

Correlates of MSW Students' Perceptions of Preparedness to Manage Risk and Personal Liability

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Abstract: *Few studies in the discipline of social work have identified correlates of preparedness to manage risk and personal liability among practitioners or students. This study investigated predictors of MSW students' perceptions of managing personal risk and liability (N=116). Four correlates were identified from the standard regression model that accounts for 43% of the adjusted variance. These predictor variables included: (a) concern and worry about lawsuits (Beta=-.458, $p=.00$), (b) understanding the fit between client advocacy and managed care (Beta=.328, $p=.00$), (c) understanding agency documentation requirements (Beta=-.164, $p=.05$), and (d) perceptions of field preparation for documentation (Beta=.162, $p=.05$). Implications are discussed.*

Keywords: *Risk management, documentation, career preparedness*

Throughout the United States and the world, managed care and other types of service delivery continue to change (Frazee, 1997). Much of this change is a result of evolving models of managed care and privatization (Berkman, 1996; Corcoran & Vandiver, 1996; Davis & Meier, 2000; Fletcher, 1999; Kane, Hamlin & Hawkins, 2000; Motenko et al., 1995; Oss, 1996; Perloff, 1998; Rose, 1996; Rosenberg, 1998; Vernon, 1998). These models were conceived to provide effective intervention while controlling costs (Corcoran & Vandiver, 1996; Davis & Meier, 2000). While these restrictive models of service delivery have infiltrated most health, mental health, and social service venues and have been a source of financial success, they have also been perceived as a political and cultural failure (Robinson, 2001). Attitudes toward managed care among consumers as well as practitioners of many disciplines are generally negative (Berger & Ai, 2000; Robinson, 2001; Yedidia, Gillespie & Moore, 2000).

It appears that these models of service delivery have focused primarily on the cost of services. No doubt the cost of services is an important consideration for practitioners, payers, clients, and organizations (Davis & Meier, 2000), especially in an age of scarce resources. While practitioners may hold negative attitudes toward these models, many practitioners work in managed care and

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privatized venues. Consumers may also hold negative attitudes toward managed care and privatization. However, consumers have more options. When consumers perceive that they have received service that does not meet the standard of care, they may increasingly opt for litigation. Practitioners are acutely aware that they face the brunt of exposure to litigation and are increasingly urged to seek legal counsel to ensure that they meet professional standards of care (Bernstein & Hartsell, 2000; Houston-Vega, Nuehring, with Daguio, 1997; Madden, 1998; Reamer, 1998; 2001). Also, professional schools are adding content to address the management of personal risk and liability. This exploratory study sought to investigate MSW students' perceptions of managing personal risk and liability. It also attempted to identify those variables that may be predictive for managing personal risk and liability among MSW students.

HEALTH CARE CURRICULA, SOCIAL WORK CURRICULA, PRIVATIZATION, AND MANAGED CARE

As a result of the pervasiveness of managed care and privatization, professional education for most health and allied health disciplines has been altered (Berger & Ali, 2000; Coggan, 1997; Fletcher, 1999). Medical schools have developed specific curricula that will responsibly prepare practitioners for current and future service demands in managed care and privatized environments (Coggan, 1997; Fletcher, 1999; Nordgren, 1996; Yedidia et al., 2000) as have schools of nursing (Jacobson, 1998; Sherer, 1993). While perspectives may be discipline specific, content includes clinical and ethical issues associated with managed care and privatized environments, best-practices and clinical pathways, practice evaluation methods, and risk management strategies (Coggan, 1997; Jacobson, 1998; Sherer, 1993).

