PROFESSIONAL DISSONANCE AS A PREDICTOR OF JOB DISSATISFACTION AND PSYCHOLOGICAL DISTRESS AMONG SOCIAL WORK PROFESSIONALS: A CUMULATIVE RISK MODEL

by

© Derek Chechak

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Abstract

In this doctoral dissertation study, the concept of professional dissonance posits that job dissatisfaction and psychological distress can result from the cumulative effect of competing, often contradictory, work demands and role obligations. Social workers, as individuals, professionals, and members of the broader society can experience dissonance resulting from identity traits, value system conflicts, and extracurricular social roles. A conceptual model of professional dissonance is presented, demonstrating potential sources of dissonance across personal-professional, moral-ethical, organizational-structural, and historical-pedagogical domains as they apply to social work theory and practice. To explore this conceptual model, a mixed method but primarily quantitative study was undertaken with a random sample of 261 registered social workers in Ontario, Canada. The cumulative risk model was used as the study framework given its prior usage in the social services and suitability to the research question. In addition to univariate and bivariate analyses, a multivariate model was developed and tested as an explanatory framework for the observed relationships between variables. A negative linear relationship was demonstrated between professional dissonance and job satisfaction, and job satisfaction and psychological distress, and a positive relationship was noted between professional dissonance and psychological distress. Informed by these findings, implications for social work practice, career choice, education, and regulation and leadership, as well as recommendations for future inquiry are discussed.

Keywords: Professional dissonance, job satisfaction, psychological distress, social work, workplace wellness, cumulative risk

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Dedication

This dissertation is dedicated to social work professionals who, despite working for the least selfish of reasons and in pursuit of the noblest of causes, lack the zeal and fervor that once defined their practice. Especially for those who so candidly shared in this research, may you regain the enthusiasm and commitment to the service of others that the profession requires, and may our clients continually remind us why we choose this work.

I've done my best to live the right way

I get up every morning and go to work each day

But your eyes go blind and your blood runs cold

Sometimes I feel so weak, I just want to explode

- Bruce Springsteen, "The Promised Land" (1978)

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List of Abbreviations and Symbols

ANOVA Analysis of variance

CASW Canadian Association of Social Workers

COS Charity Organization Society

CR Cumulative Risk (Model)

CRI Cumulative Risk Index

HSD Tukey's Honest Significant Difference Test

LSD Fisher's Least Significant Difference (LSD) Test

MANOVA Multivariate analysis of variance

NASW National Association of Social Workers (United States)

OASW Ontario Association of Social Workers

OB Organizational Behaviour

OCSWSSW Ontario College of Social Workers and Social Service Workers

OD Organizational Development

PEC Person-Environment-Correspondence Theory

PIE Person-in-Environment (Theory or Classification)

PD Professional Dissonance

SEM Structural Equation Model

SHM Settlement House Movement

α Alpha

 β Beta

F F-distribution or statistic

M Mean

NNumber of observations in a total sample or population Number of observations in a subset of the sample n *P*-value p Pearson's product-moment correlation coefficient r R^2 Coefficient of determination Student's *t* distribution or t-test t SD**Standard Deviation** x^2 Chi-square statistic Σ Summation Less than or equal to \leq Greater than or equal to \geq Less than < Greater than >

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Chapter 1: Introduction

Introduction and Overview

It is generally acknowledged that social work practice has embarked on an increasingly complex trajectory in recent years, primarily owing to rapid changes in the global, technological, economic, and sociopolitical landscapes (Morago, 2006; Polack, 2004). In addition, since the global recession of 2009, such influences have been exerted within a context of heightened skepticism and criticism of the broader public sector (Clarke, Borges, Stewart, Sanders, & Whiteley, 2013), government-driven austerity movements (Glassner, 2010), and an unrelenting focus on efficiency and cost-effective social programming resulting in job insecurity and wage stagnation (Jones, 2001). When faced with the prospect of daunting change, social work has historically been slow to adjust (Munson, 2012, p. xvii; Thompson, 1987), leading some scholars to suggest that this new terrain may ultimately lead to the demise of the profession (Kreuger, 1997; Mary, 2008; Schram & Silverman, 2012). However, even those whose outlook is more moderate argue that it is incumbent on social work to adopt a practice paradigm congruent with these new realities in order to maintain relevance in the 21st century (Barter, 2000; Ferguson, 2008; Howard, McMillen, & Pollio, 2003; Ramsay, 1999).

Unfortunately, this contention is a familiar refrain, and is merely reminiscent of the cause versus function debate – what McLaughlin (2002) calls the "perennial" war of social work (p. 197) – which has plagued the profession since its inception. Scholarly literature pertaining to social work's fragmented identity and inability to achieve a unifying conceptual paradigm now spans five decades (Dominelli, 2007; Gibelman, 1999; Gilbert, 1977; Ramsay, 1999; Smalley, 1967). Calls continue for social work to embrace its role in the modern world

and move beyond its historically "divisive debates" (Jarvis, 2006, p. 44), although distractions are prevalent as these calls occur amidst challenges toward the profession's mission (Margolin, 1997), questions about its commitment to oppressed groups (Specht & Courtney, 1994), its participation in practices that emulate neoconservative ideology (Mullaly, 1997), and even its status as a profession (Hall, 2008). If history is any guide, it seems that many of these issues are perpetual, and without an appreciation for the magnitude, depth, and longstanding nature of these debates, "social workers may feel despondent about the future of the profession" (McLaughlin, 2002, p. 197). At the very least, it could be argued that the profession is "at a crossroad of many divergent paths" (Meinert, Pardeck, & Kreuger, 2000, p. 1), and this metaphorical crossroad is an essential focus of this dissertation.

Statement of the Problem and Research Concept

Regardless of whether it is framed as an opportunity for growth or a threat to future progress, contemporary social workers are undeniably subjected to an array of competing requirements and demands within multiple intersecting realms. Furthermore, in many cases they lack a historical understanding to contextualize such conflicts. As a potential explanatory framework, this dissertation offers a novel conceptual framework for assessing both the origins and multifaceted impacts of the competing and often contradictory demands required of social work practice.

This dissertation offers a theoretical exploration and conceptual refinement of professional dissonance (PD), a subject formally introduced to the social work literature by Taylor (2002). According to her conceptualization, professional dissonance is "an experience of discomfort arising from the conflict between professional values and job tasks" (p. 36), qualitatively characterized by "anxiety, conflict, ambivalence, frustration, and a feeling of

being torn between different courses of action" (p. 146). This dissertation study sought to refine this concept by 1) examining dissonant characteristics of social workers' practice experiences across four interrelated domains, and 2) executing a preliminary test of a model based on broad PD premises using a population that is thought to experience high levels of dissonance in their jobs. This study contributes to the emerging professional dissonance discourse by introducing the chronic experience of dissonance as a legitimate occupational hazard for social work practitioners. By extension, it is surmised that when social workers' employing organizations recognize the gravity and potential effects of professional dissonance, they will be more amenable and willing to promote workplace wellness through positive organizational change strategies and supportive employment practices.

The theoretical formulation of professional dissonance, both according to Taylor (2002) and as presented in this dissertation, is fundamentally based on Leon Festinger's (1957) cognitive dissonance theory with contributions from existential and psychodynamic theories. The refined formulation proposed in this dissertation also draws from theories of the psychology of self and the fields of vocational counseling, organizational and leadership studies, and occupational social work to support the exploration of PD at a more macrofocused level of analysis. It is hoped that, despite the novelty of PD itself, a strong case in support of its study will be made given that it is founded on what is arguably the most influential social psychological theory to date, having spawned over 1,000 publications and empirical studies (Schultz & Lepper, 1996, p. 225; Heine & Lehman, 1997, p. 389). As a research topic, the exploration of professional dissonance is partially motivated by the empirical demonstration that, despite current knowledge about burnout, compassion fatigue, and employee wellbeing, social workers are still considered to be an occupational group at an

above-average risk of experiencing job dissatisfaction and burnout (Borland, 1981; Lloyd, King, & Chenoweth, 2002; Soderfeldt, Soderfeldt, & Warg, 1995; Wooten, Fakunmoju, Kim, & LeFevre, 2010). Even the landmark sector study, *In Critical Demand*, deemed burnout "an inevitable condition of work" (Canadian Association of Social Workers, 2001, pp. 92-93). However, these findings are based primarily on the taxing working conditions and funding constraints affecting the profession, which are undoubtedly contributors but rarely converge in a cogent explanatory framework that encompasses the true complexity of professional practice.

An alternative perspective is that the fundamental aspects of the social work profession – namely, its emphasis on values, ethics, and commitment to social justice – are often in stark contrast with the dominant forces that direct contemporary human service employment. This contention is perhaps best espoused by Margolin (1997) who argued that burnout is caused by "social workers' inability to successfully and permanently repress the contradictions they live by" (p. 180). The specific cause, he maintains, "is the constant work required to balance an intent to do good with a coercive, controlling, investigatory function" (p. xi). In other words, it is the often encountered "paradoxes in social work" (p. x) – many of which stem from a conflicted core mission – rather than the challenging nature of the work itself that causes professional discomfort (p. xi). This alternative perspective of job dissatisfaction is more congruent with PD as a research concept. If these assertions are correct then it would not be unreasonable to theorize that ongoing conflicts, challenges, and discrepant experiences would be distressing to practitioners. Indeed, as Taylor (2002) noted, practitioners may feel as if they are in a "no-win situation" (p. 19) when "no course of action feels satisfactory" (p. 20). Thus, the exploration of PD is necessary for social workers as

practitioners immersed in a "climate rife with potential value collisions" (Taylor, p .1). Ultimately, professional dissonance must be recognized as a legitimate occupational hazard in social work practice and as a likely precursor to job dissatisfaction, psychological distress, and potentially, professional incapacity.

The diagram on the following page (Table 1) demonstrates the composition of professional dissonance according to four theorized subscales. It identifies potential sources of dissonance within each domain, which will be expanded upon in chapter 2 and informed the data collection instrument developed and implemented in this study. The next diagram that follows (Figure 1) is an elliptical model Venn diagram (Venn, 1880), which conveys all logical combinations and arrangements of any four constructs. In this conceptualization, professional dissonance is comprised of the following four categories of dissonance: (A) personal-professional identity, (B) moral-ethical, (C) organizational-structural, and (D) historical-pedagogical. The first two categories are considered primarily individual factors, dependent on the specific social worker's identity traits and response to contradictory role or job functions, while the latter two are contextually broader.

It is noteworthy, however, that it is the total number of dissonant experiences (and not their membership subcategory) that will be used to evaluate relationships with outcome variables. Therefore, while specific dissonant experiences may have relevance in multiple categories, as long as it is counted, its effect will be recorded. The current PD model, as a work in progress inclusive of potential sources of dissonance aggregated from the literature, is located in Appendix A. Finally, readers will likely and perhaps inquisitively note the absence of the term *cognitive dissonance* itself in the model. Because cognitive dissonance is considered a fundamental component of PD itself, it is more appropriately considered a

watermark that subtly permeates throughout the entire model. Stated another way, cognitive dissonance is a concept that needs not to be mentioned explicitly because it actually underpins the entire model of professional dissonance.

The Four Domains of Professional Dissonance		
A) Personal – Professional Identity	B) Moral – Ethical	
Dissonance resulting from personal-	Dissonance resulting from ethical dilemmas,	
professional value conflicts, an incongruent	interprofessional value conflicts, or moral	
occupational self-concept, or challenges	distress caused by perceived inadequate or	
related to professional identity formation	controversial interventions.	
because of individual and job-related traits.		
C) Organizational – Structural	D) Historical – Pedagogical	
Dissonance resulting from employer,	Dissonance resulting from the primarily	
organizational, or structural limitations on	historical divisions within social work that	
practice that induce discomfort by	create professional identity confusion and	
influencing the type, speed, or quality of	influence current trends in education.	
social work provided to clients.		

Table 1: The Four Domains of Professional Dissonance

As introduced on the previous page, the Venn diagram (right) is used to support the cumulative risk model proposed for this study. This model hypothesizes that, while the presence of any one category (e.g., A) of dissonance in one's social work practice may induce job dissatisfaction and psychological distress, the cumulative effect of multiple categories

Venn Model

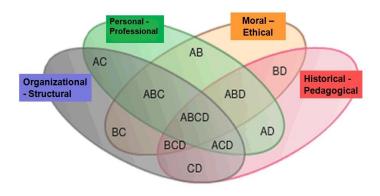


Figure 1: Four-set Venn Diagram Conceptualizing the Interaction of Professional Dissonance Subscales

(e.g., $\sum AB$, $\sum ABC$, $\sum ABCD$) will induce these outcomes in greater magnitude. Thus, each segment represents an experience whereby a social worker might encounter one or more subtypes of dissonance, which will be tested against the outcome variables during the study.

Significance

Owing to the underlying theories that inform professional dissonance, this research topic is significant because it argues that the contradictory demands currently defining social work practice are both unsustainable and detrimental. It is hypothesized that, in an effort to reduce dissonance, social workers who are unable to cognitively reconcile the multiple competing requirements of professional practice are apt to become selective in what facets they adhere to. As a result, they may personally redefine social work practice, selectively adhere to ethical codes and standards, scrutinize over personal-professional identity fit, or experience diminished organizational commitment. Indeed, this "love-hate relationship" that social workers have with their jobs was recently demonstrated in a national study of over 5,000 Canadian social work professionals (Bejan, Craig, & Saini, in press). Paradoxically, despite reporting overall satisfaction with their own career choice, less than a quarter of respondents would recommend it to family and friends (p. 15; emphasis added). One must ask whether this discrepancy is indicative of a dissonance reduction strategy, in that social workers are aware of the personal sacrifice that would be imposed on others who pursue this career, but acknowledging it themselves requires an admission that the years of educational and work experience leading up to that point were neither protective nor rewarding. Not surprisingly, the study results are riddled with dissonance, as in the case of the following social worker who stated, "At times it feels degrading to think that after six years of schooling, solid experience and a graduate degree ... the salary is barely enough for me to

afford rent, my vehicle, insurance, groceries and set aside a small safety net of savings" (p. 12).

Research Question and Hypotheses

This dissertation is organized according to the following research question: Among a probability sample of registered social workers in Ontario, are cumulative experiences of professional dissonance associated with increased levels of job dissatisfaction and psychological distress? The following principal organizing hypotheses were rendered to be tested empirically:

- H₁: A social worker's self-reported level of job dissatisfaction will be positively related to the number of dissonant occupational experiences.
- H₂: A social worker's self-reported level of psychological distress will be positively related to the number of dissonant occupational experiences.

Additionally, several secondary relationships were examined, having been informed by existing literature, but formal hypotheses were not developed given the exploratory nature of this topic. Associations between age, gender, years of social work practice, highest degree, ethnicity, job category, and type of practice setting are identified in chapter 3.

Admittedly, this proposed model of professional dissonance encapsulates a number of potentially dissonant experiences that may ring true for social work professionals.

Recognizing this complexity, it is more appropriate to consider this model as a potential explanatory framework that was developed alongside the underpinnings of chaos theory (Lorenz, 1963). In other words, the model does not purport to control all possible variables it examines, but rather explain the proposed outcome variables under the assumption that

sensitivities to the complex, multifaceted, and often contradictory conditions of social work practice might potentiate the development of professional dissonance.

Chapter Summary and Dissertation Overview

This dissertation is organized according to a typical five-chapter structure, such as that described by Lyons and Doueck (2010). In this first chapter, an introduction to the topic of professional dissonance and its relationship to contemporary social work challenges was provided. The significance of professional dissonance, the guiding research question and hypotheses, and conceptual framework were introduced. The major contribution of this chapter was an introduction to the conceptual model of professional dissonance, and its four domains that explore dissonant characteristics of 1) personal-professional identity, 2) moral and ethical practice, 3) organizational and structural practice, and 4) historical and pedagogical issues. The interactive Venn model, which encapsulates the cumulative effects of these four domains, was also introduced. The complex and multifaceted relationship between social workers' high self-reported levels of job satisfaction but low endorsement as a career choice for friends and family members foreshadowed the dissonance inherent in this research study.

Chapter 2 of the dissertation presents a literature review and interwoven critical analysis. Relevant concepts and theories that informed the development of this professional dissonance model are explored. Notably, the evolution and historical refinements of cognitive dissonance theory are described, along with contributions from psychodynamic and existential theories, organizational behaviour, social work values and ethics, occupational social work and role constructs, and self-psychology. Links are drawn between professional

dissonance and integrative frameworks, including general systems theory, the person-inenvironment classification, and chaos theory.

Chapter 3 describes the methods employed in the dissertation study. The research design, population and sample, variables, and data collection instruments and procedures are described. A discussion of reliability, validity, and ethical considerations is presented. A discussion of the rationale informing the selection of the multivariate analysis framework is provided.

Chapter 4 articulates the results of the dissertation study. Progressively, univariate, bivariate, multivariate, and qualitative analyses are all presented. In the interest of space, 25 nonsignificant bivariate relationships are also reported, albeit in Appendix B, rather than in the body of this chapter.

Chapter 5 concludes the dissertation with a discussion of the study and its relationship to existing theory and related research. Implications for social work practice, education, career selection, and regulation and leadership are provided. The chapter concludes with a discussion of technical limitations, potential sources of response bias, and recommendations for future study within this important research agenda.

Chapter 2: Literature Review

Introduction

Professional dissonance as both a research concept and linguistic term is comprised of two distinct constructs. Since this dissertation is primarily a refinement of Taylor's (2002) conceptualization, the terminology has been accepted verbatim. Nevertheless, the semantic properties are worthy of a brief exploration. Firstly, the term *professional* refers simply to the "conduct of" a person who "engages in a specified occupation" ("Professional," 2013, para. 3a), and this particular usage can be traced to 17th and 18th century literature (e.g., Lowth, 1787/1847; Smeaton, 1793). By using the word professional instead of occupational, for example, this dissertation 1) contributes to emerging PD discourse by maintaining linguistic consistency; and, 2) acknowledges this author's assertion that social work is a professional discipline with "knowledge, experience, standards, or expertise" ("Professional," para. 4d; cf. Austin, 1983; Flexner, 1915/2001).

Dissonance, on the other hand, is synonymous with a number of terms relevant to this topic and, therefore, belongs to a more complex semantic field (Brinton, 2000, p. 112). Initially, dissonance was used in reference only to discordant or harsh musical sounds, while today it assumes an expanded usage meaning "disharmony" or "incongruity" ("Dissonance," 2013, paras. 1, 2). With both Latin and French etymologies, dissonance evolved from the word discord, which is defined as the "absence of harmony...; disagreement of opinions and aims; variance, dissension, strife; [or] difference" ("Discord," 2013, para. 1, 2). Historically, dissonance was used in literary contexts to connote confusion, disorder, mutual opposition, inconsistency, contradiction, incompatibility, irreconcilability, dispute, ambivalence, and

maladjustment. Indeed, these terms tend to define the contemporary usage that is most germane to dissonance studies in general and PD in particular.

When considering the broader semantic field, and after excluding auditory and musical connotations which are not applicable here, dissonance is most closely aligned with disagreement and conflict. Taken further, the term conflict is likely most appropriate for this analysis since its very existence is predicated on a state of disharmony. Although historical definitions of conflict were primarily militaristic in their applications ("Conflict," 2013, para. 1), its primary definition today is "to come into collision, to clash; to be at variance, [or to] be incompatible" ("Conflict," para. 3). This contemporary usage is indeed congruent with and appropriate for the use and exploration of professional dissonance; and, as will be demonstrated, conflict is undoubtedly a recurring theme in social work practice.

Organization of the Literature Review

This literature review is organized according to headings that explore the theoretical foundation and conceptual development of professional dissonance, as well as its conceptualization within an integrative framework. Within each section, a number of subheadings are used to describe the theories that inform the respective goals. To commence, a review of influential theories and work-related constructs is presented. In order, these theories and concepts are cognitive dissonance, psychodynamic, existential, psychology of self, social work values and ethics, historical relevant social work topics, and occupational constructs. Following these topics, integrative frameworks including general systems theory, a social ecological model, and chaos theory are all described. Taken together, this literature review provides a comprehensive synthesis of relevant theories and concepts that inform professional dissonance.

Theoretical Foundation and Conceptual Development

While Taylor's (2002) seminal dissertation and subsequent publications (Taylor, 2005, 2006, 2007; Taylor & Bentley, 2005) are regarded as the primary social work explorations of PD, the term had been used previously in the fields of public health (Quill, Aday, Hacker, & Reagan, 1999), medicine (Preston, 1990; Salcman, 1992; Weinstein, 1991), pharmacy (Buerki & Vottero, 1991), anthropology (Tripp-Reimer, 1980), education (Gilbert, Horscroft, & Parsons, 1988), and law (Kemshall, 2000). These studies do make important contributions in introducing professional dissonance into the academic lexicon; however, none explored the concept as an explanatory framework. In fact, in some cases, the term seemed to be used as more of an expression to describe any professional dilemma or conflict. For instance, Quill, Aday, Hacker, and Regan (1999) argue that professional dissonance is created when the public health principles of prevention, beneficence, and social justice conflict with policies and mandates that require gatekeeping, rationing, and eligibility tests (pp. 10-12). Similarly, Rachman (1997) used the term in her discussion of the effects of organizational change on hospital social workers in England.

