overlooked in the Section 1 questions?

Q #12-14: Specific question to Section 4 (Professional Opinion Scale)

12. Could you tell me your thought about why you were asked to answer these questions?

13. Did you find the questions uncomfortable to answer? If so, which ones?

14. Was there any moment where you wanted to skip the question or quit the survey entirely?

<u>Q #15: Specific question to Section 5 (demographic questions)</u>

15. Were the answer choices compatible with your experience/knowledge in the matter?

16. Overall how comfortable or uncomfortable were the questions for each section to complete?

- Section 1 (social worker roles/tasks)

☐	Very comfortable
☐	Somewhat comfortable
☐	Neutral
☐	Somewhat uncomfortable
☐	Very uncomfortable

- Section 2 (role conflict/role ambiguity, work tension)

☐	Very comfortable
☐	Somewhat comfortable
☐	Neutral
☐	Somewhat uncomfortable
☐	Very uncomfortable

- Section 3 (job satisfaction)

☐	Very comfortable
☐	Somewhat comfortable
☐	Neutral
☐	Somewhat uncomfortable
☐	Very uncomfortable

- Section 4 (Professional Opinion Scale)

☐	Very comfortable
☐	Somewhat comfortable
☐	Neutral
☐	Somewhat uncomfortable
☐	Very uncomfortable

- Section 5 (demographic questions)

☐	Very comfortable
☐	Somewhat comfortable
☐	Neutral
☐	Somewhat uncomfortable
☐	Very uncomfortable

17. How likely or unlikely are you to complete and return this survey if you would receive it <u>by mail</u> as a participant?

☐	Very likely
☐	Somewhat likely
☐	Neutral
☐	Somewhat unlikely
☐	Very unlikely

18. How likely or unlikely are you to complete and return this survey if you would receive it <u>by e-mail</u> as a participant?

☐	Very likely
☐	Somewhat likely
☐	Neutral
☐	Somewhat unlikely
☐	Very unlikely

19. Could you tell me more about the reason? (for Q #17 & 18)

20. Do you have any suggestions about the order of the questions?

21. Which mode would you prefer to receive and answer this survey?

☐	By mail
☐	By e-mail

22. Do you have any suggestions what I need to consider when conducting survey in your work place (state prison setting) by mail?

23. Do you have any suggestions what I need to consider when conducting survey in your work place (state prison setting) by e-mail?

24. Do you have any suggestion about design/layout of the survey instrument?

25. Do you have any suggestions about the survey instrument overall?

Thank you very much!

Pilot test date: _____ Pilot test reviewer name: _____

Appendix C: Inquiry Letter to DOC Director/Administrator

Month Date, Year

Ms. XXX XXX
Behavioral Health Director
XX State Department of Correction

Dear Ms. XXX XXX,

I am writing this letter to ask for your help with a very important study regarding social workers' practice and roles in state prisons. More specifically, this study aims to examine the role stress and job satisfaction experienced by social workers in working with inmates with mental illness and substance use disorders. I am conducting this study in partial fulfillment of the Doctor in Philosophy in Social Work at the University of Connecticut.

I have worked for a prison hospital in Tokyo, Japan as a social worker before I came to attend the program. I am very interested in correctional systems in the United States and would like to learn from the system and its service delivery to the inmates with special needs. As the number of inmates with mental illness and/or substance use disorders grows, I found that social workers increasingly serve to facilitate their successful reentry to the community as one of the mental health professionals in a multidisciplinary team in prisons. However, very little has been studied about the delivery of social work services and its roles in the correctional settings compared to other professions.

As you may know, there is currently no database listing all of the social workers in state prisons. As such, I would like to seek your help to get permission for releasing the list of social workers: – staff whose job title includes the term "social worker" and/or – staff who perform social workers roles in state prisons, regardless of job titles under the state correctional system. I would like to ask for name of the staff, email address, and facility name and address where those social workers work.

The survey will take 20 minutes of participant's time to complete and I would like to do everything I can to make it easy and valuable for potential participants in the study. I will follow the procedure to get permission for releasing the list of potential participants and I would be most grateful if you could advise me on the necessary steps to be taken.

Recognizing your very busy schedule, I am writing to you in advance to introduce myself and ask for your cooperation in completing my study. I will contact with you by e-mail asking for your cooperation following this letter.
If you have any questions you may contact me at (860) XXX-XXXX or my Committee Chair, Dr. Cristina Wilson, at (860) XXX-XXXX. This study was approved by the UConn IRB on December 4, 2014 and is valid through December 4, 2015.

I would like to thank you in advance for your time and cooperation in this study.

Yours Sincerely,

Hiroki Toi, MSW, Doctoral Student
University of Connecticut
School of Social Work
Phone: (860) XXX-XXXX
e-mail: hiroki.toi@uconn.edu

Appendix D: Survey Pre-notice Letter

Month Date, Year

Ms. XXX
YYYYY Road
West Hartford, CT xxxxx

Dear Ms. XXX,

I am writing this letter to ask for your help with a very important study regarding social workers' practice and roles in state prisons. I am conducting this study in partial fulfillment of the Doctor in Philosophy in Social Work at the University of Connecticut.

More specifically, this study aims to examine the role stress and job satisfaction experienced by social workers in working with inmates with mental illness and/or substance use disorders.
In the next few days, you will receive a questionnaire about your experience and thoughts in working with these inmates.

I would like to do everything I can to make it easy and valuable for you to participate in the study. I am writing in advance because many people like to know ahead of time that they will be asked to fill out a questionnaire. This research can be successful with the generous help of social workers like you who play an important role in assisting offenders' transition back into the community.