Social workers function in these same managed care and privatized environments. Many social workers have contributed to a growing body of literature dealing specifically with these areas of concern. Some of this literature has investigated managed care operations and preferred practice models (Corcoran & Vandiver, 1996; Kadushin, 1996; Mitchell, 1998; Poole, 1996) as well as reconciling the profession's code of ethics and managed care's preferred methods of service delivery (Madden, 1998; Reamer, 1998; 2001). Practitioners have contributed to the profession's knowledge base in the areas of client advocacy (Houston-Vega et al., 1997; Sessions, 1998), appealing decisions of utilization reviewers (Callahan, 1998; Corcoran & Vandiver, 1996; Frager, 2000), confidentiality in current service delivery environments (Bernstein & Hartsell, 2000; Reamer, 1998; 2001; Rock & Congress, 1999), the fiduciary relationship (Bernstein & Hartsell, 2000; Houston-Vega et al., 1997; Madden, 1998; Reamer, 1998), methods of client referrals (Frager, 2000; Houston-Vega et al., 1997; Munson, 1998; Rock & Congress, 1999), documentation requirements in current environments (Bernstein & Hartsell, 2000; Davidson & Davidson, 1998; Kane, Houston-Vega & Nuehring, 2002), and evaluating relationships with reimbursement sources (Corcoran & Vandiver, 1996; Frager, 2000; Madden, 1998; Reamer, 1998; Watt & Kallmann, 1998).

There is also a growing body of social work education literature that focuses on the skills and knowledge necessary in current service environments (Berger & Ali, 2000; Kadushin, 1997; Kane, in press; Kane, Hamlin & Green, 2001; Kane, Hamlin & Hawkins, 2000; Kane, Houston-Vega & Nuehring, 2002; Rosenberg, 1998; Shera, 1996; Strom-Gottfried, 1997; Volland, Berkman, Stein & Vaghy, 1999). These authors generally suggest that practitioners must possess the knowledge and skills specific to managed care and privatized environments to competently provide service.

RISK MANAGEMENT AND PERSONAL LIABILITY

A common theme throughout most of this literature is the need for practitioners to provide appropriate service that meets the standard of care. This literature seeks to inform practitioners not only about the standard of care, but also about substandard service delivery that may result in charges of malpractice or negligence. There are several specific areas in the literature in which risk management and personal liability are referenced, including practitioner education, over-diagnosis, agency protocols, documentation, reimbursement, and client advocacy (Bernstein & Hartsell, 2000; Houston-Vega et al., 1997; Madden, 1998; Reamer, 1998).

It appears that organizations and reimbursement sources continue to shift the bulk of responsibility for service decisions onto practitioners as they seek to reduce organizational and payer risk and liability. Practitioners are required to have a keen understanding of their fiduciary responsibilities in order to provide appropriate service and manage risk and reduce personal liability (Callahan, 1998; Davidson & Davidson, 1998; Davis & Meier, 2000; Frager, 2000; Houston-Vega et al., 1997; Kane et al., 2002; Kapp, 1999; Madden, 1998; Moline, Williams & Austin, 1998; Reamer, 1998; 2001). Awareness of professional responsibility and competent practice strategies may be important for reducing concern and worry over potential liability and law suits (Houston-Vega et al., 1997; Kapp, 1999; Madden, 1998; Moline et al., 1998; Reamer, 1998).

Professional social workers are formed through a specific educational program that includes both classroom and field components. Both components provide the essential knowledge and skill development necessary to prepare future practitioners for competent and independent functioning. Of critical importance in both classroom and field portions is the knowledge and skills associated with documentation in practice (Kane, 2002).

As a method of risk management, documentation provides a record of the encounter between client and provider. It serves as a protection to both clients and providers (Houston-Vega et al., 1997; Kane et al., 2002; Madden, 1998; Moline et al., 1998; Reamer, 1998; 2001). Professional organizations and state licensing bodies require practitioners to document. Kapp (1999) suggests that documentation should be (1) accurate and truthful, (2) thorough and complete, (3) legible, (4) timely, and (5) without editorializing comments. Documentation may support practitioners in allegations of substandard service delivery and provide detailed information regarding how clients were best served.