Preston (1990) used the term once without any elaboration or definition (p. 18), as did Tripp-Reimer (1980) who described conflict between the client and professional (p. 22). Kemshall (2000) contended that professional dissonance raises "real issues" for the implementation of risk management policies (p. 153), but her usage of the term lacked any substantial qualifiers. Salcman (1992), citing Weinstein's (1991) use of the term, described the discrepant personality traits of physicians who make excellent contributions to their field but are otherwise "self-serving, self-righteous, or egotistical" (p. 687). Similarly, Gilbert, Horscroft, and Parsons (1988) mention that professional dissonance is unconstructive and

results from a lack of integration between educators' individual and professional roles (p. 107). Arguably, while in the latter two examples there is some similarity to the concept of personal-professional identity dissonance explored in this dissertation, these examples failed to explore the extent of PD and its implications particularly in regards to downstream negative outcomes. In other words, PD should not be treated just as a descriptor for conflict that professionals may encounter in practice, but rather as framework for understanding the potential consequences of such conflict.

In contrast, several other works more fully contribute to PD theory even though the term professional dissonance is not explicitly used. Examples of prior dissertational work include Costello's (1999) study of identity dissonance, which examined personal and professional identity conflicts among first year law and social work students, and Mitchell's (1988) study of perceived dissonance in nursing "when a discrepancy exists between their professional conceptions, commitments, and behaviors" (p. iv). These are the types of situations that comprise category A (personal-professional identity dissonance) of this dissertation's PD model. Similarly, Packard (1986) explored role dilemmas in clinical nurse education, and also role conflict between the "high expectations in academia as well as the increasing specialization in nursing practice." Lastly, in what is likely the primary influence of existential philosophy in PD conceptualization, Stangl (1989) explored the appraisal of dissonant working conditions and the subsequent transition to consonance as a means of promoting authentic and personal well-being. These instances of role or work-related conflict are best categorized into the model's category C (organizational-structural dissonance). Indeed, after an extensive literature search, it is apparent that while the concept of professional dissonance has been alluded to in other fields, Taylor's dissertation and

subsequent articles are the only published works that can be solely attributed to social work authors.

Cognitive Dissonance Theory

As mentioned previously, professional dissonance is fundamentally based on the theory of cognitive dissonance, a phrase first coined by Leon Festinger in an unpublished seminar paper (1954) and subsequently developed in his landmark publication (1957). According to his theory, Festinger (1957) defines cognitive dissonance as the "existence of nonfitting relations among cognitions," whereby cognitions can be any "knowledge, opinion, or belief about the environment, about oneself, or about one's behavior" (p. 3). Furthermore, he argued that this experience of dissonance "creates a negative affective state that motivates individuals to attempt to reduce or eliminate the discrepancy" (Harmon-Jones, 1999, p. 72). Inherent in this theory is the assumption that "humans desire congruence in their thinking" (Taylor, 2002, p. 36) and are motivated to achieve this by employing dissonance reduction strategies (Festinger, p. 3). This is the primary assumption that classifies cognitive dissonance theory as a consistency theory, and recent neuroscientific experiments tend to support this notion of a cognitively innate desire for, and in some individuals a pursuit of, congruence (e.g., Izuma et al., 2010; Van Veen, Krug, Schooler, & Carter, 2009). Essentially, consistency theories promote the idea that people's values, attitudes, and beliefs should align, and that we search for external evidence to support these positions (Abelson,

¹ Interestingly, many of the same neural processes responsible for resolving cognitive dissonance in particular are implicated in conflict resolution in general (see, for e.g., Botvinick, Cohen, & Carter, 2004; Matsumoto & Tanaka, 2004; Mansouri, Tanaka, & Buckley, 2009). Similarly, Keiser (2003), citing humans' finite cognitive processing abilities, asserts that we struggle "to process large amounts of information under conditions of ambiguity" (p. 1).

1983). In addition to cognitive dissonance, other early consistency theories included Heider's (1958) balance theory and its preceding social balance theory (1946), Osgood and Tannenbaum's (1955) congruity theory, and Myrdal's (1944) theory of cumulative causation, which was used to explain the ongoing racial disparity and oppression in the United States. Additionally, one of the earliest applications of cognitive dissonance to organizational psychology was through Korman's (1966, 1970) self-consistency theory, which proposed a relationship between self-image and work outcomes.

When people experience incompatible cognitions, or an incompatible cognition and behaviour, Festinger (1957) hypothesized that dissonance could be reduced in one of three ways: 1) by changing one of the dissonant elements; 2) by adding consonant elements (supporting evidence) to one of the dissonant cognitions; or, 3) by changing the relative value one places on one of the dissonant cognitions (pp. 25-26). In the first case, the person will try to change his or her beliefs or opinions. However, this is unlikely to occur with ease when it involves fundamental beliefs that are relatively stable and central to a person's worldview. Alternatively, it is possible to change one's behaviour to create consonance; however, Festinger believed that cognitions centre on a "behavioral element" (p. 17; see also Mills, 1999, p. 27) that is often resistant to change (e.g., an addiction). After all, the action usually produces some benefit that would cease if the behaviour changed (Hall, 1998), and in the case of an occupational application like PD, that benefit may be the sustenance provided by employment itself or a more abstract feeling of altruism that is desired by some practitioners.

In the second case, people may become more selective in their thinking in order to create consonance. They may seek information that confirms their own beliefs about the dissonant element. In the case of PD, however, social work practice is inherently complex

and using shortsighted thinking to resolve immediate dissonance could lead to long-term problems within the practice environment itself. The third method of dissonance reduction is the most complex, but also the most relevant in explaining why people continue to perform actions that contradict their beliefs. For instance, a social worker may continue to perform social control functions as part of his or her job even though this causes discomfort and his or her personal orientation is more congruent with social welfare roles. This method implicates defense mechanisms, and particularly rationalization, as a means of reducing dissonance. Indeed, this is substantiated by Taylor (2002, p. 121) and the moral distress literature, both discussed in subsequent sections of this chapter.

Emotional Applications of Cognitive Dissonance Theory

One particular evolution of cognitive dissonance theory that bears mentioning is its application to emotional experiences. This is not surprising given that the experience of dissonance itself is often manifested through affective symptoms; however, its illustration is paramount to a social work study of PD as it closely relates to the concepts of use of self and empathy. This affective application, often known as emotional dissonance, is generally defined as a "feeling of unease that occurs when someone evaluates an emotional experience as a threat to his or her identity" (Jansz & Timmers, 2002, p. 79). Given that the premise of PD is the management or negotiation of multiple conflicting roles or obligations, social workers may be apt to interpret an emotionally dissonant occupational experience in a threatening manner. Furthermore, when a person's own emotions conflict with those required by an occupation, negative job-related outcomes have been observed to occur at both personal and organizational levels. Furthermore, these outcomes have been observed in a

cross-section of occupations, including those characterized by seemingly opposite emotional traits.

In their study of nurses and police offices, Bakker and Heuven (2006) found that emotional dissonance was positively associated with burnout, primarily characterized by exhaustion and cynicism, and negatively associated with role performance. Similarly, Brotheridge and Grandey (2002) observed fairly consistent levels of burnout in both "people work" (e.g., human services and sales) and less emotionally-demanding occupations (such as managers, clerical roles, and physical labour). Research by Diestel and Schmidt (2010, 2011), as well as Grandey, Fisk, and Steiner (2005), suggested that emotional dissonance negatively influences a number of outcomes including job strain, job satisfaction, emotional exhaustion, depersonalization, depressive and anxious symptoms, burnout, and absenteeism. Nelson and Merighi (2003) argued that such influences are particularly troubling since social workers have been demonstrated to interpret stress and burnout as a personal failure rather than as a consequence, at least partially, of external influences (see also Meyerson, 1994).

At an organizational level, emotional dissonance can also result from the conflict between employees' emotions and those required or produced by the workplace setting. Prior research has found that this type of emotional dissonance is negatively associated with self-esteem and job satisfaction, and inversely with emotional exhaustion, turnover intention, and reduced organizational commitment (Abraham, 1998, 1999a, 1999b; Paunov, 2010). Lastly, Tewksbury and Higgins (2006) found that emotional dissonance often precedes work stress, which also has interpersonal implications since satisfaction with supervisors was negatively affected. In all of these contexts, experienced emotional dissonance is generally considered a byproduct of emotional labour (Hothschild, 1983), which in and of itself is a construct with

negative connotations, for example, in Robert Jackall's (1988) book *Moral Mazes*.² This application is also relevant to the concept of emotional memory (LeDoux, 1996), in which activation of the amygdala induces chronic and often anxiety-provoking recollection of traumatic events. Since autobiographical memories of emotional events are more vividly recalled than neutral ones (LaBar & Cabeza, 2006), this is a pertinent area of exploration given social workers' susceptibility to secondary traumatic stress, compassion fatigue, and vicarious trauma (Adams, Boscarino, & Figley, 2006; Bride, 2007; Cunningham, 2003). When compounded by emotionally dissonant experiences, social workers may be susceptible to a career of affectively-based psychological distress.

Cognitive Dissonance Theory in Social Work Practice

It is important to mention the practical applications of cognitive dissonance theory as a therapeutic tool. With such a strong psychological underpinning, cognitive dissonance theory may seem somewhat prohibitive for use in social work practice, but in fact it has been employed as a legitimate therapeutic technique with clients to encourage goal attainment (Ashford & Lecroy, 2010, p. 120; Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010, p. 209; Steiker, Powell, Goldbach, & Hopson, 2011). Additionally, cognitive-based approaches to social work treatment for a number of presenting problems have been chronicled by Lantz (1996), Chatterjee and Brown (2011), Thomlison and Thomlison (2011),

² Elements of emotional dissonance are noted throughout the book as Jackall refers to the successful corporate manager's ability to maintain a false "public face" [emotional labour] even when experiencing job challenges (pp. 46, 52, 124, 148, 171), role ambiguity (pp. 67, 113), or troubling personal situations (p. 70). Additionally, his assertion that managers solve problems according to "whether they feel 'comfortable' with proposed resolutions" (p. 13) is relevant since dissonance is a motivating state predicated on discomfort. Equally important is the ongoing assessment of others' "organisational morality" (p. 13) in this problem-solving process.

and Walsh (2010) in direct social work practice texts. Lastly, for social workers who are familiar with the counselling style of motivational interviewing (Sampson, Stephens, & Valesquez, 2009), it should be apparent that the importance of dissonance is captured in its second principle, developing and then capitalizing on or using this discrepancy.

Festinger was very much influenced by behaviourism, the dominant psychological paradigm at the time. Interestingly, however, he simultaneously proposed what was regarded as a counterintuitive theory (Hall, 1998). In a pure behaviourist theory, actions would logically follow and result from beliefs. In this case, actions may modify beliefs over time by adding cognitions or engaging defense mechanisms, especially when they are integral and cannot be changed. This was supported in Taylor's (2002) study, for instance, as 41 percent of participants reported they gradually became more comfortable with involuntary mental health treatment – the primary dissonant behaviour she explored in her study – as their careers progressed (p. 106). Indeed, while the number of potential sources for dissonance development is prolific, the underlying theory remains constant. Whether a social worker is encountering dissonance as a result of the profession's ethical base, client values, normative influence, or interdisciplinary conflict, reduction strategies must be undertaken to mitigate the detrimental job and psychopathological outcomes proposed in chapter 3. Although cognitive dissonance theory provides an explanation that "allow[s] us to be satisfied and not satisfied with our profession at the same time" (Meacham, 2007, para. 12), it is the contention of this evolving PD theory that creating positive change, which may mean reducing dissonance, is a worthwhile pursuit whenever possible.

Psychodynamic Theories

Within the broad field of psychodynamics, the subtopics of psychoanalytic theory and ego psychology are particularly germane to the study of professional dissonance. After all, as adherents to the diagnostic school of social casework have always attested, there is value and merit to studying this field (Dunlap, 1996). Fundamentally, psychodynamic theories are concerned with how drives and motivations, especially unconscious ones, influence human behaviours and emotions. In the context of PD, the emphasis on unconscious motivations, defense mechanisms, and conflict might all serve to elucidate the presence of preconscious ambivalence. This is important since a number of participants in Taylor's (2002) study did not endorse her primarily unconscious dissonance reduction strategies despite reporting high levels of anxiety and discomfort (p. 146). As a result, she queried whether unconscious conflict did exist (p. 39) but that participants were only able to identify with the more conscious forms of "felt conflict" (p. 148). Despite being presented with a plethora of conscious and unconscious strategies, Taylor's (2002) participants acknowledged using only three ego defense mechanisms in practice to reduce dissonance: labeling, rationalization, and emotional reasoning (p. 120). After factor analysis, she recommended that future explorations be limited to labeling, rationalization, projection, and displacement (p. 163), which is interesting in light of the poor endorsement for unconscious conflict since three of these four mechanisms are dissonance reduction strategies that are theorized to operate primarily on an unconscious level.

³ For a novel, neuroscientific demonstration of Freud's theory of unconscious conflict, using subliminal word exposure to demonstrate internal conflict via correlations with anxious symptomatology, see Shevrin et al. (2013).

Nevertheless, despite the challenge inherent in measuring unconscious conflict and responses, it is essential that the potential contributions of this psychodynamic theory to PD be extrapolated because dissonance is reduced through primarily cognitive reframing strategies. In light of Taylor's (2002) findings, it is not likely that exploring a litany of ego defenses and cognitive distortions with participants would be particularly valuable (i.e., Beck, 1995, pp. 238-239). However, for social workers who cannot resolve dissonance by changing beliefs or behaviours – which is hypothesized to be most due to practice requirements and expectations – there must be cognitive strategies that are employed by those who are motivated to reduce the uncomfortable dissonance experience. Of course, social workers could alternatively be engaging in counterproductive coping strategies including substance use or detachment, but this is not the primary explorative focus of this study. Thus, to discern these strategies, it is anticipated that the more willful (conscious) mechanisms will be captured by cognitive dissonance theory, and the unconscious ones by ego psychology. One of the most fervent supporters of ego psychology in social work practice is Goldstein (1984), whose text was revised in 1995 and her work included in Turner (1996, 2011). Not surprisingly, the application of biology and psychology to the social environment, as in ego psychology, has broad appeal to psychodynamic social workers (Safyer, 1994, p. 343).

Existential Theory

The inclusion of existential theory in the study of professional dissonance is indicated by its focus on genuine and authentic personal development (Maddi, 1996). This theory posits that psychological health is, in part, achieved through understanding one's beliefs and values, and acting in congruence with them. In this way, existential theory provides an

explanatory framework for consequences of unconscious conflict, inauthentic decision-making processes, and bad faith actions. Authenticity is a central tenet of social work practice according to Hepworth, Rooney, Rooney, Strom-Gottfried, and Larsen (2010), and is essential for the proper use of self and for developing empathic relationships with clients (pp. 45, 107). In the context of PD, Taylor (2002) notes that when a social worker acts "against what his or her inner voice is directing" (p. 16), he or she commits an action in bad faith. Over time, existential philosophers like May (1983) argue that this "inner conflict" (p. 111) creates "ontological guilt" which stagnates personal growth.

This sentiment is echoed by self-actualization theorist Abraham Maslow (1968), who argued that feelings of guilt develop as a result of "not being true to yourself" and to "your own intrinsic nature" (p. 121). Similarly, authenticity is reflected in Donald Winnicott's (1960) notion of the true and false self and in Erikson's (1958) *Young Man Luther*.

Essentially, when Soyer (1963) wrote the first social work article about a client's right (or dignity) to fail, practitioners were encouraged to embrace authenticity as a core construct of professional practice. Existential theory is included in this exploration of PD because, as Taylor (2002) importantly notes, "it answers the question of what happens to social workers who consistently act in a way that conflicts with their ideas of what they should be doing" (p. 18). What is equally important, however, is that it provides the ability to reframe anxiety as an opportunity for self-actualization and growth, which is the ideal counterpart to PD's negative repercussions.

Theories of Psychology of Self

Role of the Self-concept

Of the many revisions to Festinger's original theory, one is Aronson's work on the role of the self-concept (1969, 1999). His postulation is particularly relevant to PD research since, as mentioned above, the social work profession places a great deal of emphasis on selfawareness and the use of self in clinical practice. Aronson (1999) claimed that the selfconcept plays an integral role in dissonance theory since "most people have relatively favorable views of themselves" and "want to see themselves as (a) competent, (b) moral, and (c) able to predict their own behavior" (p. 111). All three criteria are conceivably relevant to skilled professional practice and comprise part of the social worker's self-concept. Therefore, he argued, "dissonance theory makes its strongest predictions when an important element of the self-concept is threatened ... when a person performs a behavior that is inconsistent with his or her sense of self" (p. 110). What follows, then, is "a process of self-justification because people experience dissonance after engaging in an action that leaves them feeling stupid, immoral, or confused" (pp. 111-112). Much like with cognitive dissonance theory, social workers have embraced this response in therapy by emphasizing clients' conflicted self-concepts to promote behavioural change (e.g., Littrell & Magel, 1991).

Of course, while this potential intra-self conflict⁴ is troubling enough, Aronson's studies (Stone, Aronson, Crain, Winslow & Fried, 1994; Dickerson, Thibodeau, Aronson, & Miller, 1992; Fried & Aronson, 1995) further demonstrated that dissonance was most

⁴ Though not referenced in cognitive dissonance literature, the terms intraself conflict and intraself discrepancy were used in the fields of personality and educational psychology during Festinger's era (e.g., Duval, Wickland, & Fine, 1972). Self-discrepancy theory, as a standalone concept, emerged in the 1980s (Higgins, 1987).

strongly experienced when participants acted in hypocritical fashion – "where the participants were preaching what they were not always practicing" (Aronson, 1999, p.117). This is problematic, particularly if social work is considered a calling or vocation since one cannot simply stop being a social worker when the workday ends (Csiernik & Adams, 2002; Gilbert, 2000; Reamer, 1987). In the context of PD, a worthy exploration is whether social workers perceive hypocritical actions in the current practice climate, and whether this contributes to a perplexed sense of self or identity.

Occupational Self-concept

A closely related extension of self-concept theory, which emerged from the field of vocational psychology, is the occupational self-concept. This concept is closely aligned with the PD model's category A (personal-professional identity dissonance), given the potential for a misfit between a person's character traits and those required by an occupation. After all, as writer and philosopher Kahlil Gilbran queried in *The Prophet* (1923), "Who can separate his faith from his action, or his belief from his occupation?" Super (1990) described the occupational self-concept as the result of a developmental process whereby a person attempts to match personal traits with a chosen occupation. Accordingly, people with vague selfconcepts can struggle to "adequately picture themselves in any occupational role," but more importantly, "a person whose self-percepts are contradictory ... must also have difficulty translating that inconsistent self-concept into fitting occupations" (Savickas, 2002, p. 164). Recognizing that this is a developmental rather than static process, it follows that a person with an incongruent occupational self-concept might attempt to modify one of the dissonant elements. Indeed, this hypothesis is consistent with both cognitive dissonance theory, Korman's (1966, 1970) self-consistency theory of occupational choice, and other

contributions from vocational psychology including Holland's (1959) congruence theory and Lofquist and Dawis' (1991) person-environment-correspondence (PEC) theory.

In Holland's (1959) theory, job satisfaction is predicated on working in an environment that is congruent with one's personality structure, and in the PEC theory, a worker is motivated to achieve an environment that is conducive to his/her needs. In turn, this reciprocally allows for the execution of the skills required by that work environment. Interestingly, the PEC theory is largely considered an extension of the theory of work adjustment, which is attributed to the initial work of ecological systems theorists including Moos (Eggerth, 2008, p. 60). Additionally, contemporary models of career development and job satisfaction with a systems theory orientation are influenced by the early writings of Brofenbrenner (1977, 1979). Taken together, these developmental, ecological, and contextual models demonstrate a connection with what many consider to be social work's principal organizing framework: the person-in-environment perspective.

For Super, the occupational self-concept was just one of many self-concepts that a person holds within a "multidimensional self-concept system, or self-structure" (Savickas, 2002, p. 163). Since each self-concept is expected to be stable and consistently applied to a particular social role (e.g., frontline clinician), this brief introduction should elucidate why an inconsistent occupational self-concept could be problematic.⁵ Indeed, they parallel many of the same consequences of unresolved identity crises proposed by stage-based theories of human development which are frequently incorporated into social work curricula (e.g.,

⁵ Payne (2007) describes how his own occupational self-concept evolved throughout his social work career (p.

^{3).} Paradoxically then, an occupational self-concept must evolve to accommodate learned experience yet remain consistent *enough* to ensure that it can be summoned and employed for its professional decision-making abilities (see Tunis, Fridhandler, & Horowitz, 1990).