It will take 20 minutes of your time to complete the survey. Most of all, I hope that you enjoy the questionnaire and the opportunity to provide your thoughts about your experience in working with these population with special needs.

If you have any questions you may contact me at (860) XXX-XXXX or my Committee Chair, Dr. Cristina Wilson, at (860) XXX-XXXX. This study was approved by the UConn IRB on December 4, 2014 and is valid through December 4, 2015.

I would like to thank you in advance for your time and consideration in this study.

Respectfully,

Hiroki Toi, MSW, Doctoral Student
University of Connecticut
School of Social Work

Appendix E: Survey Cover Letter/Information Sheet

Month Date, Year

Ms. XXX
YYYYY Road
West Hartford, CT xxxxx

Dear Ms. XXX,

I am writing to ask for your participation in a survey that will explore social workers' practice and roles in working with offenders with mental illness and/or substance use disorders. You have been selected to participate in this study because your name appears on the list of social workers which was provided by the State Department of Correction.

Your participation will involve completing the questionnaire and it will take approximately twenty (20) minutes of your time. The topics of questions include the social workers' roles, values orientation, and job satisfaction in relation to your practice in state prisons.

There are no known risks associated with this survey; however, a possible inconvenience may be the time it takes to complete the questionnaire. Your participation in this survey is voluntary. Refusal to participate in the survey will not affect your job or employment status in any way. You do not have to answer any question that you do not want to answer. If any item on the survey causes you discomfort, feel free to skip it and continue with the remaining items. We will do our best to protect the confidentiality of the information we gather from you but we cannot guarantee 100% confidentiality.

Your name and any identifying information will be held strictly in confidence and will not be shared with anyone, including your employer or other people from your facility. You will also not have to provide your name on the questionnaire. Therefore, any documents and materials created by the survey will not include your name. You may not directly benefit from this survey; however, I hope your responses could provide insight into an important issue, and could ultimately improve reentry success rates for offenders who have mental illness and/or substance use disorders.

I will be happy to answer any question you have about this survey. If you have any questions you may contact me at (860) XXX-XXXX by phone or hiroki.toi@uconn.edu by e-mail.
You may also contact my Committee Chair, Dr. Cristina Wilson, at (860) XXX-XXXX or cristina.wilson@uconn.edu. If you have any questions about your rights as a research participant you may contact the University of Connecticut Institutional Review Board (IRB) at 860-XXX-XXXX. The IRB is a group of people who review research studies to protect the rights and welfare of research participants. This study was approved by the UConn IRB on December 4, 2014 and is valid through December 4, 2015.

Thank you so much again for your help with this study.

Respectfully,

Hiroki Toi, MSW, Doctoral Student
University of Connecticut
School of Social Work

Appendix F: Thank you/Reminder Notice

Month Date, Year

Last week a questionnaire was mailed to you because you were selected to help in a study about correctional social workers' practice and roles in working with offenders with mental illness and/or substance use disorders.

If you have already completed and returned the questionnaire, please accept my sincere thanks. If not, I would be most grateful you could take a few moments to complete this survey, although your participation is entirely voluntary. It is only from correctional social workers like you that I can gather this important information. Thank you so much for your participation in this survey.

If you did not receive a survey instrument or if it was misplaced, please contact me at hiroki.toi@uconn.edu and I will get another copy in the mail for you. If you have any questions about your rights as a research participant you may contact the University of Connecticut Institutional Review Board (IRB) at 860-XXX-XXXX.

Sincerely,

Hiroki Toi, MSW, Doctoral Student

University of Connecticut School of Social Work

UCONN
UNIVERSITY OF CONNECTICUT

Hiroki Toi, MSW, Doctoral Student
University of Connecticut School of Social Work
1798 Asylum Avenue
West Hartford, CT 06117-2698

Ms. XXX XXX
YYYYY Road
West Hartford, CT xxxxx

Appendix G: Final Reminder Letter

Month Date, Year

Ms. XXX
YYYYY Road
West Hartford, CT xxxxx

Dear Ms. XXX,

In the beginning [or middle or end] of [Month] I sent a letter to your address that asked for you to participate in a survey that will explore social workers' practice and roles in working with offenders with mental illness and/or substance use disorders. If you have already completed and returned the questionnaire, please accept my sincere thanks. If not, I would be most grateful you could take a few moments to complete this survey.

I am writing again because of the importance that your answer has for helping to get accurate results. It is only by hearing from nearly everyone in the sample that I can be sure that the results truly represent correctional social workers.
Therefore, I hope you will fill out the questionnaire soon.

As mentioned before, the questionnaire should only take about twenty (20) minutes to complete.
Your participation in this survey is voluntary and will be kept confidential.
You will also not have to provide your name on the questionnaire. Therefore, any documents and materials created by the survey will not include your name.

I will be happy to answer any question you have about this survey. If you have any questions you may contact me at (860) XXX-XXXX by phone or hiroki.toi@uconn.edu by e-mail.
You may also contact my Committee Chair, Dr. Cristina Wilson, at (860) XXX-XXXX or cristina.wilson@uconn.edu. If you have any questions about your rights as a research participant you may contact the University of Connecticut Institutional Review Board (IRB) at 860-XXX-XXXX. The IRB is a group of people who review research studies to protect the rights and welfare of research participants. This study was approved by the UConn IRB on December 4, 2014 and is valid through December 4, 2015.
Thank you so much again for your help with this study.

Respectfully,

Hiroki Toi, MSW, Doctoral Student
University of Connecticut
School of Social Work