Agencies and providers may depend on documentation for reimbursement from third-party payers and other funding sources. These agencies and providers

may have their own agendas regarding documentation and require specific information to ensure organizational reimbursement. These agendas, which may center on reimbursement, have the potential to become ethical and/or value conflicts for professional social workers. In these cases, some practitioners may feel pressured to "chart-to-the-negative," over-diagnose, or mis-diagnose to ensure that clients receive necessary services and/or the agency gets reimbursed (Houston-Vega et al., 1997; Kane et al., 2002; Madden, 1998; Moline et al., 1998; Reamer, 1998; 2001). These pressures may be particularly powerful as practitioners interact with utilization reviewers and other funding sources.

Social work practitioners are aware that they have a primary responsibility to their clients' welfare as informed by the profession's Code of Ethics (Houston-Vega et al., 1997; NASW, 1996; Reamer, 1998). This requires that they clearly understand their responsibility to clients and develop ethical skills to advocate for clients in current service delivery environments. Without this awareness, practitioners are rendered vulnerable from a risk management perspective and clients may receive inadequate service.

As noted previously, future practitioners may hold various attitudes toward managed care and other restrictive models of service delivery. These attitudes may influence their ability and willingness to navigate in these environments. Future social workers will face clinical and ethical conundrums as they try to obtain appropriate services for clients while managing risk and personal liability (Berger & Ai, 2000; Kane, 2002; Reamer, 2001; Strom-Gottfried, 1997). The social work literature reveals that educators and practitioners have investigated how best to prepare practitioners for the demands of current and future social work practice along with the necessary skills and knowledge critical to these environments. Yet, there is little empirical information that directly focuses on the predictors of managing risk and personal liability among future practitioners, especially in managed care and privatized environments.

This study investigated predictors of MSW students' perceived ability to manage personal risk and liability. Through a literature review, several variables appeared as potential factors that may predict an individual's ability to manage risk and personal liability. These variables include: professional experience in managed care and privatized environments, occupational responsibilities, type of agency at which the professional is employed, understanding agencies' financial agendas, understanding agency documentation guidelines, awareness of ethical and value conflicts such as over-diagnosis/mis-diagnosis, educational preparation for documentation, the skills of advocacy in current environments, preoccupation with lawsuits, understanding gatekeeping and utilization review processes, and field preparation for employment. These exploratory findings may offer educators and curriculum planners information about students' perceived preparedness for future employment opportunities and practice competency. This important information may assist students, employers, and educators in providing services to clients that meet the standard of care and allow organizations and practitioners to effectively manage risk and personal liability. Finally, this information may provide valuable content for curriculum development.

METHODOLOGY

Participants. A sample of students ($n=116$) was obtained from two Florida MSW programs. Students currently enrolled in or who had completed at least one field practicum and were enrolled in clinical practice, advanced research, or field seminar classes were asked to anonymously volunteer to complete an instrument. Access to these students was based on instructor willingness to dedicate class time to completing this instrument.

The typical respondent in this survey was female (84%), Anglo (49%), and had some social work experience. Because of the diverse population of Florida, respondents self-identified as Hispanic/Latino (19%), African-American (10%), and West Indian/Caribbean (15%). The mean age of respondents was 31.86 years, with ages ranging from 22 to 51. Field sites were identified as public (41%), private for-profit (17%), or private not-for-profit agencies (40%). Approximately 53% of the sample indicated that they had two to five years of social work experience, while 28% of the sample indicated that they had less than two years of experience.