Greene, 2008; Hutchison, 2011; Parrish, 2009). For example, Erik Erikson's (1959) fifth stage of psychosocial development contrasts identity formation with role confusion, and the term *identity crisis* was coined because of this developmental stage (Gross, 1987, p. 39). In essence, these are relevant concepts connected to the broader issue of occupational role ambiguity and role conflict, whose discussion occurs later in this chapter.

Social Work Values and Ethics

Value Conflicts and Ethical Dilemmas

One of the fundamental tenets of this research is that the experience of professional dissonance is significantly related to the value-laden standard of excellence that the social work profession upholds. Several observations and contentions by noted ethics scholar Frederic Reamer add credibility to this thesis since the proposed domains of PD are congruent with his assessments of where value conflicts occur in practice. For Reamer (1994), social work is "the most normative of the so-called helping professions" given that its "historical roots are firmly grounded in concepts such as justice and fairness" (p. 195). This differentiates us from other professions that lack these principle conceptions of justice, collectivity, and communal responsibility. Reamer (1999, p. 3) also asserts that "social work is among the most value based of all professions," and that this foundation has always "served as the principal organizing theme of the profession's mission" (1994, p. 195). Not surprisingly then, although values remain open to some level of interpretation in practice, their fundamental nature precludes practitioners from merely changing or dismissing them as a dissonance reduction strategy when they create conflict. Resultantly, they must be negotiated against the complex backdrop of contemporary practice.

Interestingly, the complex nature of PD is mirrored in the multifaceted composition of values themselves. Reamer (1994), in describing three areas of conflict for social work, captures this permeating influence as follows: "One of the most persistent tensions in the value base of the profession concerns social workers' simultaneous commitment to individual well-being and the welfare of the broader society" (p. 200). However, social workers also "face tension between their own personal values and the profession's espoused values" (Reamer, p. 201), not to mention challenges against the "legitimacy of social work's core values" (p. 203). This latter tension is also stated by Siporin (1989) who describes the social work profession as a "moral enterprise'... that has lost some of its moral bearings ... due to the influence of the medical model and proprietary or entrepreneurial models of practice" (p. 44). What's worse, according to Siporin, is that this "erosion of social work morality" has disrupted one of the few areas of unity that has always existed in the profession: its "ethical commitments" (p. 44).

Similar sentiments are echoed by Weinberg (2008), who encouraged restoring social work's "moral compass" through the use of structural social work principles. Thus, without a clear direction – or a direction that is incongruent with contemporary realties – social workers are left to negotiate these tensions in what can feel like, at times, isolation. For example, one of the most persistent value conflicts pertains to balancing clinical interventions with the client's right to self-determination. This conflict is further compounded by interdisciplinary team conflict when allied professionals do not place the same relative emphasis on a particular value. This issue is discussed in Abramson (1985), Cole (2012), Rothman, Smith, Nakashima, Paterson, and Mustin (1996), and Tower (1994). Indeed, "from its inception, social work has struggled with carrying out the complex,

sometimes contradictory functions associated with reducing suffering, enhancing social order, and social reform" (Stoesz, Karger, & Carrilio, 2010, p. 3). As one recent social work thesis asks in its title, with prevailing societal and organizational goals often diametrically opposed to social work's priorities, do social work values expect us "to do the impossible" (Antunes, 2004)?

Various methods of value ranking and frameworks for ethical decision making attempt to aid in the conflict resolution process (e.g., Abramson, 1985; Lewis, 1982; Loewenberg & Dolgoff, 1992; Reamer, 1990) but these do not address the consequences that dilemmas themselves exert on the social worker. In order to conceptualize value conflicts – or what existentialist philosopher and psychiatrist Viktor Frankl (1988, p. 56) terms "value collisions" – as a dissonance reduction process, the work of Marcia Abramson is particularly insightful. Abramson (1996) introduced the notion of ethical self-knowledge, which critiques the traditional focus in social work ethics literature on "decision making rather than on the decision maker" (p. 195). By drawing on this perspective, the conceptual model of PD proposed herein is supported since value conflicts and ethical dilemmas have personal, professional, and societal constituents that can influence the worker in many ways. This perspective also allows for the incorporation of theories that address uniquely personal and emerging dilemmas, such as conscientious objection in social work (Sweifach, 2011), in the broader decision-making picture. Resultantly, this maintains a focus on one's personal and professional identity in the intellectual pursuit of ethical self-knowledge (Abramson, 1996; Rhodes, 1992) and arguably, promotes both personal and professional authenticity.

Using a model whose interrelatedness mirrors this dissertation's model of PD, and with reference to Abramson's (1996) emphasis on ethical self-knowledge, Spano and Koenig

(2007) examined the interactions between client, worker, agency, and social work profession in the context of personal-professional value collisions. They proposed a six-step model as a means of resolving conflict (and potentially reducing dissonance) when a contradiction occurs. The model affords a balance between recognizing how one's personal worldview influences practice while adhering to the Code of Ethics. In many ways then, this framework allows practitioners to both accept that there is a value collision and continue to act alongside this conflict, especially when it cannot be fully resolved, by recognizing that the primary ethical responsibility is to the client via the ethical code. Indeed, this is the resolution best hypothesized by cognitive dissonance theory when beliefs will not change and behaviours cannot cease.

Ethical Dissonance and Moral Distress

As an extension of value conflicts, two phrases with relevance to the study of PD are contained in the scholarly literature. The term ethical dissonance was first used over thirty years ago in a *Social Casework* article discussing how social workers can be torn when two highly-valued social work activities – interprofessional collaboration and client advocacy – are simultaneously pursued (Mailick & Ashley, 1981). Indeed, interprofessional conflicts can be both emotionally and functionally challenging, and as Abramson (1984) asserts, professionals should respond by developing a common moral language, an atmosphere that reduces ambiguity yet tolerates disagreement, and a procedure for analyzing ethical dilemmas. Ethical dissonance is defined as "intellectual or emotional disharmony resulting from decisional paralysis over the need to choose between two or more value-based, incompatible actions" (Linzer, Sweifach, & Heft-LaPorte, 2008, p. 185). While this is

seemingly applicable across a variety of domains, its historical focus has occurred predominantly at the micro-level of practice.

In contrast, a more recent concept has emerged to address ethical dissonance at a macro- or institutional level. Moral distress, a concept that has gained traction over the past decade, refers to "feelings of helplessness to act in accordance with one's moral values due to systemic or institutional constraints" (Sunderland, Catalano, Kendall, McAuliffe, & Chenoweth, 2011, p. 73). This concept, which originally evolved from the nursing profession (Corley, 2002; Corley, Elswick, Gorman, & Clor, 2001; Jameton, 1984; Radzvin, 2011; Robinson, 2010; Stanley & Quill, 2011), is extremely relevant to the study of professional dissonance at an organizational level because high staff turnover, reduced job satisfaction, burnout, and "negative impacts on patients due to nurses' attempts to reduce their own moral distress" using cognitive distortions are all documented responses (Sunderland et al., p. 74). Distinctly social work discussions and applications of this concept are provided by Banks (1998, 2001, 2009), Briskman (2013), McGregor, (2011), and Openshaw (2011).

Social Work History and Pedagogy

Function Versus Cause: Social Work's Early and Unintended Divide

In chapter 1, the relevance of professional dissonance was introduced with references to social work's fragmented professional identity and its "perennial war" of function versus cause (McLaughlin, 2002, p. 197). This is a debate that still endures today and is arguably one of the fundamental sources of dissonance in category D of the proposed model. The early social work profession's dual commitment to individual welfare and social change, through the Charity Organization Society (COS) and the settlement house movement (SHM), respectively, was not intended to be divisive. In fact, Mary Richmond, then as Director of

Charity Organization for the Russell Sage Foundation, believed that "this dual approach toward personal and environmental change would constitute the uniqueness" of the social work profession (Sancier, 1980, p. 187). Unfortunately, however, unintended consequences and a legacy of disagreement resulted from the profession's inability to reconcile the two approaches, and as Richmond would later claim (cited in Bruno, 1948, p. 187):

I have spent twenty-five years of my life in attempt to get social casework accepted as a valid process in social work. Now I shall spend the rest of my life trying to demonstrate to social caseworkers that there is more to social work than social casework.

Furthermore, the true magnitude of the issue is captured by Morell (1987), who noted that "no other professional group presumes a mandate to effect both individual change and social change. Without integration we run the risk of escalating the existing fragmentation" (p. 153). Arguably, this fragmentation still exists today, but the dominant societal ideology that only seems to marginally endorse social change efforts may be telling social work which area to pursue.

Fortunately, the emergence of ecological systems theory helped to ameliorate some of the fragmentation produced by this divide. Essentially, by embracing elements of both positions in an integrative framework, a more holistic appreciation for the interactive nature of personal change in the larger social context was borne. A description of this and related theories within a larger integrative framework for PD is presented later in this chapter.

Dissonance in the Social Work Curriculum

If outcomes of the function versus cause debate are considered to establish a profession's priorities, then a logical extension is the question of what establishes curricula in

schools of social work. Much like the profession's dual commitment to person and environment, there has also been a dual focus on strengths and deficits, which created an "unnatural dichotomy" according to McMillen, Morris, and Sherraden (2004, p. 317). As these authors note, this dichotomy pitted the "evidence-based proponents, the positivists, and the mental health industry, including behavioral health managed care companies and other third-party payers" against the alternative knowers (i.e., postmodernists) and feminists (p. 318). Fittingly, this is even termed "strengths-pathology dissonance" by Bendor, Davidson, and Skolnik (1997, p. 3). Again, by creating opposition among various philosophies of science, the profession neglected an opportunity to develop knowledge through synthesis or integration of multiple ways of knowing.

Instead, what has emerged are two distinct camps of scholars and practitioners who either embrace intellectual, scientific, and evidence-based approaches to social work research and practice; or pseudoscientific approaches and grand narratives that may not be theoretically sound but purport to work in practice (e.g., Howard, McMillen, & Pollio, 2003; Kreuger, 1997; Meinert, Pardeck, & Kreuger, 2000). While integration of the two ends of this continuum may seem futile, efforts have been made and resulted in concepts such as evidence-*informed* practice, which strives to combine science and "clinical experience as well as the constructive and imaginative judgements of practitioners and clients" (Nevo & Slonim-Nevo, 2011, p. 1176). This attempt is consistent with calls for social work curricula to "blend the objectivity of science" with "the relational artistry" in practice (Zuk, 2009, pp. 9-10; see also Goldstein, 1990). Today, however, schools of social work still teach courses in psychopathology alongside courses in anti-oppressive practice, which creates conflict in students who, having been largely influenced by traditional elementary and secondary school

structures, come to university seeking "the 'right' answer and the 'right' way to practice" (Campbell, 2002, p. 31).

Nonetheless, the current paradigm shift in social work towards strengths and capacity-building is seen by some as a welcomed change from the pathology-based ideologies that were paramount during the formation of both the COS and the SHM (Specht & Courtney, 1994, pp. 71-85). Today, with admitted hindsight bias, it is apparent that the guiding principles of "fierce Victorian morality," social Darwinism, and social class-based morality (Specht & Courtney, p. 72) inherent in the deficit approach were substantially antithetical to social work's early mission. Perhaps this is why, among current social work databases, it is nearly impossible to locate pro-deficit focused literature. One exception, however, is the comprehensive review by Staudt, Howard, and Drake (2001) which asserted that the strengths-based approach is more of a value stance than effective practice model. Interestingly, Krill (1996) made the same assertion about existential forms of psychotherapy. In contrast, several criticisms of deficit or pathology-based approaches are found in the academic literature, including Jones, Cooper, and Ferguson (2008); Saleebey (1997); Locke, Garrison, and Winship, (1998); O'Melia, DuBois, and Miley (1994); Pray (1991); Weick & Chamberlain (1997); and, Weick, Rapp, Sullivan, and Kisthardt (1989).

Historically, however, in addition to this contrast between pathology- and strengths-based paradigms, a further divide developed among social caseworkers as the profession formed an alliance with psychiatry and began providing psychotherapy. In many ways, this relationship continues today in health care settings, although it is necessitated by the structure of these service delivery systems and not because of the original gender-motivated subservience identified by Specht and Courtney (1994, p. 21). This allegiance, and the

resultant acceptance of biomedical or disease models of behaviour, necessitated ongoing discussions and controversy about which theoretical approach should be employed by the profession. Today, social workers are still confronted with the challenge of accepting that many human problems are caused by poor individual choices and lapsed responsibilities (e.g., Sykes, 1993), while simultaneously acknowledging that discrimination and oppression do play a role in establishing the social parameters that can constrain choices and available options (e.g., Goode, 1978; cf. Frankl, 1967).⁶

Around the time of World War II, in addition to the dichotomy between the COS and SHM, social caseworkers themselves were struggling to form a cohesive whole. During the 1940s, two schools of individual therapy began to develop: 1) the functional school, based on the personality theories of Otto Rank; and, 2) the diagnostic school, which was based on Freud's psychoanalytic theories of defense mechanisms, psychosexual development, and drive states (Cnann, Dichter, & Draine, 2008; Dunlap, 1996). Over the course of the decade, schools of social work began to adopt one of the two perspectives, with the primary functional school being the University of Pennsylvania and the University of Chicago embracing the diagnostic framework. This divide – the result of a "fierce controversy within social work" (Timms, 1997, p. 723) – was problematic for social workers, and many struggled to find employment at agencies whose perspectives differed from that of their training school. In what is a rather sad reflection of professional identity, Gottesfeld and Pharis (1977) even described social work conferences in the 1950s where organizers

⁶ A more detailed discussion of this debate is captured in Gambrill (2006), chapter 6, "Competing Views of Problems and their Causes."

purposely seated functionalists and diagnostics apart from each other to prevent conflicts from disrupting the proceedings.

Fortunately, the profession was able to resolve this debate by incorporating humanistic and psychosocial theories in the 1950s, but the enduring debate surrounding psychotherapy that originated during that time led some to question whether the profession had abandoned its mission (Specht & Courtney, 1994, pp. 18-29). Some viewed the pursuit of psychotherapy as an abandonment of the oppressed populations with whom we originally intended to work, and Specht and Courtney (1994) contended that, oddly, "many socialworkers-turned-psychotherapists are defensive about their career choice" (p. 24). Falck (1984) even asserted that post-graduate social work education should not be subsidized for students who planned to enter private practice since those tuition subsidies (funded by community tax dollars) would not benefit vulnerable persons. In contrast, in a 2007 study of MSW student members of the National Association of Social Workers (NASW), a majority of respondents intended to enter private practice and expected their graduate schools to educate them specifically for this. Interestingly, graduate program deans who were also polled reported that many of their faculty members discourage even the discussion of such career aspirations, which would support Falck's view over twenty years later (Green, Baskind, Mustian, Reed, & Taylor, 2007). Certainly there are themes of professional dissonance here.

Whether social workers should engage in psychotherapy, and whether this is seen as abandonment of the profession's mission, are two issues that require discussions that supersede the focus and length of this dissertation. What is suggested here, however, is that with the number of social workers in private practice today estimated at 40 percent, and with

a much higher percentage considering it as an eventual practice goal (Specht & Courtney, p. 24), dissonance could be induced by an awareness of past criticisms and particularly the assertion that these social workers may have abandoned their professional mission by working a select subset of the population that is not necessarily reflective of the most vulnerable and oppressed.

Social Work's Involvement in Conflict Settings

As mentioned previously, conflict and dissonance share the same semantic field, and conflict itself has a fundamentally militaristic usage. Though not directly related to professional dissonance, the employment of social workers in the military and in war-torn areas demonstrates the profession's historical commitment to service in conflict and post-conflict settings (Giroux, 2010). Social workers have been employed with the military throughout the profession's history, and since World War II, they have been a significant provider of health services for combat forces and auxiliary staff (Rubin & Harvie, 2013, p. 3). Today, their increasingly expansive role is one that provides counselling and psychoeducation for domestic violence, family conflict, sexual assault, family advocacy, suicide prevention, as well as psychotherapy for post-traumatic stress disorder, traumatic brain injuries, combat stress, readjustment post-deployment, and substance abuse (Rubin, 2013, p. xxiii; Rubin & Harvie, pp. 14-15, 17). Indeed, the military may be one of the few current practice realms where social work responsibility is increasing and not being infringed upon by other disciplines.

⁷ The earliest *Oxford English Dictionary* definition of conflict is "an encounter with arms" ("Conflict," 2013, para. 1). For clarity, this section is not meant to imply equal magnitude between the traumatic nature of military conflict and its relatively subtle counterpart, workplace conflict; however, it does offer an analogy of the profession's historical involvement in conflict-ridden environments.

This brief incorporation of military social work into this dissertation is based on a threefold rationale, which provides valuable lessons for dissonance studies. Firstly, the historic employment and increasing responsibilities of social workers in the military suggests the presence of a skill set that is accustomed to working with a population plagued by the effects of conflict. In this way, social workers may be well positioned to address the effects of their own dissonance and workplace conflict. Secondly, an inherent role conflict or dissonance is always present for the military social worker who is considered to be an officer first and a social worker second. Daley (2013) captures this sentiment when he notes that "ethical practice for and with the military is complex, conflicted, and occurs within legal and moral contexts that often battle with each other" (p. 51). He further describes these as "dualrole', 'dual loyalty', or 'multiple-role' dilemmas' and summarizes them with the quintessential question, "Are we loyal to our profession or to the military environment that we service?" (pp. 52-53). Handler (1975) offered a similar analysis when discussing the controversial and ambivalent role of social workers in correctional settings before rehabilitation and community reintegration was a primary focus. In her analysis, she wrote that "there are some, albeit a minority, who still regard probation-parole staff as attenuated policeman rather than practising social workers" (pp. 240-241). One respondent in this dissertation survey shared similar sentiments reflecting back on her placement in a correctional facility, suggesting that in addition to competing role demands, social workers in these settings may have exemplified the identity crisis of our profession.

Thirdly, the post-conflict manifestation of secondary traumatic stress among military personnel has brought deserved attention to the issue across practice settings, disciplines, and government agencies. While there has been an increased awareness of secondary trauma

(Zimering, Munroe, & Gulliver, 2003), vicarious trauma (Pearlman & Caringi, 2009), and compassion fatigue (Figley, 1995; Herman, 1992) in the social work profession, the emerging awareness about its magnitude and pervasive effects should encourage organizations to adopt comprehensive frameworks that address its prevention, assessment, and treatment. In the military, an ecosystemic treatment perspective is employed, as discussed by Weiss et al. (2012), and it is congruent and supportive of the model proposed in this dissertation. The model recognizes the widespread influence of both "individual/systemic variables as well as cultural/worldview variables" regardless of the clinical intervention or goals (Weiss et al., p. 8). The wisdom and experiences of military social workers in dealing with secondary trauma offers a transferrable skill set for those supporting clients after traumatic events, but also social workers themselves after vicarious experiences.

Similar emerging concepts which encase elements of both secondary trauma and psychological distress include "empathic stress," or the idea that stress has a contagion effect among people (Engert, Plessow, Miller, Kirschbaum, & Singer, 2014). Waters, West, and Mendes (2014) alternatively term this concept "affect contagion," specifically in the context of a mother-infant dyad. Norton, Monin, Cooper, and Hogg (2003) and Cooper (2009) recently proposed the concept of vicarious cognitive dissonance, which implicates social identity and group membership in the development of cognitive dissonance. Vicarious cognitive dissonance is a relevant construct to social work, particularly in organizational settings characterized by practices and a culture of dissonance, and it is theorized to develop along a similar pathway to vicarious trauma. In chapter 5, the importance of recognizing vicarious trauma, secondary traumatic stress, and related burnout-type phenomena will be

discussed in the context of professional dissonance studies, especially given the conceptual overlap demonstrated by the psychological distress measure of the survey instrument.

Work-Related Concepts and Constructs

Occupational Social Work and the Profession's Role in the Workplace

The seminal study of professional dissonance (Taylor, 2002) was undertaken in order to ascertain how social work practitioners manage its affective discomfort, with the hope that such insights would promote social work practice excellence through "professional longevity and job efficacy" (p. 2). Evidently then, professional dissonance is a concept with occupational implications, and the emphasis on organizational-structural demands in this dissertation seeks to further incorporate PD into the occupational social work realm.

Occupational social work is a rarely used term in North America, but its practitioners strive to provide programs and services that create "a functional community" within the workplace (Danto, 2011). Adherents to this specialty are uniquely positioned to effect change in workplaces and practice environments in which the debilitating influence of PD has been implicated.

It is rather ironic that the workplace is "among the least serviced" of social work's practice settings (Csiernik, 1995, p. 2) considering that the emergence of professional social work was in many ways born out of the turmoil created by industrial capitalism in the mid-1800s (Bargal, 1999, p. 139; Goldstein, 1973; Jennissen & Lundy, 2011, p. 1). Along with the new system of labour in the 19th century came social problems including "deplorable housing conditions, diseases and ill health, unemployment, and poverty" (Jennissen & Lundy, p. 1). Interestingly, the earliest attempts at organized social work, despite their divergent philosophies, both existed to ease the suffering of those affected by the labour

system. At the same time, one's ability to work became the defining characteristic separating the deserving and undeserving poor, which is still a prominent distinction in today's primarily neoconservative social welfare programs (e.g., Mullaly, 2007, pp. 40-49). Social workers were in demand in the 1920s, as the "industrial labour market [had] produced social problems of a magnitude that the public could not ignore" (Jennissen & Lundy, p. 21). Social workers attempted to professionalize, and schools of social work emerged at the Universities of Toronto and McGill. The Canadian Association of Social Workers formed in 1926 (Jennissen & Lundy, pp. 27, 29).

Social work training at the time continued to emphasize the role of the labour market in people's lives, and it was this "increasingly important and expanding arena of work" that was the intended target of early social workers' claims of expertise (Jennissen & Lundy, 2011, p. 21). There was a keen interest in unequal distribution of wealth, and early social work students took economics classes in order to develop an understanding of this inequality (Social Welfare, 1929, cited in Jennissen & Lundy, p. 35). However, the Great Depression took its toll on social work, and in a climate of extreme poverty, the young profession that lacked the resources to assist others adequately also struggled to advance its own cause (Jennissen & Lundy, p. 39). Social workers were encouraged to speak out against unemployment as the root of poverty (Jennissen & Lundy, p. 43), but the seeds of professional divide had already been planted. Social workers, primarily employed in casework settings, questioned their role in these larger issues. One early social worker named Lyra Taylor (cited in Jennissen & Lundy, p. 51) asked: "Where does my responsibility lie, in my immediate job, or in the larger social issues which that job raises?" Due to a lack of consensus, professionals continued to provide unemployment relief to individuals while

some questioned the role of capitalism in "creating and perpetuating social problems" (Jennissen & Lundy, pp. 42, 53). Because issues related to unemployment continued to occupy most of social work's time and energy, they began providing direct services within workplaces as welfare secretaries and as providers of occupational assistance programming (Csiernik, 2005, p. 23; Jennissen & Lundy, p. 65). Welfare secretaries were primarily responsible for providing "casework-like services for employees and their families" but the role soon evolved into one that emphasized creating an efficient, physically and morally healthy, and productive workforce (Csiernik, 2005, p. 19; see also Googins & Godfrey, 1987; Popple, 1981).

Considering the profound influence that this era had on the emergence of social work, the social work profession should recognize that it has always been involved in issues related to, or resulting from, the capitalist labour system. Whether attempting to effect meaningful change in their own workplaces or advocating for improved working conditions in the general labour market, social workers should not be limited merely to providing assistance through employee and family assistance programs. By introducing PD as a legitimate occupational hazard, an opportunity is created whereby social workers can consider its influence in their workplaces and contribute to what is arguably the next phase of occupational social work: creating wellness (Csiernik, 2005, part 5).

Occupational Role Constructs

Several occupational role constructs, first identified and studied by industrial/organizational psychologists, are relevant to understanding professional dissonance. In 1976, Hackman and Oldham observed that among blue collar, white collar, and professional workers alike, job autonomy or control was positively related to motivation,

professional growth, and productivity. Subsequently, Karasek began to develop what is arguably his defining contributions to occupational wellness, the demand control model (Karasek, 1979). Karasek's highly influential work empirically demonstrated that employers could promote positive job-related mental health without decreasing productive output, and was a much needed alternative to the assembly line mentality still dominant in industry. In other words, "organizations could reduce job strain by increasing employee control or decision latitude, without reducing actual workload" (American Psychological Association, 2003). Karasek and Theorell (1990) argued that the relationship between work-related stressors and personal illness, both physical and psychological, was not caused by job demands themselves. Instead, they argued that the way in which work was organized, typically with employees lacking the appropriate amount of control over their tasks, could induce negative health outcomes. As Csiernik (2005) summarized, the poorest health outcomes were found among workers "who have no control over decisions" and not "those normally assumed to be under the highest level of stress," such as senior managers and decision-makers (p. 9; see also Green, 1988). Arguably, Karasek and Theorell's (1990) work continues to provide the foundation of today's dominant framework, as theories including the job demands-resources model (Bakker & Demerouti, 2007), the effort-reward imbalance model (Siegrist, 1996), and the effort-distress model (Frankenhauser, 1986) are all underpinned by this critical theory (Csiernik & Chechak, 2014, p. 92).

The influence of job demands and control (or lack thereof), are critical components to understanding role conflict, role strain, role overload, 8 and role ambiguity. These concepts are all considered to be components of an overarching construct known as role stress (Jackson & Schuler, 1985). Fundamentally, role stress occurs when a person experiences or perceives differing job roles or obligations than what he or she initially anticipated (Tang & Chang, 2010). This can be caused by having an unclear job description, expectations, or authority (Jackson & Schuler, 1985). As has been suggested by Spreitzer (1996), clear job roles promote a sense of mastery and competency among employees. Additionally, having clear responsibilities also promotes performance accountability and lends itself to receiving appropriate feedback by management (Fields, 2002, p. 145). Unfortunately, job roles are not always provided in advance, and instead, they evolve as needed depending on the individual employee and supervisor (Spreitzer, 1996). Indeed, 82 (35%) survey respondents in this study reported having unclear job expectations. Schaubroeck, Ganster, Sime, and Ditman (1993) use the terms role sender and role receiver in this context. Most recently, occupational health psychologists have demonstrated that role stress may compound (and thus magnify) the body's normal acute stress response, thereby rendering role stress a particularly harmful predictor of adverse health outcomes (Wirtz, Ehlert, Kottwitz, La Marca, & Semmer, 2013).

When employees attempt to negotiate these (often competing) demands, role conflict may result. The construct of role conflict is concerned with situations in which an employee faces competing requirements or incompatible requests (Peterson et al., 1995). It can also

⁸ In addition to role overload, communication overload – a scenario when too many messages or too complex of instructions are given in too short of time period for adequate processing – is also associated with decreased job satisfaction (Krayer & Westbrook, 1986).

result from when there is disconnect between expectations and reality (Fields, 2013, p. 145). When people must disobey a procedure in order to achieve an assigned task, work on tasks for which inadequate resources are available, or perform tasks they believe to be unnecessary, role conflict may be experienced (Rizzo, House, & Lirtzman, 1970). Of these examples, resource inadequacy may be most likely to be encountered as a precursor to role conflict in contemporary social work practice.

The next construct, role strain, occurs as a result of excessive demands in a particular job, rather than due to competing demands among different roles. Role strain, as a sociological concept, can be applied to any number of social roles that a person occupies (Goode, 1960). When a person struggles to meet these obligations, role strain can result. Not surprisingly, reducing the demands required in that role is the antidote. This is closely related to role overload, which is theorized to be the result of having too many demands and not enough time to meet them (Baruch, Biener, & Barnett, 1985; Rapoport & Rapoport, 1976). Although role overload can be difficult to distinguish from role strain and role conflict, it is essentially the result of multiple (though not necessarily competing) obligations. These are all distinct concepts (Coverman, 1989), though the differences can be subtle and nuanced at times. Lastly, role ambiguity is essentially a lack of clarity or predictability about one's expected roles (Beehr, 1976). In the workplace, role ambiguity can also refer to "a lack of necessary information regarding role expectation for a given organizational position" (Fields, 2013, p. 147). This concept may be particularly relevant in cases of rapid organizational change (Devine, 2009, 2010), as employees could experience distress because they are not able to anticipate their changing role function or boundary. Interestingly, role ambiguity is not always associated with an intention to leave one's current employer (Netemeyer,

Johnston, & Burton, 1990), although it can negatively affect job performance (Fried, Ben David, Tiegs, Avital, & Yeverechyahu, 1998). This is not surprising, since the concept requires some cognitive demands and can be a source of distraction irrespective of organizational context.

Organizational and Leadership Studies

Given that most social workers operate as employees of organizations, one can neither examine professional dissonance nor strive to create wellness without an understanding of this context. The broad field of organizational studies is defined by Clegg and Bailey (2008) as "the examination of how individuals construct organizational structures, processes, and practices and how these, in turn, shape social relations and create institutions that ultimately influence people" (p. xliii). Two relevant subfields are organizational behaviour (OB), which is the interdisciplinary study of individual, group (team), and structural behaviour in a workplace setting, and organizational development (OD), which is action-oriented intervention with the goal of improving culture, functionality, and effectiveness (French & Bell, 1973; Margulies & Raia, 1972). In each subfield, origins stem primarily from work of social and industrial/organizational psychology, but more recently, applied interventions have adopted recognition of cultural influences on the workplace environment (e.g., Adler & Gunderson, 2008; Gelfand, Erez, & Aycan, 2007). This is an essential development congruent with the cultural sensitivity of social work, because, as Schein (1996) noted, culture has long been "the missing concept in organizational studies" (p. 229). It is equally relevant to the study of PD as a novel enterprise because, despite the volume of cognitive dissonance studies over the past 50 years, "we know virtually nothing about its cultural boundaries" (Heine & Lehman, 1997, p. 389).

It is expected that, particularly with regards to personal-professional identity, one's culture can produce a prominent source of dissonance. In this case, the person's experience may be considered a culture clash, resulting from differences in norms, values, and beliefs (Gambrill, 2006, p. 182). Within OB literature, Srivastava (2005) uses cognitive dissonance theory and related consistency theories as an explanatory framework for employees' attitudes and attitudinally-informed behaviours. These theories are used to explain the emergence and modification of attitudes within a workforce, and are discussed primarily in the context of pro-, neutral-, or anti-management sentiments (pp. 239-266). Srivastava also connects these theories to value conflict and role ambiguity (p. 260), which are both critical components of this conceptual model of PD. Social workers, particularly those who serve in management and leadership functions, can benefit from an understanding of these processes to promote positive organizational environments.

One early social worker whose professional work emphasized improving management and organizational functioning was Mary Parker Follett, whose wisdom, sadly, was not fully appreciated until after her death. Her theory of dynamic administration is relevant to dissonance studies, particularly within an organizational context, since she sought to use conflict constructively as a means of problem resolution (Metcalf & Urwich, 1982). She encouraged integration rather than compromise, which espoused principles of noncoercive power-sharing, cooperation, democracy, and consensus-building (Bartell, 1976; Noble, 1996). Her method of conflict resolution recognizes its sometimes unavoidable nature, which is congruent with this theory of PD given the breadth of experiences that can lead to its development. Her theory encourages alternative solutions beyond either-or dichotomies (see also Graham, 1998), which is particularly valuable to PD studies since

social workers cannot always choose one of two binary options in the course of their work. This focus on creativity and innovation also supports Taylor's (2002) endorsement as a means of resolving value dilemmas (p. 172). In many ways, PD studies must not only explore dissonance but encourage ways in which social workers live with it when resolution is not immediately possible. After all, creating an organizational environment that is comfortable with conflict is a noble pursuit that was identified by Max De Pree (2004) in *Leadership is an Art* (p. 126).

Lastly, the study of PD in an organizational context must consider the role of street-level bureaucratic behaviour as both a source of, and explanation for, dissonant behaviour. This highly influential scholarly work by Michael Lipsky (2010), first published in 1980, resonates with the topic. Perhaps the single-most eloquent articulation of dissonance is that frontline workers are paradoxically expected to respond individually to unique client circumstances through structures that are designed for mass processing (p. 140). Similarly, the potential for dissonance to occur when social workers are performing their role as agents of social control and gatekeepers to service is noted very early on in the text (p. 11). This is an important observation since authors such as Austin (1994, p. 474) and Margolin (1997, p. 9) contend that social workers are actually motivated by their social control functions and that this is the primary goal of the profession.

Although intriguing, a more balanced view may be that the social control functions of social work are frequently overlooked because of the discomfort it induces when compared to the other more positive roles of helper, therapist, community organizer, or social welfare promoter. An appropriate example of this contention is noted in Payne's (2007) three-way discourse of social work practice which serves as an integrative framework for the

profession's primary roles. He argues that those are 1) therapeutically promoting well-being for individuals, groups, and communities; 2) transforming societies for the benefit of the oppressed; and, 3) maintaining social order to promote effective service delivery (pp. 12-20). Chapter 6 of Lipsky's (2010) text provides an insightful discussion of how human service workers may feel alienated when performing the advocacy role, especially among peer groups or fellow professionals (pp. 71-80). This is remarkably similar to the experience of Carniol (2000) who described the dissonance he experienced when, as an agency's executive director, he spoke out publicly about welfare service inadequacies only to be told he was behaving in a manner that was "unbecoming of a professional" (p. 69). Where then is the line that divides the social work advocacy function into both a noble, client-centered pursuit and an unprofessional behaviour?

To conclude, the fields of organizational and leadership studies offer potential pathways to understanding PD in an organizational setting. Furthermore, this is particularly relevant since several recent trends in the current organizational practice context have potentiated dissonant experiences for social work practitioners. Jordan (2000) and Stepney (2006) both characterize these developments, and the current status of social work practice, as *tough love*, since practitioners tend to operate at an arm's length with rules-driven, authoritative control. The conflict between social work values and this new form of structural governance is articulated by authors such as Healy (2002), Lawler (2007), and Westhues, LaFrance, and Schmidt (2001), and in many ways its characteristics provide the impetus for Lipsky's (2010) call for a "reconstituted public sector" (p. xix). However, through organizational studies, creative solutions to – not merely descriptions of – contradictory functions may emerge. For instance, to apply the integrative conflict resolution approach of

Mary Parker Follett, social entrepreneurship, or the pursuit of social work goals through forprofit entities (Peredo & McLean, 2006), may offer a means of achieving the social work mission by embracing rather than resisting the dominant market forces in which social workers practice.

This type of analysis also allows for the assessment of organizational versus professional dissatisfaction, which is a critical distinction that must be made in understanding PD. Any associations between PD and the proposed outcome measures must establish whether social workers are in fact unhappy in with their social work roles and identities or in their current status as employees of a particular organization. After all, as Carless (2005) observed, when job dissatisfaction does occur, there is a lack of empirical clarity regarding mediating factors that decipher whether it is a result of the career (i.e., social work itself) or the job structure (e.g., employment obligations).

Conceptualizing Professional Dissonance within an Integrative Framework

In many ways, the social work profession has evolved along a path characterized by divergence and discrepancy. Whether referring to the dualistic focus on function and cause (Jarvis, 2006), subdivisions between strengths- and deficit-based approaches within the functional school itself (McMillen, Morris, & Sherraden, 2004), or the multifaceted nature of ethical dilemmas and interdisciplinary conflict, social work is wrought with potentially dissonant experiences. As Morell (1987) notes, despite Mary Richmond's hope that the two foci (function and cause) would complement each other to become social work's signature approach, "integration has remained elusive" and instead they developed "often as adversaries" (p. 144). Even working within the complicated structure of society itself, which

simultaneously espouses views that both support and oppose social welfare (Delaney, 2008, fig. 2.1) is inherently perplexing.

What is clear from this chapter so far is that when opposing forces exert their influence on the social work practitioner, resolution is necessary to avoid feeling torn, helpless, and conflicted. As Mary Parker Follett suggested, integration serves this purpose of resolution, and by reconciling opposing demands we can achieve balance and functionality. This section proposes the use of integrative frameworks as a means of aggregating the many potential sources of PD. By conceptualizing PD as a dynamic, changeable, and explainable phenomenon, the social worker's personal and professional wellbeing is promoted, and an organizational climate that strives to limit ambiguity is encouraged. This is extremely important since increased organizational ambiguity is associated with decreased job satisfaction (Jung, 2013). Integrated approaches typically serve to merge contributions from philosophical and ideological orientations that are not mutually exclusive (Kimberley & Osmond, 2009, p. 353). In the social work profession, none has been employed as frequently as the ecosystems perspective and the resultant generalist model of social work practice (Rotherty, 2001; Wakefield, 1996a). Indeed, the framework quickly became the "prevailing model" given its ideal fitness for the "profession's dual commitment to the person and to the environment" (Brower, 1988, p. 411).

The ecological model was referenced throughout landmark social work textbooks, and included in attempts to formulate a unified social work framework. These works included Bartlett (1970), Germain (1973), Goldstein (1973), Hartman (1970, 1978), Hollis (1972), Meyer (1970), and Tropp (1977). The interrelatedness of the ecological model's subsystems is also evident in Perlman's (1957) problem-solving model when she identifies

an intervention goal as "achieving a better adaptation between the client and his current problem situation" (p. 78), and social work pioneers Mary Richmond and Jane Addams both espoused "ecologically grounded practice" (Rotabi, 2007, p. 119) despite predating this theoretical language. This framework continues to be widely cited today, although critics such as Wakefield (1996a, 1996b) assert that its clinical utility is merely an illusion given that it lacks empirical testing abilities (1996a, p. 3) and "explanatory power" (1996a, p. 27).

General Systems Theory and Ecological Systems Theory

At its basic level, the ecosystems theory is a combination of ecological systems and general systems theories (Wakefield, 1996a, p. 3). The term social ecological model is also used today to refer to ecological systems theories that are applied to human development, as in the case of Brofenbrenner's (1979) ecological framework for human development. The origins of ecosystems theory in social work practice date back to Stein (1971), Meyer (1973), and Hearn (1979), all of whom saw its merits as an alternative to the dominant medical model of the time. It is noteworthy that one decade prior, Gordon Hearn (1958) had already introduced general systems theory (GST) to social work, but with its origins in cybernetics and communications, it lacked widespread appeal. Furthermore, although Bertalanffy (1974), the founding father of GST, insisted that it could be applied to any system and not just material ones, its assumptions about order and stability as well as its level of conceptual abstraction were not embraced for practical application (Compton, Galaway, & Cournoyer, 2004; Greene, 2008, p. 171). However, these are all traits that are relevant to professional dissonance since anxious manifestations of dissonance can result from a lack of cognitive balance or homeostasis. It was not until the 1970s when social workers merged the theory

with ecological perspectives that theory development and application expanded (Rotherty, 2005, p. 112).

The advent of ecological systems theory brought with it a more holistic appreciation for the complex interactions between humans and their surroundings (Greene, 2008, p. 199). Indeed, many scholars consider this to be the key contribution that, when combined with general systems theory, bore the theoretical framework most congruent with social work's emphasis on the person *interacting with* his or her environment (Greene, 2008, p. 199). As Germain (1973) noted, albeit in language clearly borrowed from the natural sciences, the ecological perspective avoids dichotomizing person and environment because the organism is considered to be inseparable from its environment (p. 326). It also offers a more holistic method of understanding behaviour within various social environments, as documented by Moos (1974, 1979) and his colleagues (Moos & Fuhr, 1982; Billings & Moos, 1984; Holahan & Moos, 1987). In that way, those who espoused this theory were interested in both individual functioning and social context. This is a cogent attempt at integration that is apparent in the interrelatedness of dimensions in various models, such as Germain and Gitterman's (1980) life model of practice, Brofenbrenner's (1979) social ecological model of human development, or any emerging social ecological model of illness or health promotion (e.g., Eisenmann et al., 2008). It should be noted, however, that Mary Richmond in 1917 described the "interdependence of the individual and mass betterment" (p. 365), while Bertha Reynolds, in a 1933 caution to caseworkers, argued that neither the individual nor environment was to be treated alone – the focus should be the "dynamic interaction between the two" (p. 337). With this newfound focus on the interaction between and within human

systems, the generalist practice model evolved and continues to be the primary practice framework taught in schools of social work today.⁹

Nonetheless, despite the model's prominence in social work over the past 40 years, there are some identified criticisms. As mentioned above, Wakefield (1996a, 1996b) has been skeptical of the theory's practical utility. Payne (2014) corroborated this perspective, and also argued that the theory lacks the emphasis on social change that is desired in a truly integrative framework. Ungar (2002) maintained that the theory's focus on homeostasis implicitly suggests that stability "is preferable to conflict and change and leaves unchallenged underlying assumptions such as hierarchies and institutions" (p. 484). In this way, it can reinforce oppressive conditions for the individual who is expected to adapt to the broader environment (c.f., Greif, 2003). In PD studies, social workers might be expected to adapt to the larger dissonance-inducing environment even though such adaptation may be counterproductive. From a clinical perspective, even when the social worker agrees that it would be oppressive or even harmful for a client to adapt to the existing environment, the framework lacks direction about which treatment modality to use, where to intervene, and the ethical intricacies associated with maintaining a dysfunctional homeostasis.

Fortunately, newer conceptualizations have attempted to integrate political and cultural considerations, but it may take some time before more complex multidimensional models are accepted as the mainstream perspective. Indeed, despite the work of Anglem and Maidment (2004), Luepnitz (1988), Carter and McGoldrick (1989), and Germain and

⁹ Commonly used generalist practice texts referencing this framework includes Hepworth, Rooney, Rooney, Strom-Gottfried, and Larsen (2010), Johnson and Yanca (2010), Landon (1999), Kirst-Ashman and Hull (2011), Miley, O'Melia and DuBois (1998), Ragg (2001), and Rivas and Hull (2003).