Instrument. Kane, Houston-Vega, Tan and Hawkins (in press) developed an instrument that contained nine variables that measured student preparedness for managed care environments. The "Understanding agency financial agendas" variable used six items to measure respondents' understanding of how organizations use clients' benefit packages for reimbursement. Specific items in this scale investigated agencies' concern for service reimbursement, service termination if benefits are exhausted, and their preferences for serving clients who can pay for services. The variable of "managing personal risk and liability" used six items to determine whether respondents perceived that they had adequate knowledge and skill to prevent a lawsuit. Specifically, items investigated respondents' beliefs about having the necessary skills to protect themselves from being sued and avoid potential liability. "Understanding agency documentation requirements" is a variable that uses four items to evaluate whether respondents are aware of specific documentation guidelines that are in place at agencies to shape professional behavior. "Awareness of ethical conflicts surrounding over-diagnosis or misdiagnosis" measured the tension that may exist in practice that would encourage a practitioner to "stretch the truth" to ensure agency reimbursement or service authorization for clients. The variable "classroom preparation for documentation" used several items to measure perceptions about the level of preparedness that respondents may feel as a result of their classroom education. "Understanding the fit between client advocacy and managed care" was a variable that evaluated respondents' perceptions about their ability to navigate and advocate for their clients in complicated and restrictive service environments. An item in this variable is, "I believe I am capable of advocating for my clients in managed care environments" (Kane, Houston-Vega, Tan & Hawkins, in press). The variables of "worry and concern over lawsuits," and "knowledge of utilization review and gatekeeping" assess a respondent's perceptions in these specific areas. The variable of "field preparation for documentation" assesses respondents' perceptions of how well the field site prepares them to manage risk and personal liability through documentation strategies. One item used in this variable is "Documentation of my clinical work is a skill I learned mostly in my field place-

ment” (Kane, Houston-Vega, Tan & Hawkins, in press). Respondents receive a score for each variable scale. Values assigned by respondents for each variable item are added together to obtain a variable score. There is no overall instrument score. The variable of managing risk and personal liability was designated as the study’s dependent variable for the purposes of multivariate analysis.

Reliability alpha coefficients were computed for each variable, including agency financial agendas ($\alpha=.88$), personal risk and liability ($\alpha=.84$), agency documentation requirements ($\alpha=.79$), ethical conflicts ($\alpha=.81$), classroom preparation for documentation ($\alpha=.80$), advocacy skills ($\alpha=.80$), concern over lawsuits ($\alpha=.76$), knowledge of utilization review and gatekeeping ($\alpha=.58$), and field preparation for documentation ($\alpha=.49$). Normally, alpha scores above 0.7 are preferred. Because of the exploratory nature of this research, two variables with lower alpha scores were retained. Finally, Kane, Houston-Vega, Tan & Hawkins (in press) reported face validity for this instrument.

To this instrument, demographic variables were added such as gender, age, ethnicity, social work experience, field experience, agency type, and future employment plans. The instrument was administered to all participants and took less than 20 minutes to complete. Prior to participant completion, the instrument was piloted using practitioners and field supervisors.

Analysis: Univariate analysis included mean, standard deviation, minimum, and maximum scores for each variable scale. To determine the strength of the relationship between each independent variable and the dependent variable, correlation coefficients were computed. Finally, standard multiple regression was used for model building to identify those variables that were most predictive in understanding the dependent variable.

FINDINGS

Descriptive Analysis of the Variables

Overall, respondents indicated that they perceived themselves to be moderately well prepared to manage risk and personal liability (Table 1). Most respondents reported feeling moderately well equipped to understand agency financial agendas, understanding managed care gatekeeping and service authorization requirements, and advocating for clients in managed care environments. Most respondents also believed that they had been moderately well prepared in the classroom for documentation, moderately aware of ethical conflicts regarding over-diagnosis, and had a moderate concern and worry about lawsuits. Most MSW student respondents strongly indicated that the field had prepared them to document and that they understood agency documentation requirements. Table 1 provides specific information regarding these variables.