Gitterman's revised life model (1996), the inclusion of power and oppression issues in ecological systems theory still remains an amendment and not a foundation. However, Ungar (2002) still offers an important reminder of this framework's value to social work practice, even if additional work is required on the part of the professional for practical and critical application:

Although not a panacea capable of addressing all these questions, a social and deep ecological response to a systems-based ecology does offer a better understanding of the context and power of the social worker in transaction with those with whom he or she works. (p. 484)

As a final comment, it is important to draw attention to an article by Karen Smith Rotabi (2007), which stood out because of her thesis that it was sociologists – and not natural scientists as is commonly claimed – that actually developed the ecological theory. She notes that this assumption is commonly made "because natural science ecology theory predates the formal use of the term ecology in social work" (p. 113). However, through a historical journey beginning with sociologist Howard W. Odum and his two sons, she demonstrates that social work's view of the ecological landscape has typically been limited to the social environment. By incorporating the *natural* environment, which was the focus of the Odum family's work, a more accurate picture is obtained. Indeed, throughout the Odums' writings are themes of human problems and solutions¹⁰ that would be of interest to the social work profession, albeit within the context of one's natural environment (p. 114). This observation is important in light of newer social work texts emphasizing the importance of the natural

¹⁰ Such social problems are documented in Craige (2001); Odum (1977, 1983, 1993, 1997, 2004); Odum (1971, 1983, 1994); and, Odum (2001) all cited in Rotabi (2007).

environment and issues of environmental justice in promoting social wellness (e.g., Dominelli, 2012; Zapf, 2009, 2010). Perhaps more interestingly, however, it demonstrates how a significant part of a profession's history can be inaccurately constructed because of a semantic oversight.

A Social Ecological Application of Professional Dissonance

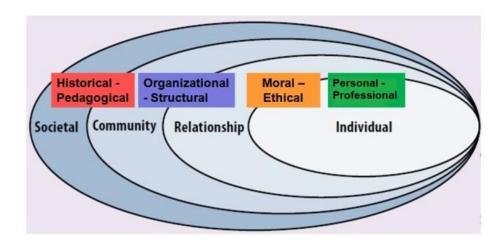


Figure 2: Social Ecological Model of Professional Dissonance

Figure 2 (above) was constructed as a preliminary demonstration of how the four quadrants of professional dissonance could be conceptualized within a social ecological model. As noted in the prior section, the model is fundamentally attributed to the work of Brofenbrenner (1979), although similar analytic frameworks emerged around the same time as scholars began to appreciate the value of applied multilevel analysis (e.g., Doise, 1986). After three decades, the social ecological model is a now a common framework used across academic and applied disciplines to understand the interaction of multiple systems (Dahlberg & Krug, 2002; Eisenmann et al., 2008; United States Centers for Disease Control and Prevention, 2013).

Within the microsystem, the social worker is apt to experience dissonance intrapsychically and interprofessionally, related to conflicts between personal-professional

identity, ethical dilemmas, and peer conflict. Moving outward through the mesosystem, professional dissonance related to organizational or employment arrangements is likely, and in the exosystem and macrosystem, cultural attitudes and political beliefs that frame social service delivery can potentiate ambivalent experiences among practitioners. Within this broader societal dimension, social workers may be expected to negotiate the "multiple (and sometimes mutually exclusive) roles as clinician, consumer advocate, family advocate, risk manager, agency employee, and community citizen" (Taylor, 2002, p. 5).

Lastly, it is important to highlight Brofenbrenner's (1995) later addition of the chronosystem to the social ecological model – a temporal dimension that encapsulates developmental changes within the other four dimensions over the course of one's lifetime. This is a noted contribution with relevance to PD studies, since participants in Taylor's (2002) study demonstrated positive changes in their attitudes toward involuntary treatment over time (p. 106). In other words, participants became more comfortable with involuntary treatment as their careers progressed. As such, it will be interesting to discern how PD is experienced differentially across demographic groups based on social work tenure, role negotiation, and the presumed evolution of the occupational self-concept.

Person-in-Environment Classification and Interactional Theory

As referenced earlier in this chapter, social work has historically laid claim to the person-in-environment (PIE) framework for conceptualizing the reciprocal interaction between the individual client and his or her environment. In this framework, the social worker is interested in both the interface between the two domains, as well as the mechanisms in which each influences the other. As Ramsay's (2011) comprehensive bibliography demonstrates, PIE conceptualizations were rampantly produced during the 20th

century, appearing in social work textbooks, as standalone conceptual frameworks, as working professional definitions, and as topics of professional conferences. These discussions, which date back to the original authoritative formulations of social work, suggest an early interest with this holistic approach to treatment and an attempt on the part of the profession to construct an area of expertise around this foundation. Despite the aforementioned divisions within the profession over the years, PIE continues to retain its reputation as what Hare (2004) called the "core concept of social work worldwide" (p. 409).

In the field of clinical social work, extensive theoretical refinement has occurred in an effort to apply the PIE framework to practice. Two examples include the development of interactional theory and mediational theory, which were originally proposed in the 1960s and 70s and enjoyed a resurgence of interest in the 1990s. These models recognize the unique, professional role of the social worker in effecting individual, group, and environmental change. Shulman's (1991) interactional model provides a potential interpretive framework for PD studies, since he criticizes how the dominant medical notion of professionalism forces the social worker to choose "between a professional and a personal self," which are considered "contrived opposites" (Hutchinson & Oltedal, 2003, p. 83). Shulman's work emphasizes the centrality of the relationship in social work practice, especially between worker and client, and can arguably be contrasted with contemporary demands of practice that diminish or devalue this emphasis through strict definitions of professionalism, time constraints, or the previously-cited *tough love* characterization of practice.

Mediational theory, which is embedded in the interactional school, is largely credited to the work of Schwartz (1994a, 1994b), although substantial development credit is owed to Schulman and Gitterman (Garvin, 2014, pp. 314-315). In mediational theory, the social

worker is viewed as the mediator between the client and societal systems, tasked with the development and encouragement of a mutually beneficial relationship between the two. As Schwartz (1994a) noted, "The social worker's field of intervention lies at the point where two forces meet: the individual's impetus toward health, growth, and belonging; and the organized efforts of society to integrate its parts into a productive and dynamic whole" (pp. 263-264). In PD studies, this theoretical approach provides a way to reframe the conflict and ambivalence that might be experienced by the social worker as a core function of the profession. As will be evident in chapters 4 and 5, this type of reframing is ideally suited to both identifying the experience of dissonance and maintaining job, career, and professional satisfaction.

Chaos Theory as the Next Paradigm

In chapter 1 of this dissertation, the proposed explanatory framework for professional dissonance was offered alongside subtle implications to the primary assumption of chaos theory (Lorenz, 1963). This perspective was selected because of the its relevance to the complexity of both the proposed model and contemporary social work practice in general, but also because this theory may offer a new paradigm for understanding human behaviour. This brief discussion aims to further elucidate the relevance of understanding complex systems within the overarching theory of professional dissonance.

Ramsay (1999) noted that during the early 1900s, when the social work profession was emerging with its understandings of human behaviour, so too was modern science moving towards postmodern forms of scientific knowledge. But in a story reminiscent of Howard W. Odum and Mary Parker Follett, our profession's understanding of complex systems, though conceptually and temporally ahead of the scientific community, would not

be publicly accepted until "an acknowledged science paradigm" emerged (para. 29; see also Rapoport, 1960). Ramsay adds that "had these shifts come into public view at the time, social work might have been identified as a leading-edge profession and encouraged to develop as a relationship-centered discipline, supported by the tenets of postmodern science" (para. 20). However, one cannot discount the influence of Flexner's 1915 speech, which "contributed to skewing the development of social work toward a medical model" (Austin, 1983, p. 373). Nevertheless, some social workers maintained their interest in the theory given its relationship to the person-in-environment context, though it was secondary to other frameworks.

Despite its mathematical origins, the credited founder of chaos theory, Edward

Lorenz, offered this summary of the theory: "Chaos: When the present determines the future, but the approximate present does not approximately determine the future" (Danforth, 2003).

This simple yet eloquent definition is transferrable to a range of disciplines, as evidenced by recent applications of chaos theory to human service issues have emerged in child welfare (Stevens & Cox, 2008), brief forms of therapy (Halmi, 2003) and adjustment counselling (Bussolari & Goodell, 2009), developmental education (Westley, Zimmerman, & Patton, 2006), and organizational studies (Zimmerman, 1993). In each of these settings, the fundamental tenets of chaos theory, including nonlinearity, instability, and unpredictability (Kiel & Elliott, 1997), are often congruent with the surroundings. As a primarily mathematical model, the theory emphasizes that the predictability of a system can be known in principle, but not necessarily in practice. Attempts are made to understand the whole through an understanding of smaller parts, and in the social sciences, this is applied to mean that systems can display apparent disorder even though they may be orderly at the most

fundamental level. In actuality then, this does not indicate true "disorder but suggests that there are many processes that are 'regularly irregular'" (Bolland & Atherton, 1999, p. 369). The theory is also congruent with social workers' knowledge of systems theory and how social relationships appear in the real world (Campbell, 2011, p. 50). Chaos theorists are intrigued by the idea that seemingly minute changes in a system can produce major consequences (Gleick, 1987; Hardcastle & Powers, 2004, p. 49). Thus, is it possible that a young social worker's experience with unresolved professional dissonance can establish a career trajectory characterized by anxiety and conflict? Of course, criticisms such as that articulated by Thyer (2008, p. 524) cannot be dismissed outright, as there is an obvious risk of harm to both the client and public trust in the profession if one attempts to translate principles of quantum mechanics into actual social work interventions. However, one can equally consider the possibility that these same underlying principles might be heuristically and metaphorically relevant as a frame of reference for the social work landscape (Bolland & Atherton, 1999; Hudson, 2000; Warren, Franklin, & Streeter, 1998), especially today as practitioners struggle to develop a cohesive identity and function among the varying complexities of practice. Indeed, this latter position is the one asserted in this discussion of professional dissonance, and an assembly of proponents may very well be found among social workers who are employed in mentally taxing workplaces, performing contradictory functions, adhering to often mutually-exclusive or ambiguous roles, and experiencing psychological distress and job dissatisfaction as a result.

Chapter Summary

In this chapter, the fundamental theories and concepts relevant to professional dissonance were discussed. Initially, an overview and analysis of the primary contributions,

including cognitive dissonance theory and its relevance to social work practice were provided. Subsequently, psychodynamic and existential theories, and theories of psychology of self were introduced. This was followed by a discussion of social work values and ethics, which are integral in informing professional priorities and obligations. Historical instances of dissonance and applications to social work pedagogy were illustrated, and social work's involvement in conflict settings was used to bridge the semantic origins of the term to the dissonance theory. The final subtopic emphasized relevant work-related constructs, since social workers are most often employees of organizations with diverse functions and multidisciplinary staff. Professional dissonance was introduced as a concept with applications to organizational and leadership studies.

The major contributions of this chapter were 1) the identification of a substantial number of conceptual information sources, drawn from the scholarly work of social work and cognate disciplines; and, 2) an attempt to situate the theory within influential social work perspectives and frameworks. Professional dissonance was conceptualized within an integrative framework based on general systems and social ecological theory, the person-inenvironment classification, and chaos theory. The applicability of professional dissonance as a research agenda within the modern social work landscape concluded the chapter.

Chapter 3: Methodology

Introduction and Overview

In chapter 2 of this dissertation, several examples of contradictory experiences and dual obligations in social work were presented. Frequently, the notion of integration was referenced as a potential way to reconcile these contrasts. Not surprisingly then, integration is also relevant to this proposed research design, which aims to combine elements of both empiric and social constructionist sources of knowledge. As will be demonstrated, the cumulative risk model as the overarching methodology is primarily positivistic in nature. It posits that the risk of experiencing the outcome variables of interest can be calculated by aggregating the combined risks from exposure to antecedent events. In the case of PD, the risk of experiencing job dissatisfaction and psychological distress is hypothesized to be the cumulative result of aggregated exposure to events identified in the four domain model. At the same time, however, professional dissonance is a novel, socially constructed concept. Whether it is confirmed as a concept relevant to social work practice and inquiry will depend entirely on the data that is obtained from participants, which in turn, is wholly contingent on their personal interpretations and (positive or negative) endorsement of the proposed antecedent characteristics. In other words, while examples of dissonance from the scholarly literature will be conveyed to participants, this broad sense of dissonance only becomes professional dissonance when there is a subjective appreciation within one's own practice. 11

¹¹ Taylor (2002) observed a significant discrepancy in this regard, where participants only validated a small number of compositional elements within the broader concept of professional dissonance. Despite widespread endorsement by study participants, factor analysis revealed that only five percent of PD variance was explained by the characteristics she explored (p. 139). This suggests that the specific elements that comprise this abstract concept are yet to be defined, but this will only occur if 1) the concept is relevant to the practitioners who are

The true validation of professional dissonance as a research concept, then, relies on the ascription of meaning by individual practitioners in their respective work contexts.

Therefore, the methodological framework that is employed is actually secondary to this required social construction.

In keeping with the theme of this dissertation and topic, it is not surprising that efforts to integrate various ways of knowing have been problematic in social work. As Reamer (1992) wrote, the debate between empirically-based social workers and their counterparts has been uneasy and - at times - even rancorous. Many of us, I suspect, would prefer to forget (and may be somewhat embarrassed by) the vitriol this controversy has, on occasion, produced in widely read journal pages. (p. 258)

This methodology pursues what he calls the "reasonable middle ground" (p. 259). It neither purports to uphold tenets of "unrestrained empiricism" nor contribute to the "irrational, untested, and undocumented beliefs that permeate and influence practice" (p. 259). Instead, it attempts to explore an abstract concept using a systematic research design, based on the experiences of practitioners that may not be testable using conventional empiricist tools. This contributes to what Reamer calls "truly enlightened practice," which "integrates the systematic methods of empiricism with the valuable knowledge that social workers have come to regard as ... practice wisdom and professional intuition" (p. 259).

Research Design

This study of professional dissonance was undertaken using a mixed method, cross-sectional survey instrument within a cumulative risk (CR) model of analysis (Rutter, 1979;

contributing to the study and 2) construct validity is achieved through instrumentation once these concepts are identified.

Rutter & Quinton, 1977). This is different from the cumulative risk index (CRI), which is a term introduced later to refer to the measurement of professional dissonance as an independent variable. It should be disclosed up front, however, that the mixed method characterization is merely a technicality due to the inclusion of one open-ended question at the conclusion of the survey. The research design was originally intended to be entirely quantitative, which is the orientation necessary to collect the predictive data required by the CR model and engage in hypothesis testing, but this minor amendment allowed respondents an opportunity to provide written comments about professional dissonance. This modification was instigated by Taylor's (2002) observation that 20 percent of study participants wrote *unsolicited* feedback on the survey instrument (p. 159). Evidently, practitioners wanted to comment on professional dissonance in a manner that was not originally intended by the data collection instrument, and given that PD is a relatively new concept whose case is being made for future study, it would be careless to disregard this potentially rich source of information. Admittedly, the inclusion of one open-ended question in a quantitative research design does not meet the scientific muster necessary for a rigorous mixed method approach; however, this classification is supported when using elementary definitions of qualitative data such as that which provides "rich descriptions" of the topic at hand and is "expressed in words rather than numbers" (Unrau, Gabor, & Grinnell, 2007, p. 148).

The cumulative risk model is not foreign to social work research, but it is atypical.

This is somewhat surprising given that its tenets are congruent with those that guide social

¹² Other terms used in the literature include the cumulative risk assessment model, the cumulative risk hypothesis, the aggregate effects model, or the combined effects model.

work's approach to understanding concepts like human developmental processes and personenvironment transactions. However, it is also plausible that its mathematical foundation is considered anathema to human-focused research, as is articulated by anti-intellectualism sentiments in social work (e.g., Bartlett, 1970; Carew, 1979; McCormick & Fraser, 2011; Tropp, 1976). As noted by Rodriguez-Escobar (2007), the CR model emerged at the same time Brofenbrenner (1979) proposed his ecological systems theory (p. 4); Indeed, the earliest models were very much influenced by human development and epidemiological research (Lee, 2007, p. 5). This approach continued to slowly evolve during the 1980s and 1990s in the fields of psychiatry (e.g., Carmody, 1990), general medicine (e.g., Prizant et al., 1990), and epidemiology (e.g., Simeonsson, 1991). Several early studies explored workers' health risks based on chemical exposures (e.g., Muir et al., 1989; Woskie et al., 1988), and the CR model continues to be a frequently employed framework by government agencies and researchers today (e.g., United States Environmental Protection Agency, 2003; Zartarian & Shultz, 2010). In fact, a search of the PsycINFO database conducted on November 22, 2014, produced 484 results for the phrase "cumulative risk." Of those, 335 were published since 2000, representing 81 percent of the total search results.

Social work authors have applied the CR model to examine racial health disparities (Kim & Fredriksen-Goldsen, 2012), homelessness (Holton, 2011), paternal engagement (Farrie, Lee, & Fagan, 2011), youth mentorship (Castellanos-Brown, 2010), and academic achievement (Lucio, Rapp-Paglicci, & Rowe, 2011). Most closely related to this dissertation, Evans and his colleagues (2012) employed the CR model to capture the "complex, dynamic ecological context of work stress" (p. 136), while Fletcher, Sindelar, and Yamaguchi (2011) used it to predict the effects of various job characteristics on health. However, the most

widespread application of the CR model in social work has been in the field of child welfare, where it has been used to predict adverse outcomes related to adolescent pregnancy (Kalil & Kunz, 1999; Oxford, Gilchrist, Gilmore, Rogers, & Mary, 2006), infant and child mental health (McCrae & Barth, 2008; Sameroff, Seifer, & McDonough, 2004), attachment (Nielsen, 2007), domestic violence (Kohl, Edleson, English, & Barth, 2005), adoption (Hussey, 2012), sexual abuse (Noll, Trickett, Harris, & Putnam, 2009), and low birth weight (Gavin, Hill, Hawkins, & Maas, 2011). It is evident that child welfare experts recognize the value of the CR model, particularly given its relationship to the risk assessment paradigm that defines this area of social work practice.

There are several reasons why the CR model was selected for this research topic. If you recall from Figure 1, the Venn diagram shows the overlapping relationship between the four domains of professional dissonance. This interaction forms the basis for choosing the CR model, since it posits that the *cumulative effect* of multiple interacting variables formulates the best prediction of outcome risk, in contrast to considering possible relationships between individual variables. Regardless of the area of study, the CR model recognizes that individuals often experience multiple risk factors simultaneously, thus increasing its predictive value for a variety of real-world applications (Everhart, Fiese, & Smyth, 2008, p. 809). This is its primary strength in contrast to bivariate models of data analysis, which attempt to demonstrate correlations between individual predictor variables as though people encounter them in a linear, orderly, and predictable fashion.

Another important assumption of the CR model is that the total number of predictor variables, rather than the intensity of any single one, is more accurately related to outcomes (Goldman, 2007, p. 135). This assumption has been substantiated in child development

research, which has shown that "the accumulation of exposure to multiple stressors, rather than exposure to a single stressor, has been associated with poor outcomes" (Koinis-Mitchell, 2008, p. 819). 13 Considering the plethora of dissonant experiences that are being proposed in this model, it is not feasible to study the magnitude or intensity of individual experiences; however, it is possible to hypothesize that a social worker who can relate to all of the experiences will be more dissatisfied with his or her job and/or psychologically distressed than someone who cannot. It stands to reason then, that if the aggregate number of stressors is associated with poorer outcomes, social workers and employers can intervene by deducing from the results of this study – essentially, by removing individual sources of dissonance wherever possible to lessen the aggregated effect and thus, improve outcomes. This approach also deconstructs the complex PD model into smaller components, which, in reductionist terms, maintains a focus on the practical utility for effecting small but hopefully meaningful change. Interestingly, Leavitt (2001) contrasts reductionist with integrative approaches (p. 198). The intent here is not to devalue the integrative strategy proposed throughout this model, but instead, to draw attention to the practical value of effecting systemic change by beginning at a more manageable level.

There is a specific type of cumulative risk model in the child welfare literature known as Belsky's (1993) developmental-ecological model. As the name suggests, it is based on Brofenbrenner's (1979) work, and organizes risk factors into three domains: 1) developmental-psychological, 2) immediate, and 3) broader. This model was briefly considered for application to this study given the similarities between these domains and the ones proposed herein, but since it has not been applied outside of child welfare studies, further work would be needed to evaluate its suitability. The same position was taken regarding Cicchetti and Lynch's (1993) transactional theory.