Bivariate Analysis

Correlation coefficients (Table 2) were computed for the dependent variable (managing risk and personal liability) and gender, age, MSW status (concentration or foundation year), ethnicity, field placement site, and career goal. None of these coefficients were significant. Correlation coefficients were also computed for the dependent variable and (a) understanding agency financial agendas, (b)

understanding agency documentation requirements, (c) awareness of ethical conflicts/over-diagnosis, (d) classroom preparation for documentation, (e) understanding advocacy for clients in managed care environments, (f) concern and worry over law suits, (g) understanding managed care gatekeeping and service authorization, and (h) field preparation for documentation. Three of these variables were significantly correlated with the dependent variable: classroom preparation for documentation, understanding advocacy for clients in managed care environments, and concern and worry about lawsuits. Two other variables approached significance (awareness of ethical conflicts/over-diagnosis and field preparation for documentation). Finally, several variables, including concern and worry about lawsuits, were negatively correlated with the dependent variable. This finding suggests that the concern and worry about lawsuits variable is reduced through managing risk and liability.

Multiple Regression Analysis

Standard regression analysis was initially performed using (a) understanding agency financial agendas, (b) understanding agency documentation requirements, (c) awareness of ethical conflict/over-diagnosis, (d) classroom preparation for documentation, (e) understanding advocacy for clients in managed care environments, (f) concern and worry over law suits, (g) understanding managed care gatekeeping and service authorization, (h) field preparation for documentation, (i) age, and (j) field placement site. The initial solution yielded a model ($R=.688$, Adjusted $R^2=.419$, $F=8.718$, $p=.000$) with few significant predictive variables.

In further exploratory analysis, all items that were not significant in the initial regression analysis were excluded from further model development. A final model was selected which accounted for 43.1% of the adjusted variance ($F=21.994$, $p=.000$) using four independent variables. These variables included (a) concern and worry about lawsuits ($Beta=-.458$, $p=.00$), (b) understanding the fit between client advocacy and managed care ($Beta=.328$, $p=.00$), (c) understanding agency documentation requirements ($Beta=-.164$, $p=.05$), and (d) perceptions of field preparation for documentation ($Beta=.162$, $p=.05$). Table 3 contains further information.

Table 1: <i>Variable Descriptives</i>				
Variable	Mean	SD	Min.	Max.
Managing personal risk and liability	16.04	3.93	8	25
Understanding agency financial agendas	17.57	6.07	6	30
Understanding agency documentation requirements	15.52	3.63	4	20
Awareness of ethical conflicts/over-diagnosis	9.40	3.89	4	18
Classroom preparation for documentation	7.44	3.07	3	15
Understanding advocacy for clients in managed care environments	12.85	3.39	6	20
Concern and worry about lawsuits	8.82	2.74	3	15
Understanding managed care gatekeeping and service authorization	9.58	2.41	5	15
Field preparation for documentation	7.33	2.00	2	10

Table 2: <i>Bivariate Analysis: Correlations to Perceptions of Managing Personal Risk and Liability</i>		
Variable	Correlation	Significance
Gender	.033	.735
Age	.070	.482
MSW status	.108	.262
Ethnicity	.006	.952
Field placement site	-.030	.753
Career goal	-.094	.330
Understanding agency financial agendas	-.084	.378
Understanding agency documentation requirements	-.061	.525
Awareness of ethical conflicts/over-diagnosis	-.166	.080
Classroom preparation for documentation	.357	.000
Understanding advocacy for clients in managed care environments	.454	.000
Concern and worry about lawsuits	-.577	.000
Understanding managed care gatekeeping and service authorization	-.050	.598
Field preparation for documentation	.172	.070

Table 3: <i>Final Regression Summary</i>				
	B	Beta	t	Sig.
Understanding agency documentation requirements	-.176	-.164	-1.926	.05
Understanding the fit between client advocacy and managed care	.381	.328	4.166	.00
Concern and worry about lawsuits	-.658	-.458	-5.983	.00
Field preparation for documentation	.317	.162	1.995	.05

DISCUSSION AND IMPLICATIONS

Four variables made significant contributions to a regression model and attempted to explain social work students’ perceptions of managing risk and personal liability. These variables included (a) concern and worry about lawsuits, (b) understanding the fit between client advocacy and managed care, (c) understanding agency documentation requirements, and (d) perceptions of field preparation for documentation. It appears that respondents’ perceived that concern or worry about potential lawsuits would be reduced by managing risk and personal liability. In some sense, this worry or concern over the potential for litigation may foster an increased sensitivity among practitioners to provide services that meet or exceed the recommended standard of care. While not the primary motivation for the provision of appropriate service, awareness of personal liability may still be a powerful incentive.