Thirdly, the cumulative risk approach is an inferential model (Harris, 1998, p. 529). It attempts to draw inferences and make conclusions based on the observed group differences of those who have experienced one or more types of dissonance, but since each predictor variable is equally weighted, conclusions regarding causality cannot be made. This is an acceptable limitation for this type of research, since there are many potential variables that influence job satisfaction and psychological distress that cannot feasibly be captured in a single study. Additionally, given that professional dissonance research itself is in its infancy, one cannot expect to make reasonably sound conclusions about causality when so little is known about the phenomenon to begin with. It should be noted, however, that inferences have to be considered with extreme caution since this is not a true experimental design.

Nonetheless, the potential remains for "excellent descriptions and accurate predictions" (Harris, 1998, p. 51), which would still be satisfactory for a novel conceptual exploration.

Research Questions and Hypotheses

As stated in chapter 1, the organizing research question behind this dissertation is as follows: Among a probability sample of registered social workers in Ontario, are cumulative experiences of professional dissonance associated with increased levels of job dissatisfaction and psychological distress? The following primary hypotheses were rendered to be tested empirically:

- H₁: A social worker's self-reported level of job dissatisfaction will be positively related to the number of dissonant occupational experiences.
- H₂: A social worker's self-reported level of psychological distress will be positively related to the number of dissonant occupational experiences.

The null hypothesis is stated below for comparative purposes with the proposed hypotheses (above), but this is merely to demonstrate the absence of a relationship (Harris, 1998, pp. 273-274):

• H₀: There is no relationship between a social worker's level of job dissatisfaction, psychological distress, and the number of dissonant occupational experiences.

Bivariate analyses were also performed between the demographic variables, independent variable, and dependent variables to ascertain if any relationships exist that could inform subsequent research, although formal directional hypotheses were not developed due to anticipated concerns about group sizes and the resulting lack of statistical power. With regards to participant gender, for example, men were found in Taylor's (2002) study to have higher professional dissonance scores overall, though women reported higher mean endorsements of anxiety (p. 134). With regards to years practicing social work, professional dissonance was hypothesized to decrease as participants practiced for a longer period of time, yet the opposite result was found (Taylor, pp. 134-135). Lastly, job setting and function were shown to have only minimal explanatory properties for overall professional dissonance scores despite sound theoretical hypotheses, suggesting that the PD instrument used may not have adequately captured the PD construct itself (Taylor, p. 139). Thus, it is clear from this still relatively early phase of conceptual exploration, that the relationship between PD and any demographic variables, if any, is complex and unclear.

Population and Sampling Framework

According to Royse (2008), cross-sectional surveys should use a probability sampling design since they purport to study a "broad representation of the population" (p. 205). In addition, the use of a representative sampling technique is fundamental to developing a

study's external validity (Royse, p. 101). Both of these recommendations are achieved by this sampling strategy. The sample for this study consisted entirely of practicing social workers in Ontario, who are employed in public and private (including self-employed) settings.

According to Ontario College of Social Workers and Social Service Workers policy (OCSWSSW, 2009), a portion of the official register, containing the names, business addresses, and business phone numbers of registered social workers can be provided to principal investigators who are conducting research that has been approved by an institutional review board. This policy was employed for this study.

In November 2013, a request to access the register of the Ontario College of Social Workers and Social Service Workers (OCSWSSW) for research purposes was made in accordance with College policy. This request was granted, and on February 17, 2014, the official register containing all registered social workers in Ontario was provided to the researcher. On that date, there were 14,876 registered social workers, but this was reduced to an eligible population of 7,337 after excluding 1) social workers who did not consent to participate in research through register requests, 2) social workers registered but in the inactive membership category, and 3) social workers who did not provide their business address to the College and therefore couldn't be invited to participate. The ideal minimum sample size for this study, using a confidence level of .95 and a margin of error of .05, was estimated to be 372 social workers (Creative Research Systems, 2012). Deducing from this figure using a generally expected response rate of 30 percent (Royse, 2008, p. 225; Shaughnessy, Zechmeister, & Zechmeister, 2000, p. 159), it was determined that 1,200 surveys would need to be administered. Social workers invited to participate in this study were selected using simple random sampling. Using the = RAND() function in Microsoft

Excel, each social worker was assigned a random digit ranging between 0 and 1 to a maximum six decimal places. Members were then sorted according to this number from lowest to highest, and the first 1,200 social workers were selected for inclusion in the sample.

Each prospective participant was mailed an invitation letter between February 20 and 28, 2014 (Appendix C). Of these 1,200 letters, 53 were returned to the researcher due to improper addresses, named recipient no longer employed at that location, and so forth. This resulted in a final sample of 1,147 social workers. Participants were directed to the online survey web site where they were provided with a letter of information and informed consent form (Appendix D) prior to seeing the survey. If they provided consent, they were presented with the instrument contained in Appendix E. Assuming all 1,147 social workers in the sample received their letters, a 25.63% survey access rate was achieved as 294 participants provided consent and preceded to the survey. The number of completions, however, was slightly less at 261, which produced a final response rate of 22.76% for this study. All responses were received between February 25 and April 15, 2014. Of note, the survey platform does not identify why participants might access but not complete the survey, but possible explanations include Internet connectivity issues, web site failure, or participant attrition during the survey due to the time commitment or a distraction. Three randomly selected respondents were awarded gift cards to the Amazon.ca web site in accordance with the study's letter of information.

Variables

Data obtained with the cumulative risk model can be analyzed in a number of different ways depending on the levels of measurement of the variables, but in this case, an advanced form of regression analysis is recommended. In regression analysis, the

relationships between variables are structurally and conceptually similar to those in experimental designs even if the design is not truly experimental. This approach is common in social work research, since participants cannot ethically be randomly assigned to conditions in a majority of cases. After all, as Royse (2008) asserted, "the opportunities to conduct true experiments may not often come your way" (p. 117). Variables are classified as independent, dependent, or demographic. Figure 4, below, is used to show the proposed interaction between 1) the demographic variables of age, gender, ethnicity, highest degree obtained, years in practice, type of practice setting, and job category; 2) professional dissonance, comprised of its four domains (subscales); and, 3) the hypothesized outcome variables of job dissatisfaction and psychological distress. Each variable is further described in this section, and Table 1 is used to illustrate the level of measurement of each variable in question.

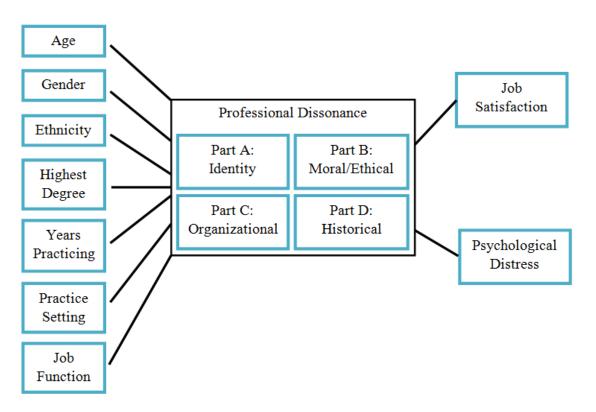


Figure 3: Research Schematic with Variables

Demographic variables

Demographic variables have a unique role in the proposed research schematic. The demographic variables proposed in this study are theorized to influence both perceptions of professional dissonance and the outcome variables. Demographic variables are "independent variables by definition since they cannot be manipulated" by the researcher, but can also be "explored for their moderating effect on dependent variables" (Lee & Schuele, 2010, p. 346). Furthermore, these variables serve an essential role in understanding the variability of responses. Since category A (personal-professional identity dissonance) of the PD model is highly dependent on personal characteristics and subjective interpretations, the variables of age, gender, years in field, type of practice setting, and ethnicity are worthy of inquiry. Highest degree and job category were also included to ascertain whether one's level of education and job level or status (i.e., frontline workers, supervisory staff, and educators) affected perceive levels of dissonance. The work of Costello (1999), McRae and Short (2009), Perodeau (1994), Schein (1996), and Taylor (2002, pp. 71, 136, 164) informed the inclusion of these variables. Bivariate analysis was performed comparing these variables to the independent and dependent variables to determine if any significant differences can be attributed to these characteristics.

Independent Variable

Professional dissonance is the only independent variable in the study, and it is comprised of the four subcomponents first illustrated in Table 1. As there are no professional dissonance instruments in circulation, response items were constructed according to each of the topics contained in the complete PD model (see Appendix A). A total of 56 items distributed across the four subscales of professional dissonance were developed. The

statements described contradictory roles, functions, observations, or experiences that may be encountered by social workers in their practice. Study respondents used these items to report whether they could relate to, and therefore validate, a particular statement, and the variable was dichotomized for analysis with 0 = the absence of and 1 = the presence of endorsement. For each respondent, a cumulative risk score or index (CRI) was calculated, which was used to assess for any relationship with the two dependent, and to a lesser extent, seven demographic variables.

The first subscale referred to category A of the PD model, and consisted of 13 response items encapsulating personal and professional identity as well as emotional demands of practice. Sample response items included, "I have personal values that differ from those of the social work profession," "The emotional demands required in social work frequently exceed my available resources," and "I have experienced a sense of inner conflict because of work-related decisions." The second subscale, referring to category B (moral-ethical dissonance) of the PD model, contained 15 items pertaining to moral or ethical dilemmas commonly encountered in practice. Additionally, an emphasis was placed on the contemporary nature of social work practice in multidisciplinary teams. Sample response items included, "There are instances of value conflict among my interprofessional team because of our different training," "Sometimes I feel that the Code of Ethics cannot be properly applied in the real world," and "I have felt guilty after making a difficult decision, even though I believe it was right."

The third subscale, referring to category C (organizational-structural dissonance) of the PD model, contained 16 items that pertain to organizational, employment, or structural sources of conflict. Arguably, this subscale was the most likely to capture external or

systemic pressures facing social workers in their employment contexts. Sample response items included, "My employer's focus on speed and efficiency compromises the quality of my work with clients," "I am often asked or required to do things that are against my better judgement," and "My job expectations are not always clear." Finally, the fourth subscale, based on category D (historical-pedagogical dissonance) of the PD model, contained 12 items pertaining to historical or educational conflicts in social work. This section was most likely to appeal to social workers concerned about the profession's identity fragmentation, practice frameworks, and pursuit of social justice. Sample response items included, "In my opinion, the social work profession has struggled to develop a cohesive identity," "The generalist model has not served me well in an era of increasing specialization," and "In my work, I have struggled to integrate people's personal responsibility for poor choices with the role of discrimination and oppression."

In addition to the items in Appendix A, the measurement of professional dissonance on the survey instrument was informed by existing psychometric tools that are particularly relevant. Most notably, standardized instruments exploring various constructs of role stress were particularly influential. As described in chapter 2, one of the most pertinent conceptual relationships is between professional dissonance and role conflict. Role conflict, role strain, role overload, and role ambiguity are all important concepts in the sociological and organizational literature, and are considered to be primary components of an overarching construct known as role stress (Jackson & Schuler, 1985). Research into various forms of role stress is rooted in historical understandings of role theory, which emerged in part through the writings of George Herbert Mead, Jacob Moreno, and Ralph Linton in the 1930s (Hindin, 2007). It was a prominent area of study in the 1970s across both human and

customer service sectors, and researchers were particularly interested in the experiences of employees in bureaucratic organizations who, in a remarkable example of dissonance in social work, "are required to serve both the system and clients or customers" (Parkington & Schneider, 1979, p. 271).

Contributions from role theory are relevant to both professional dissonance and the individual self-concept, as the potential for intrapsychic conflict is paramount when roles conflict. Indeed, a recent meta-analysis consisting of over 19,000 subjects found a significant, moderate relationship between both role conflict and role ambiguity and depression (Schmidt, Roesler, Kusserow, & Rau, 2012). If you recall from chapter 2, the following multiple and sometimes mutually exclusive roles were described by Taylor (2002): "clinician, consumer advocate, family advocate, risk manager, agency employee, and community citizen" (p. 5). Existing measurement tools might serve a useful purpose in transferring thematic elements of professional dissonance to a new instrument for future study. Examples include role conflict and role ambiguity scales developed by Rizzo, House, and Lirtzman (1970); House, Schuler, and Levanoni (1983); Zohar (1997); Bacharach, Bamberger, and Conley (1990); Peterson and colleagues (1995); Thompson and Werner (1997); Breaugh and Colihan (1994); and, Gregersen and Black's (1992); and Raines' (1994) Ethics Stress Scale. However, while these tools have tremendous appeal at face value, one must be careful not to develop an instrument that proposes to study PD but actually studies role conflict, as this would provide a false reflection of construct validity.

Dependent Variables

Job Satisfaction

The first outcome variable, job satisfaction, was selected given its longstanding history within the organizational theory, employee assistance, and human resources literature. 14 In fact, it has been referenced as the most widely investigated topic in the history of industrial/organizational psychology (Judge & Klinger, 2008, p. 393). Dating back to the era of scientific management (Taylor, 1911) and specifically the Hawthorne studies (1924-1933; Pennock, 1930), researchers have always been interested in the relationship between working conditions and job satisfaction. While the early research was almost uniformly interested in workers' overall speed and productivity, the emphasis evolved over time and now explores areas such as organizational citizenship (Organ & Ryan, 1995), absenteeism (Goldberg & Waldman, 2000), turnover intention (Saari & Judge, 2004), burnout (Evans et al., 2006) communication overload (Krayer & Westbrook, 1986), secondary traumatic stress (Alenkin, 2011), personality traits (Brief & Weiss, 2002), the interface between an employee's work and home lives (Tremblay, 2012), quality of working life (Royuela, López-Tamayo, & Suriñach, 2009), and work-related stress and illness (Peltzer, Shisana, Zuma, Van Wyk, & Zungu-Dirwayi, 2009). Indeed, the research has quickly accumulated, and today there are over 31,000 topical articles in the PsycINFO database; and, although the majority of research is still conducted in the field of industrial/organizational psychology, it is promising that social work's interest in the topic can be traced back to the 1950s (Sinha, 1958).

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¹⁴ Job satisfaction and related theories that are significant but extraneous in the context of PD include Maslow's (1943) hierarchy of needs, Herzberg's (1968) motivator-hygiene theory, Adams' (1965) equity theory, Vroom's (1964) expectancy theory and Porter and Lawler's (1968) modified version, Hackman and Oldham's (1976) job characteristics model, Bandura's (1977) social learning theory, and Landy's (1978) opponent process theory.

Several models of job satisfaction exist, but the two most relevant to this study are Locke's (1969) discrepancy theory and his closely related (1976) range of affect theory. These are relevant to PD research for two reasons. First, they are affective models, which posit that interpretations of job performance, satisfaction, and related organizational variables are related to emotional or mood states (Thompson & Phua, 2012). Since professional dissonance is also conceptualized as an affective response (e.g., anxiety, feeling torn), there is conceptual latitude. Secondly, Locke's (1969, 1976) theories posited that job satisfaction is determined by a *discrepancy* between what one wants and has in a job, which is fundamentally worthy of exploration. This emphasis on discrepancy (i.e., dissonance) asserts, in language highly indicative of existentialism, that an individual who does not fulfill his/her occupational obligations will feel despondent and anxious (Higgins, 1999), which is the primary emotional manifestation explored in Taylor's (2002) study. Similarly, in a novel study of ambivalence as a moderating variable, job ambivalence was negatively associated with both job performance and satisfaction, although transferability is limited since the population was comprised of information technology rather than human service professionals (Ziegler, Hagen, & Diehl, 2012).

Job satisfaction was measured using Pond and Geyer's (1991) modification of the Quinn and Shepard (1974) Global Job Satisfaction Index, which was selected on the basis of its relevance to discrepancy theory, professional dissonance, and affective interpretations of work characteristics. This instrument also has sound psychometric properties, with a Cronbach's alpha of .89 attesting to its internal consistency (Pond & Geyer, 1991). This value is just shy of $\alpha \ge .90$, the value recommended by Bland and Altman (1997) for interpretation at the individual level of analysis, but it is excess of the minimum suitable

range for group comparisons (0.70 $\leq \alpha \leq$.80). Studies assessing its validity have also found positive correlations with job facets, supervision, relationships with management and coworkers, salary, opportunities for advancement, job autonomy, and decision-making ability (Fields & Blum, 1997; McFarlin & Rice, 1992; Pond & Geyer, 1991). Affective job concepts with a positive correlation to this index include occupational commitment, organizational commitment, involvement, customer contact, and the importance of supervisory relationship (Birnbaum & Somers, 2993; McFarlin & Rice, 1992; Mossholder, Bennett, & Martin, 1998; Pond & Geyer, 1991). Lastly, confirmatory factor analysis performed by Eisenberger, Cummings, Armeli, and Lynch (1997) determined that job satisfaction and perceived organizational support were empirically distinct concepts. Rice, Gentile, and McFarlin (1991) similarly determined that the construct was distinct from 12 specific job facets, and Williams, Gavin, and Williams (1996) demonstrated that the instrument measures one distinct construct that is empirically distinct from role ambiguity, role overload, role conflict, job complexity, negative affectivity, and organizational commitment. This latter work is particularly important given that several of these concepts have theoretically informed the development of the PD instrument used in this study. If it was not empirically distinct, any correlations between the PD instrument and the job satisfaction outcome would be suspect as they could be measuring the same construct. Adding to the complexity would be the possibility that any of these concepts were acting as latent variables in the PD instrument itself.

While there are more comprehensive and frequently administered instruments, such as the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, & Lofquist, 1967) or the Job Descriptive Index (Smith, Kendall, & Hulin, 1985), these are primarily cognitive

rather than affective measures (Brief & Roberson, 1989). Cognitive measures of job satisfaction, which emphasize primarily extrinsic aspects of work such as salary, benefits, pension, and scheduling (Moorman, 1993), are certainly relevant in a comprehensive analysis of job satisfaction but not necessarily in this research since it is an exploratory variable within a larger framework that is focused on professional dissonance. The same argument is made regarding dispositional theories: It is more likely that characteristics explored in these models act as potential buffers of PD, allowing people to remain in their jobs despite its presence, rather than causal associates of it.

Psychological Distress

The second outcome variable, psychological distress, was not initially selected for inclusion in this study. In fact, the original intention was to explore the impact of PD on burnout, but this change was instilled for two reasons. First, like PD is expected to be, burnout is a multifaceted construct with various conceptualizations (e.g., Geurts, Schaufeli, & De Jonge, 1998; Kraft, 2006; Maslach & Jackson, 1981; Montero-Marin, Skapinakis, Araya, Gili, & Garcia-Campayo, 2011). Secondly, the most common conceptualizations of burnout lack what Cherniss (1995) calls the "quest for meaning" (p. 184). This is an important consideration given that professional dissonance is conceptually informed by existential theory including the previously cited works of Frankl (1967, 1988). In a frequently referenced axiom that speaks to this quest, even the nihilist Friedrich Nietzsche said, "He who has a why to live for can bear almost any how" (cited, for e.g., in Cherniss, 1995; Deegan, 2003; Frankl, 1962; and Gay & Salamon, 1992). With this in mind, it would seem almost counterintuitive to develop a conceptualization of professional dissonance that is very much rooted in existentialism, only to use a standardized instrument measuring a very

narrow form of burnout that would more than likely dismiss, disregard, or neglect to capture this influence.

Psychological distress, then, as an alternative variable selection, is broader in focus and captures the diverse nature and range of symptoms that may be presented in people who are under distress and/or burnt out (Cherniss, 1995; Deegan, 2003; Frankl, 1962; Gay & Salamon, 1992). It is generally defined as "a state of emotional suffering, characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense)" (Drapeau, Marchand, & Beaulieu-Prévost, 2012, p. 105; Mirowsky & Ross, 2002). Alternatively, it may be defined as a negative emotional and cognitive state resulting from an imbalance between perceived demands and coping ability (Lazarus & Folkman, 1984). The construct also captures somatic symptoms, such as insomnia or lack of energy, and byproducts of emotional conflict or poor coping, such as impaired family functioning (Horwitz, 2007; Kirmayer, 1989; Ridner, 2004). Symptoms are theorized to be the result of an acute stressor rather than a pathological illness, and resultantly, it is more congruent with both the social model of disability and social constructions of burnout that emphasize contextual, rather than purely individual, sources of dysfunction (Arches, 1991; Karger, 1981; Geurts, Schaufeli, & De Jonge, 1998; Meyer, 1979). Both models offer an alternative explanation for individual pathology and contrast with the traditional medical model and its belief that the individual worker requires fixing. In fact, Mirowsky and Ross (1989) explored the relationship between psychological distress and environmental traits and "concluded that half of all symptoms of depression can be attributed to social factors" (cited in Gambrill, 2006, p. 140). For some, this emphasis on social functioning is seen as a positive development that is more congruent with holistic models of

wellness and contemporary understandings of human functioning (e.g., Wheaton, 2007). From this perspective, as a conceptual construct, it has tremendous relevance and value to social work and the profession's approach to identifying problems and working with individuals in need even when they lack a formal diagnosis.

An alternative view of psychological distress, however, is more congruent with the medical model and considers it a precursor to a psychiatric disorder. Authors such as Phillips (2009) and Watson (2009) note that distress is a diagnostic criterion for many psychiatric disorders, and thus, it should be evaluated on whether it satisfies the diagnostic criteria for a medical condition. Indeed, psychiatrists in Europe have been using the term burnout syndrome in recent years to refer to this type of psychological distress, effectively defining it as a form of mental illness (Carey, 2010). It is important to note that this study is not intended to be health research. Individual responses to burnout can still be explored within this broader context of psychological distress (Kraft, 2006), and although they may mimic psychiatric symptoms, it is neither the purpose nor the intent to find correlations between professional dissonance and any formal diagnostic conditions. To provide an example of the type of associations of interest in this research, one very timely 3-year follow-up study demonstrated that occupational *role conflict* and emotional demands were the greatest predictors of psychological distress among the general Norwegian working population (Johannessen, Tynes, & Sterud, 2013).

There are three general categories of measurement tools used to evaluate symptoms of psychological distress (Drapeau, Marchand, & Beaulieu-Prévost, 2012, p. 108). These include 1) the General Health Questionnaire (GHQ; Goldberg, 1978; Goldberg & Williams, 1988), 2) the K6 and K10 Kessler scales (Kessler et al., 2002), and 3) a series of instruments

derived from the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). Among these tools, the General Health Questionnaire is the most widely used tool to screen for mental disorders (Furukawa, Kessler, Slade, & Andrews, 2003, p. 357), although this may be attributed to the relatively recent emergence of appropriate alternatives. Versions of the GHQ exist with 12, 20, 28, 30, and 60 items, and while the shorter versions are more popular in clinical studies, the longer versions include items related to social impairment that may be of interest to those studying the social context of distress (Drapeau, Marchand, & Beaulieu-Prévost, p. 108). The GHQ has been validated in over 40 languages (McDowell, 2006), and has been used previously in studies specific to occupational wellness (e.g., Feyer et al., 2000; Ghasemkhani, Akhondzadeh, & Eskandari, 2007; Jones, Rona, Hooper, & Wesseley, 2006; Stansfeld, Fuhrer, Shipley, & Marmot, 1999). Additionally, it has demonstrated construct validity across cultures (Furukawa & Goldberg 1999; Goldberg, Oldehinkel, & Ormel, 1998), across gender (Shevlin & Adamson, 2005), and among different age groups (French & Tait, 2004). In light of its reliability and validity, history of clinical usage, and predictive power (Willmott, Boardman, Henshaw, & Jones, 2008), it was selected as the measurement tool employed in this study. The 12-item version, with validity and reliability properties comparable to longer versions of the questionnaire, was selected having considered the overall length of the PD instrument.

In a study in which the GHQ-12 was used to measure work-related psychological distress specifically, a measure of internal reliability (Cronbach's alpha) of 0.94 was obtained (Lesage, Martens-Resende, Deschamps, & Berjot, 2011). These authors also noted that exploratory factor analysis demonstrated that the item is arranged as a one-factor structure, and 60.5 percent of variance was accounted for in this single factor. This is a noteworthy

finding given that other authors have deciphered an underlying three-factor structure (Emotional conditions, psychological distress, and social functioning; Zelča et al., 2013).

Summary of Study Variables			
Variable	Category	Level of Measurement	Measurement Tool
Age	Demographic (Independent)	Ratio	Author-developed demographic questionnaire
Gender		Nominal (categorical)	
Ethnicity		Nominal (categorical)	
Type of practice		Nominal (categorical)	
setting			
Years practicing		Ratio	
social work			
Professional	Independent	Ratio	Author-developed professional dissonance questionnaire
Dissonance			
cumulative risk index			
(CRI)			
Job Satisfaction	Dependent	Interval	Global Job Satisfaction
			Index (rev. 1991)
Psychological Distress		Interval	General Health
			Questionnaire-12
			(1978)

Table 2: Summary of Study Variables

It is important to note that statisticians do not agree on whether the data obtained by standardized instruments should be reported and tested at the ordinal or interval level of measurement (Jamieson, 2004; Norman, 2010). The general rule is to treat such data, which seem to fall in between the two levels because of the nature of the instruments themselves, at the interval level with the acknowledgement that they are not truly interval-level scales. This debate most often applies to data obtained from Likert-type responses. Fortunately, a subsequent issue of whether the data is interval or ratio is not as important since a requirement of many statistical procedures is that they are applicable to both levels (Harris, 1998, pp. 18-19).

Pilot

Five registered social workers in Ontario completed a pilot survey and provided feedback. The length of time to complete the survey was placed between 20 and 40 minutes, which resulted in a revision to the Letter of Information provided to participants. Two questions on the instrument were changed as a result of feedback obtained in this pilot as the wording was deemed to be ambiguous. Participants did not express any concerns with the content being too intrusive or sensitive, and found the topic to be quite thought-provoking.

Data Collection Procedures

The only data collection instrument for this study was a survey, although the instrument was a four-part combination of author-developed and psychometrically tested content. Surveys are arguably the most efficient way to 1) capture both the volume of dissonant practice items, which will essentially appear as binary responses, and 2) reach the required number of participants for a representative sample. Surveys are extremely versatile since they can function as both an overarching methodology and as a specific data collection tool within a larger framework. The use of surveys in social science research is well supported, as they are the most commonly used methodology by social workers (Royse, 2008, p. 222) and "has become for some social scientists what the telescope is to astronomers" (United States National Research Council, 1982, p. 65). They are a versatile instrument that can be administered via mail, e-mail, Internet, or telephone, with great efficiency. The survey itself can be considered descriptive (Harris, 1998, p. 50; Royse, p. 224), cross-sectional (Hall, 2008), or correlational (Punch, 2005, p. 75) depending on the

¹⁵ Advantages and disadvantages of each method of administration are described in Mangione (1995), Mehta and Sivadas (1995), and Royse (2008, pp. 230-232).

author, but its fundamental purpose remains the same.¹⁶ The survey was used to collect a representative snapshot of social workers' experiences of professional dissonance. The large sample size, which is necessary for representation, and lack of follow-up with participants means it was neither exploratory (Royse, p. 223) nor longitudinal (Harris, p. 49). Lastly, cross-sectional surveys are congruent with the goals of predictive research (Shaughnessy, Zechmeister, & Zechmeister, 2000, p. 163), ensuring that the data obtained with the instrument was capable of appropriately testing the proposed hypotheses.

Data Collection and Analysis

As mentioned previously, this research employed a primarily quantitative but technically mixed method approach in order to allow participants the opportunity provide comments about PD outside of the CR model. Prior to discussing the crux of the design, a brief mention of this qualitative component is in order. Participants were provided with both open-ended questions and an opportunity at the end of the survey to provide general comments about the concept under examination. Comprising a very basic triangulation design (Creswell & Plano Clark, 2006, p. 62), these responses were used primarily to verify the quantitative content, and were analyzed with open-coding techniques (Strauss & Corbin, 2008, p. 160). Open-coding organizes the data into thematic categories, but stops short of the more in-depth axial coding that is employed in qualitative analysis (Strauss & Corbin, p.

¹⁶ Although it must be emphasized that while the purpose of the survey instrument remains the same, regression analysis and correlational research serve very different purposes: "The purpose of simple regression analysis is to evaluate the relative impact of a predictor variable on a particular outcome. This is different from a correlation analysis, where the purpose is to examine the strength and direction of the relationship between two random variables" (Zou, Tuncali, & Silverman, 2003, pp. 618-169).

substantiate the quantitative data rather than as the core data set. Participants' responses were compared with the results of the quantitative hypothesis tests and analyzed in tandem to advance professional dissonance theory development.

Regarding the quantitative design, data analysis was performed in multistage format and progressed from basic to complex in order to harvest the most meaningful results. Data were analyzed with version 20 of the statistical software SPSS. Initially, univariate, descriptive statistics were used to summarize the independent, dependent, and demographic variables. Subgroup analysis with groups identified in the Venn model was performed. For variables at the nominal level of measurement, only the mode was calculated as a measure of central tendency (Harris, 1998, pp. 106-115), and only the variation ratio is an applicable measure of statistical dispersion (Freeman, 1965, pp. 40-43). Age and years practicing social work, as ratio level variables, were used to calculate mean, median, and mode, as well as measures of dispersion (Harris, 1998, pp. 115-131). Descriptive results of these rudimentary demographic variables would be fairly meaningless and, when considered in isolation, they contribute little to the study of professional dissonance. At most, they might provide interesting demographic data about current social work registrants in Ontario since simple random sampling should obtain results that are representative of the population. Subsequently, bivariate analysis was used to determine prospective relationships between study variables. Relationships between demographic variables, between demographic variables and the independent variable, and between demographic variables and the dependent outcome variables were performed, although these tests were not formulated as formal hypotheses but rather for exploratory purposes.

Lastly, two separate multivariate procedures to test the study hypotheses were conducted. First, multivariate linear regression¹⁷ was used to test for predictive value between the cumulative risk index score (the additive total of dissonant experiences) and the dependent variables. In the SPSS program, this is performed as a general linear modeling (GLM) multivariate procedure. This parametric test, despite its assumption of normality, has been chosen since this requirement will be achieved through this study's large sample size. This type of statistical test is appropriate for studies that intend to consider more than one interval/ratio level dependent variable simultaneously, assuming they are independent of each other (Friendly, 2012, p. 2; Institute for Digital Research and Education, n.d., para. 1). It is an extension of multiple linear regression procedures, which are used to predict a single outcome variable from multiple independent variables, and its counterpart procedure for categorical variables is the multivariate analysis of variance (MANOVA; Harris, 1998, p. 358). In this study, the CRI score is a discrete, ¹⁸ ratio level variable with specified lower and upper limits (0-47) based on the number of items on the survey instrument. While it may appear obvious to state the level of measurement in this case, many authors of cumulative risk studies have used cutoff scores to create ordered groups for analytic purposes as this allows for the use of the more well-known MANOVA procedure (e.g., Appleyard, Egelan,

¹⁷ This is distinguished from the term *multivariate multiple regression*, which is applied in cases where there is more than one predictor variable (Institute for Digital Research and Education, n.d.), although there appears to be substantial terminological variance in the literature since these statistical procedure are not frequently employed.

¹⁸ Discrete variables are often treated as continuous for statistical procedures, assuming they can take on a reasonably large number of values. As long as assumptions of linearity are not violated, this transformation will occur with the CRI rendering it suitable for analysis as a continuous variable.

van Dulmen, & Sroufe, 2005; Begal, Dumas, & Hanson, 2010; Lee, 2007; Lucio, 2008; McGoron, 2012; Rauer, Karney, Garvan, & Hou, 2008; Schellinger, Holmbeck, Essner, & Alvarez, 2012). 19

Multivariate regression is not widely used in practice since researchers are often working with a single outcome variable. When multiple outcome variables are used, they often perform one regression procedure per outcome variable, but this practice is not preferable since it increases the likelihood of committing a type one error (Breiman & Friedman, 1997). The same argument is made when comparing multiple ANOVAs versus a single MANOVA (Harris, 1998, p. 358). A multivariate regression procedure also tests for correlations among the outcome variables (Friendly, 2012, p. 3), which would be worthy of inquiry since correlations between job satisfaction and psychological distress has only been studied minimally in past research (e.g., Barnett, Marshall, Raudenbush, & Brennan, 1993; Decker, 1997; Lee, Lee, Liao, & Chiang, 2009; Pugliesi, 1999). Testing for covariance between these two variables is important for future research since one could be used to predict the other if a significant level of directional covariance is established. Essentially, assessing covariance is also the first step to determine whether a path analysis would be suitable for these variables. These are all recommended procedures when the goal of a study is predictive accuracy (Timm, 2005, p. 1).

Secondly, structural equation modeling (SEM) was used to create a multivariate model. SEM is essentially a multi-stage form of regression analysis (Ahn, 2002, p. 38), and

¹⁹ However, this approach also reduces the quality or amount of detail within the data since it is converted from the interval/ratio to the ordinal level. In a sense, by constructing these categories, the authors fail to use all the data contained in the independent variable (Harris, 1998, p. 360).

this methodology is both relevant and appropriate based on the hypothesized schematic. This procedure was performed using the Amos add-on for SPSS. It should be noted, however, that using SEM procedures could be considered premature since it is often considered a confirmatory methodology (Webley & Lea, 1997). As a result, its value is most pronounced for researchers who want to advance theory development (Anderson & Gerbing, 1988, p. 411). Given the limited knowledge about professional dissonance, and that the conceptualization proposed in this dissertation is the first of its kind, it may be preferable to focus on exploratory or explanatory procedures, rather than confirmatory ones. However, given that the two outcome variables selected for inclusion in this study were demonstrated to be related to PD, a case could be made for its implementation. As Joreskog (1974) noted, "many investigations are to some extent both exploratory and confirmatory" (p. 2), and it is important not to consider this dichotomously since even exploratory concepts are informed by some demonstrable theory. Additionally, since SEM is interested in both direct and latent effects, this presumes that the researcher has some contextual knowledge of what indirect effects may occur. Should the results of this study suggest that latent variables are significantly modifying the relationship between PD and the outcome variables, SEM could be established as the recommended approach for future study rather than an approach that is, at least tentatively, occupying the middle ground between exploration and confirmation.

Instrument Reliability and Validity

Given that the measurement tool for professional dissonance is an author-developed instrument, test-retest reliability data are not available; however, Cronbach's alpha, which is a psychometric measurement of internal consistency was calculated to be .865. This is greater than the .70 value deemed minimally acceptable for use in the social sciences (Santos,

1999), and although this does not provide assurance that items measure professional dissonance per se, it does speak to intercorrelations among test items. The General Health Questionnaire-12 and job satisfaction index are equally reliable (.94 and .89 respectively), which provides confidence for using them in this study.

Validity is described in this section according to face, content, and construct validity. Face validity refers to whether an instrument merely appears to study the concept it purports to. Content validity refers to whether an instrument contains a broad representation of the phenomenon it purports to study, while construct validity ascertains whether the instrument is actually studying the theory that informs it (Anastasi & Urbina, 1997 p. 114; Rubin & Babbie, 2005, pp. 182-192). Careful attention was paid to developing response items with the goal of ensuring face validity. Additionally, a small number of social workers completed pilot testing prior to administration and were asked if it appeared to measure professional dissonance. Content validity also appears to be have been achieved given the diverse nature of response items, and extensive theory that informed its development. Construct validity will emerge over time with subsequent research, as the underlying theory of PD is refined. Given its conceptual overlap and relationship to other theories that inform it, such as role conflict and ambiguity, this will be a key task for both theory development and instrument refinement going forward.

Ethical Considerations

As with all human subject research, there is a personal nature to this inquiry that must be respected. Thus, research was conducted with strict accordance to the *Tri-Council Policy Statement* (Canadian Institutes of Health Research, 2010). Studying professional dissonance, as well as the proposed outcome variables, requires that social workers critically evaluate

their own practice. Despite the fact that educators (e.g., Gambrill, 2006) and regulatory bodies (e.g., OCSWSSW, 2008) both attest to critical evaluation as a core practice competency, the process is still a potentially uncomfortable one. This is particularly true when a social worker identifies personal limitations or areas of improvement in his or her professional practice, or aspects of social work history, sources of knowledge, or practice that induce conflict. In a way, this discomfort is magnified in this particular research proposal since this feeling is, arguably, also the required antecedent to identify professional dissonance. By introducing social workers to existential concepts such as authenticity, critical evaluation of practice might become more than just a professional obligation, but also an unintended process of self-exploration. Resultantly, this is also a potential limitation of the research goal since social workers may minimize emotional reactions or experiences that are consistent with, and possibly evoke, professional dissonance. Indeed, some social workers might consider the information solicited in this study to be sensitive, since it moves from broader social work values to personal ones while seeking contradiction.

As a whole, however, the risk to participants in this study was quite low. Social workers should be accustomed, or at least prepared, to reflect on their professional roles, especially when encountering practice dilemmas. If they aren't, there is a hypothetical risk of inducing emotional distress simply by elucidating conflicts that exist at a level underneath that of conscious thought, but at the same time and in the interesting of promoting professional wellbeing, a social worker lacking (or denying sentiments at) this level of awareness may wish to explore why. After all, self-awareness and use of self "are not synonyms," and it is not just use of self but the "conscious use of self" (emphasis added) that encourages sound professional practice (Heydt & Sherman, 2005, pp. 25-27). Considering,

however, that a plethora of scholarly work²⁰ exists with social workers willingly discussing barriers to optimal quality of work life, such disclosure should not have been problematic.

Chapter Summary

In contrast to the dichotomies that influenced it, this conceptualization of professional dissonance is very much situated in the integrative realm. Informed by the heuristic model of epistemology developed by Lally (1981, pp. 8, 10), the positivistic focus on causal explanation and theory building, and contributions from behaviourism and exchange theory are all apparent. So too, however, are contributions from interactionism, such as role theory and evaluation of meaning that influences behaviour; emancipationism, such as existentialism, Frankfurt theorists and their Weberian influences, and critiques of positivism; and, structural determinism, including psychoanalysis, structuralism, and the Foucaultian deconstruction of the social work profession exemplified by Margolin (1997). The goal of accurately predicting social phenomena, proudly espoused by positivism, is prominent in the employed research design, but it is balanced by emancipationists' contention that theory should not be value-neutral and should instead promote meaningful social change. Where exactly the conceptualization of professional dissonance will settle with continued exploration remains to be seen, but like most conceptual frameworks, these categories are not fixed or mutually exclusive, and there is always the potential for "much disagreement within paradigms" (Lally, p. 12).

The major contribution of this chapter was an attempt to situate this research endeavour within social work's history of employing unifying frameworks. By

²⁰ A keyword search of *occupational stress* and *social work* in the PsycINFO database on December 7, 2014, for instance, produced 1,411 results.

acknowledging that a variety of epistemological paradigms make valuable contributions to this discourse, and that quantitative and qualitative approaches both bring value to the exploratory nature of PD studies, subsequent research will undoubtedly be informed by diverse methodologies that collectively enrich the production of social work knowledge.

Chapter 4: Results

As the research schematic presented in chapter 3 demonstrated, the structure of the variables in this study lends itself to two-levels of analysis. In the first step, professional dissonance can be treated as an outcome variable, and in the second, as the predictor variable. This chapter presents the results of the dissertation study, beginning with univariate analysis of all variables before moving to bivariate and multivariate levels of analysis. Lastly, two structural equation models are presented primarily for exploratory purposes.

Properties of the Study Sample

Demographic information about study participants was collected through the survey instrument. These data include participant gender, ethnicity, year of birth, highest degree obtained, years practicing, practice setting, and job category. These variables are all summarized in the following section. To ensure anonymity, no identifying information including but not limited to respondents' names and geographic location, was collected. Although this is an admitted limitation in terms of evaluating the sample composition, it is a necessary tradeoff given the sensitive nature of the topic being explored. After all, it is less likely that participants would provide honest responses, particularly having received the invitation at their places of employment, if it was not anonymous.

Comparison of Study Sample to Population

Comparing the properties of a study's sample to the overall population from which it was drawn is a primary mechanism of assessing the generalizability of results. After the data collection phase of this research was completed, the seven demographic variables used in this study were provided to the OCSWSSW, along with a request for the comparable data of the population group to which survey respondents belong. Of these seven variables, only three –

gender, highest degree, and numbers of years practicing – are maintained by the College in aggregate format. Although age could be assumed to correlate with number of years practicing, as it did in this study, the absence of actual ages or birth years precludes a strict comparison. Thus, the data for age and the other three variables were not used for this purpose as a comparison could not be completed. Comparison results for participant gender, highest degree obtained, and years practicing are presented below alongside the univariate analysis for each particular variable.

Univariate Results

Demographic Variable 1: Age

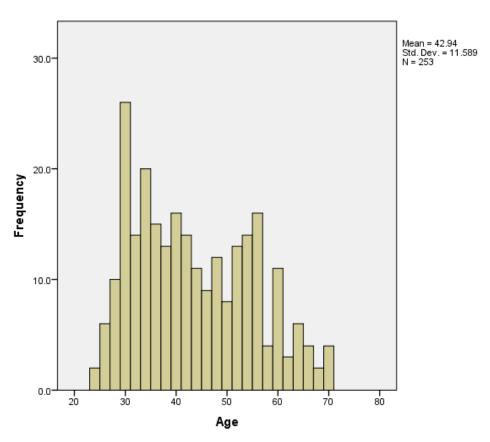


Figure 4: Histogram of Participant Ages

Respondents' ages were obtained in 253 cases, meaning eight respondents (3.1%) chose not to answer. The calculated age range was 46 years with a minimum of 24 and a

maximum of 70. The mean age was 42.94 years, with a standard deviation of 11.589 years. Therefore, approximately 68% of respondents are between the ages of 34 and 58 (± 1 *SD*) in a normally distributed curve. The median age is 41 years and the mode is 30 years (n=14). Because the median value is just slightly less than the mean, the distribution is skewed slightly positive (skewness statistic = 0.386). Similarly, the negative kurtosis value of -0.885 indicates a flatter than normal distribution. As the graph demonstrates, these values are indicated by the higher than anticipated proportion of younger respondents as well as respondents between the ages of 50 and 60.