The traditional social work role of client advocate was viewed by respondents as being an important method of managing risk and personal liability. In managed care and privatized environments, clients are frequently in need of scarce services. Social workers have been trained to navigate these complicated systems for their clients and to advocate for scarce resources. This suggests that by ensuring the primacy of clients' needs, practitioners are aware that they are most appropriately upholding the standard of care. A practitioner's best strategy from a risk management perspective is to meet or exceed the standard of care (Houston-Vega et al., 1997; Kapp, 1999; Madden, 1998; Moline et al., 1998; Reamer, 2001). In addition, it seems reasonable to assume that clients who are cognizant that their practitioner is also their advocate realize that their best interests are being upheld by practitioners. Clients who feel that they have someone working on their behalf are generally those who are less likely to choose litigation.

Respondents indicated that understanding agency documentation requirements was critical to managing risk and personal liability. This information is typically provided in both the classroom and field components of social work education. As noted previously, documentation critical to protecting both client and practitioner has repeatedly been cited in the literature, as it provides an accounting of client-practitioner interaction and evidences whether the standard of care was met (Corcoran & Vandiver, 1996; Houston-Vega et al., 1997; Kane, *in press*; Kane et al., 2002; Madden, 1998; Moline et al., 1998; Reamer, 1998; 2001).

Finally, respondents perceived that the field component is critically important for career preparation. This critical area in social work education assists students to develop expertise and competence in many areas, especially in developing an awareness of risk management strategies. These strategies may be learned from the field supervisor who informs students about personal liability or through the risk management strategies of the organization. Of critical importance in these settings is the use of documentation. It appears that the experiential learning that occurs in field education prepares students for documentation in compliance with agency agendas.

While these contributing variables are important to understanding students' perceived preparedness to manage risk and personal liability, the variables that did not significantly contribute to the model are of equal interest. The following variables were not significant predictors for the final model: gender, age, MSW status, ethnicity, field placement site (private-for-profit, private-not-for-profit, public), career goal (private practice, agency work, combination), or experience in managed care and privatized environments. Of particular interest is the fact that field placement site and experience (private for-profit, private not-for-profit, public) were not contributors. It seemed logical to assume that experience and field site might affect perceptions and suggests that future investigation is necessary to verify these findings. Consistent with other literature, particularly among medical educators and students, perceptions of knowledge and skill development were not significantly influenced by either managed care or non-managed care settings (Yedidia et al., 2000).

While negative attitudes toward service delivery models accomplish little, so does excessive worry regarding potential litigation. While practitioners must

ensure that they provide the best service possible, they must also develop an awareness of potential risks and seek to avoid them. It is important for students to develop not only the necessary knowledge and skills to protect themselves and their clients in these environments, but also to develop attitudes that will ensure that they capably advocate for vulnerable populations and options that will enhance service delivery.

Developing curriculum to adequately prepare students for current service environments continues to be a great challenge for professional educators (Berger & Ai, 2000). Client advocacy, liability concerns, documentation requirements, and field experience may be pivotal in preparing students to manage risk and personal liability.

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

This study used a purposive sample of 116 MSW respondents from two educational programs. While small samples from one educational program have been used to investigate levels of student preparedness and satisfaction, in order to assert generalizability and statistical power, larger and more representative samples of students from geographically diverse locations are necessary.

While this study relied on social work student respondents, further investigation is necessary. Curriculum development and knowledge generation will require other information sources such as managed care organizations, service environments, supervisors, educators, administrators, risk managers, and practitioners.

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