Demographic Variable 2: Gender

Participants were given the opportunity to self-identify their gender in open-ended format. Interestingly, all 255 respondents who answered this question manually entered "male" or "female," thereby creating a binary variable even though any gender expression was encouraged via the open-ended question format. There were 40 male (15.69%) and 215 female (84.31%) respondents in this study. When comparing this breakdown to the data that comprises the total OCSWSSW population of registered social workers (*N*=15,138), there is almost a perfect representation with the College register reporting 2,357 male (15.57%) and 12,781 female (84.43%) social workers. Of note, the number of registered social workers had increased by 262 since the original register data was received in February 2014. At that time, there were 14,876 registrants. Thus, with regards to gender identity, the social workers who participated in this study were representative of social workers in Ontario within 0.12 percentage points.

Demographic Variable 3: Ethnicity

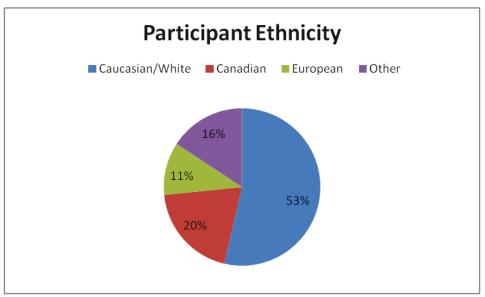


Figure 5: Pie Chart of Participant Ethnicity

Measurement challenges inherent in survey research with regards to the ethnicity construct are well described by Burton, Nandi, and Platt (2010). Specifically, the authors note the challenges involved with having participants select their ethnicity, which is often a multifaceted and highly personal identity, from a pre-determined list that is provided by the researcher. To overcome these challenges, participants in this study were invited to write in their ethnicity, and categories were created from these responses after the fact. The resulting variable was comprised of nationalities, racial identities, and countries of origin.

Of the 261 respondents, 13 (4.98%) did not provide an answer to this question, meaning 248 responses were included in analysis. As the graph demonstrates, just over half of the 248 respondents identified as Caucasian or White (n=133, 51%) while Canadian was noted second (n=49, 18.8%). Respondents who identified "European" ethnicity rounded out the top three (n=27, 10.3%). After that, the balance of responses was highly individualized, as demonstrated in the following breakdown:

Ethnicity	Frequency (n=)	Percent	Valid Percent	Cumulative Percent
Caucasian/White	133	51.0	53.6	53.6
Canadian	49	18.8	19.8	73.4
Jewish	10	3.8	4.0	77.4
Biracial	4	1.5	1.6	79.0
European	27	10.3	10.9	89.9
French Canadian	8	3.1	3.2	93.1
Indian	8	3.1	3.2	96.4
Latin American	1	.4	.4	96.8
Filipino	2	.8	.8	97.6
Aboriginal	2	.8	.8	98.4
American	1	.4	.4	98.8
Black	3	1.1	1.2	100.0
Subtotal	248	95.0	100.0	
Missing Data	13	5.0		
Total	261	100.0		

Table 3: Participant Ethnicity by Frequency

Demographic Variable 4: Highest Degree Obtained

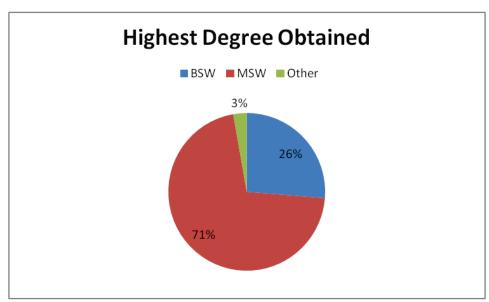


Figure 6: Pie Chart of Highest Degree Obtained

Because the OCSWSSW considers related but non-social work degrees when evaluating prospective applicants for equivalent qualifications, participants were asked to identify their highest degree obtained. Six participants (2.3%) did not identify their highest

degree, which produced 255 responses for analysis. As Table 4 demonstrates, almost 70% of respondents (n=181) obtained their Master of Social Work (MSW) degree, while 25.7% (n=67) obtained a Bachelor of Social Work (BSW). The remaining four categories collectively had only seven respondents.

Highest Degree	Frequency (n=)	Percent	Valid Percent	Cumulative Percent
BSW	67	25.7	26.3	26.3
MSW	181	69.3	71.0	97.3
MA/MEd/MSc	1	.4	.4	97.6
PhD	2	.8	.8	98.4
BA/Bed	3	1.1	1.2	99.6
College Diploma Equivalency	1	.4	.4	100.0
Subtotal	255	97.7	100.0	
Missing Data	6	2.3		
Total	261	100.0		

Table 4: Participant Degrees by Frequency

The number of registered social workers whose highest academic degree was contained in the register was 14,757. The College provided this data using slightly different categories than those used in this study, as demonstrated by the following table:

Highest Degree	Total	No. of Males	No. of Females	Percentage
Doctorate in SW	95	39	56	0.64
Doctorate not in SW	59	25	34	0.40
MSW	10,048	1,625	8,423	68.09
BSW	4,277	550	3,727	28.98
Master not in SW	269	54	215	1.82
Bachelor not in SW	9	1	8	0.06
B.A.	159	27	132	1.08
Total	14,757	2,294	12,463	100

Table 5: Population Highest Degree (OCSWSSW Data)

As the chart demonstrates, the highest degree reported by study participants closely approximates that of the population. As expected, the MSW degree was the most prevalent, and the sample was accurate within 1.21 percentage points of the population. Similarly, the

BSW was second, and the sample was accurate within 3.28 percentage points. Lastly, the percentage of social workers in the population comprising the other categories is equal to 4%, compared to 5% in the study sample. Differences in reporting categories as well as rounding error likely explain the majority of these differences, and as a whole, the study is representative of the population with regards to highest degree obtained.

Demographic Variable 5: Years Practicing since Obtaining Highest Degree

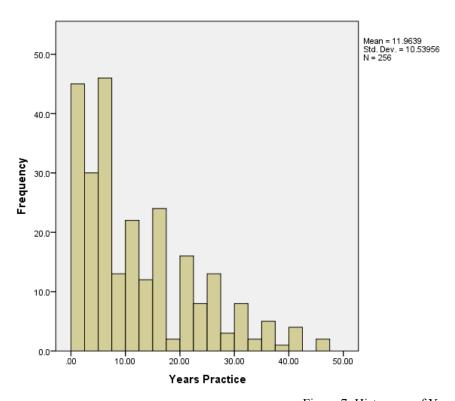


Figure 7: Histogram of Years Practicing

Of the 261 respondents, five (1.9%) did not identify how long they have been practicing since obtaining their highest social work degree. Of the 256 responses included for analysis, the mean number of years was 11.96 with a standard deviation of 10.54. The median response was 8.5 years, slightly less than the mean, and therefore the distribution is positively skewed (skewness statistic = 1.086). The most frequent (modal) response was 5 years (n=28). The range is 46.75 years, with a minimum of 0.25 and a maximum of 47

identified. The kurtosis statistic is positive at 0.475, which means the distribution is slightly taller than a normal distribution.

Data provided by the College for this variable was less comparable than that used for the gender and highest degree comparisons, since the number of years practicing is not collected as a unique statistic. Instead, the College maintains the initial year of registration, which could be extrapolated to indicate a person's numbers of years practicing. However, this procedure would not give appropriate credit to registrants who had previously practiced in another jurisdiction. Similarly, there is no way to discern how long registrants had practiced social work prior to the College's inception in 2000, the year in which all social workers in Ontario were obligated to join. Indeed, in that initial year, the College reported 3,547 registrants compared to an average of 820 during the 2001 to 2014 calendar years. In total, the initial year of registration for 15,211 registered social workers was provided.

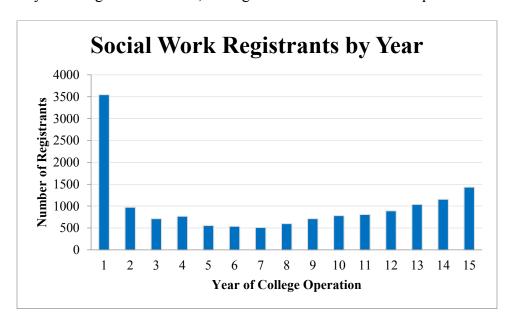


Figure 8: College Registrants by Year

As the chart above demonstrates, the number of registrants in each of the College's first 15 years of operation does not correlate with the number of years practicing identified by the

sample. As mentioned above, perhaps the greatest limitation is the inability to accurately date registrants' initial year of practice preceding the year 2000 (year 1 in Figure 8), since registration at that time was voluntary with the Ontario College of Certified Social Workers. Therefore, with regards to this variable, it cannot be ascertained whether the number of years practicing by members of the study sample is generalizable to the membership population.

Demographic Variable 6: Type of Practice Setting

Participants were asked to identify their practice setting in open-ended format. As a result, 15 categories emerged. Ten participants (3.83%) did not answer this question, which left 251 responses for analysis. As the graph demonstrates, the most frequently-reported practice setting was a medical hospital, followed by a counselling agency and then community health organization.

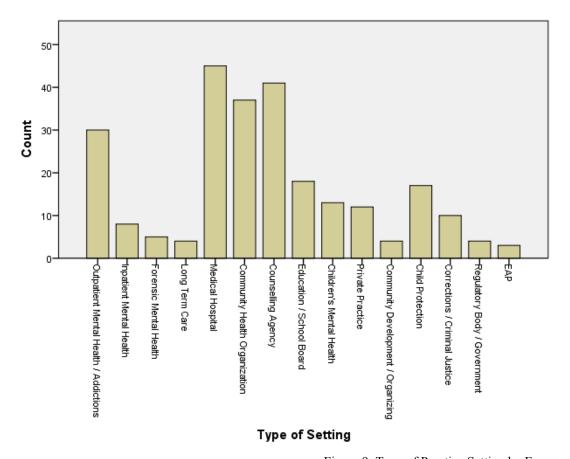


Figure 9: Type of Practice Setting by Frequency

Demographic Variable 7: Job Category/Function

Participants were asked to identify their primary job category or function. The purpose of this variable was to determine if there is a statistically significant difference between groups with regards to the PD and outcome variables. Three categories or job levels were created from the responses. A total of 255 respondents answered this question, resulting in 2.3% of missing cases (n=6). Of the 255 respondents, 84.3% (n=215) were employed as frontline clinicians/therapists or case managers, 13.3% as supervisors or managers (n=34), and 2.3% (n=6) were involved in research, consultancy, or community development. This represents a slight deviation from the population of social workers in Ontario, of which 68% have a primary practice function in clinical practice (OCSWSSW, 2014).

Independent Variable: Professional Dissonance

Professional dissonance was measured using an author-developed instrument (Appendix E) that contained 56 items. Because each item is a binary response in the CR model, possible scores could range from 0 to 56 with a higher number indicating a more substantial endorsement of the professional dissonance construct. In this section, each subcategory of PD has been analyzed individually, followed by an analysis of the cumulative risk index comprising all elements of PD. Each subscale as well as the CR index is analyzed with the data from 261 respondents.

Category A: Personal-Professional Identity Dissonance

The number of category A responses endorsed by participants is presented in the following table. The minimum score of 0 was endorsed by 27 respondents, while the maximum of 13 was endorsed by one person. As the cumulative percent chart demonstrates,

over half of all participants endorsed three or fewer items. Indeed, the mean number of statements endorsed in category A was 3.66 with a standard deviation of 2.46.

Number of Items Endorsed	Frequency (n=)	Percent	Cumulative Percent		
0	27	10.3	10.3		
1	22	8.4	18.8		
2	39	14.9	33.7		
3	52	19.9	53.6		
4	34	13.0	66.7		
5	33	12.6	79.3		
6	21	8.0	87.4		
7	13	5.0	92.3		
8	8	3.1	95.4		
9	6	2.3	97.7		
10	5	1.9	99.6		
13	1	.4	100.0		
Total	261	100.0			

Table 6: Frequency of Endorsed Category A Items

The three most frequently endorsed statements in category A were as follows:

- 1) "I have experienced inner conflict because of work-related decisions" (n=130, 49.8%)
- 2) "Sometimes I have to maintain a false emotional display when working with clients" (n=108, 41.2%).
- 3) "There are times when I have to express empathy even though I do not truly feel it" (n=107, 41%).

Category B: Moral-Ethical Dissonance

The number of category B responses endorsed by participants is presented in the following table. The minimum score of 0 was endorsed by 11 respondents, while the maximum of 12 was endorsed by three. As the cumulative percent chart demonstrates, just over half of all participants endorsed four or fewer items. The mean number of statements

endorsed in category B was 4.27 with a standard deviation of 2.78. This was the greatest mean score of all four subcategories, suggesting that the moral-ethical components of dissonance resonated with respondents more than any other.

Number of	Frequency	Percent	Cumulative
Items Endorsed	(n=)		Percent
0	11	4.2	4.2
1	21	8.0	12.3
2	24	9.2	21.5
3	40	15.3	36.8
4	43	16.5	53.3
5	26	10.0	63.2
6	33	12.6	75.9
7	19	7.3	83.1
8	14	5.4	88.5
9	11	4.2	92.7
10	12	4.6	97.3
11	4	1.5	98.9
12	3	1.1	100.0
Total	261	100.0	

Table 7: Frequency of Endorsed Category B Items

The three most frequently endorsed statements in category B were as follows:

- 1) "The state of social service funding has limited my ability to obtain the necessary resources for my clients" (n=180, 69%).
- 2) "I have experienced conflict with my coworkers while trying to advocate for my client" (n=158, 60.5%).
- 3) "There are instances of value conflict among my interdisciplinary team because of our different training" (n=157, 60.2%).

Category C: Organizational-Structural Dissonance

The number of category C responses endorsed by participants is presented in the following table. The minimum score of 0 was endorsed by 22 respondents, while the

maximum of 15 was endorsed by one person. As the cumulative percent chart demonstrates, almost half of all participants endorsed three or fewer items. The mean number of statements endorsed in category C was 4.23 with a standard deviation of 3.28. This was the second most popular response category in terms of mean scores.

Number of Items Endorsed	Frequency	Percent	Cumulative Percent
	(n=)		
0	22	8.4	8.4
1	37	14.2	22.6
2	35	13.4	36.0
3	36	13.8	49.8
4	28	10.7	60.5
5	25	9.6	70.1
6	25	9.6	79.7
7	11	4.2	83.9
8	11	4.2	88.1
9	7	2.7	90.8
10	8	3.1	93.9
11	7	2.7	96.6
12	3	1.1	97.7
13	4	1.5	99.2
14	1	.4	99.6
15	1	.4	100.0
Total	261	100.0	

Table 8: Frequency of Endorsed Category C Items

The three most frequently endorsed statements in category C were as follows:

- 1) "My employer's focus on speed and efficiency compromises the quality of my work with clients" (n=116, 44.4%).
- 2) "The complexity of social work practice is not always appreciated by my employer" (n=112, 42.9%).
- 3) "At times, the contemporary focus on managing risks has limited my ability to be creative when solving problems" (n=104, 39.8%).

Category D: Historical-Pedagogical Dissonance

The number of category D responses endorsed by participants is presented in the following table. The minimum score of 0 was endorsed by 17 respondents, while the maximum of 12 was endorsed by three. The mean number of statements endorsed in category D was 4.09 with a standard deviation of 2.71.

Number of	Frequency	Percent	Cumulative		
Items Endorsed	(n=)		Percent		
0	17	6.5	6.5		
1	33	12.6	19.2		
2	29	11.1	30.3		
3	43	16.5	46.7		
4	35	13.4	60.2		
5	34	13.0	73.2		
6	21	8.0	81.2		
7	17	6.5	87.7		
8	12	4.6	92.3		
9	11	4.2	96.6		
10	3	1.1	97.7		
11	3	1.1	98.9		
12	3	1.1	100.0		
Total	261	100.0			

Table 9: Frequency of Endorsed Category D Items

The three most frequently endorsed statements in category D were as follows:

- 1) "At times, I feel that the role of social work is not understood by other professionals" (n=185, 70.9%).
- 2) "In my opinion, the social work profession has struggled to develop a cohesive identity" (n=119, 45.6%).
- 3) "I am often bothered by the fact that social work's values are not shared by the broader society" (n=109, 41.8%).

Professional Dissonance Cumulative Risk Index

When the four prior subscales are aggregated together, the result is the professional dissonance cumulative risk index. Total scores on the CRI can range from 0 to 56, with higher numbers suggesting a more substantial endorsement of the PD concept. Given the wide range of responses, the frequency charts used above are not amenable to this data set. Instead, the variability is better visualized using the following histogram:

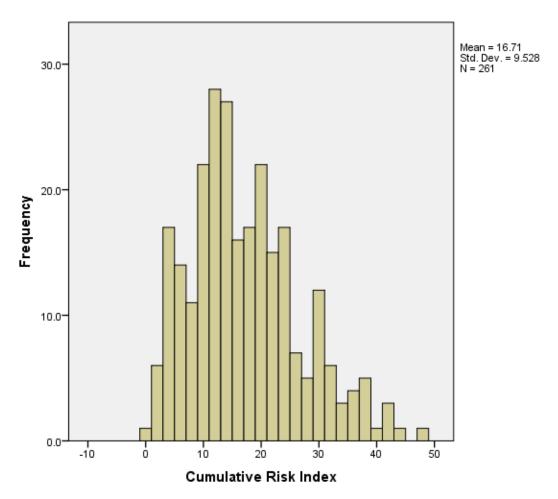


Figure 10: Histogram of CRI Responses

As the graph demonstrates, the mean number of items endorsed on the PD instrument was 16.71 with a standard deviation of 9.53. All 261 responses were included for analysis, with a minimum score of 0 and a maximum of 47. Missing data analysis was not required on this variable since it is assumed that all participants answered this part of the survey; however,

because one participant did endorse zero items, this could be a missing response or a true acknowledgement that none of the PD items rang true. Problematically, for the purpose of this analysis, there is no way to be sure either way.

Descriptive statistical analysis on the CRI indicates that the median (15) is just slightly less than the mean (16.71). When considered alongside the positive skewness of .628, this means that the distribution is approximately normal but there are more respondents toward the lower rather than upper limit. In other words, the magnitude of the larger values pulls the mean upwards despite the fact that median observation occurs at a value less the mean. There is a minimally negative kurtosis of -.008, which implies a flatter than normal (but indiscernible) curve. A Q-Q plot was also constructed to evaluate normality, and as the plot demonstrates, distributions were approximately normal across the scale but especially between CRI scores of six to 30.

When all of these properties are considered together, the distribution is quite similar to what should be expected with a random sample. Indeed, as the following chart demonstrates, when the normal curve is transposed onto the distribution, the distribution fits reasonably well except for the larger than anticipated number of responses between 5 and 15 items. It is important to note, however, that it may be presumptive to assume that the PD concept itself as measured by the CRI adopts a normal distribution anyway. Indeed, not all of the items on the instrument occur with the same expected frequency in practice, and the previously referenced issue of variable measurement (see chapter 3) also applies here.

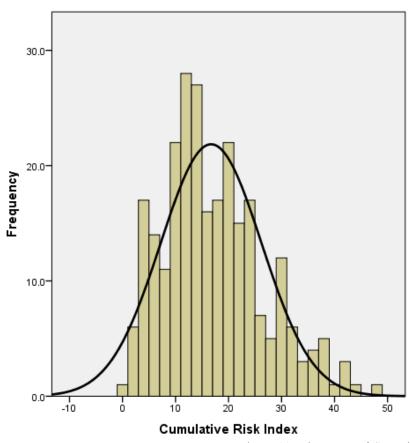


Figure 11: Histogram of CRI with Normal Curve

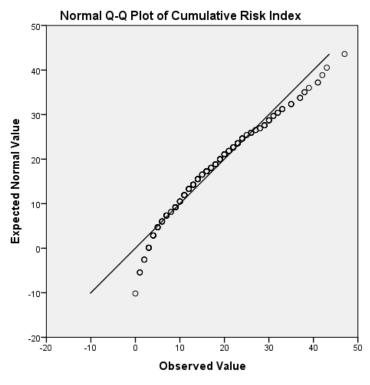


Figure 12: Q-Q Plot of the Cumulative Risk Index

Dependent Variable 1: Job Satisfaction

Job satisfaction was measured using Pond and Geyer's (1991) modification of the Quinn and Shepard (1974) Global Job Satisfaction Index. Scores can range from six to 30, with higher scores indicative of greater job satisfaction. There were 261 respondents for this variable. This sample responded with a minimum score of eight and a maximum of 30 for a range of 22. The mean score was 23.64 and a standard deviation was 4.58. The skewness statistic was -.926 and the kurtosis was .738. The median was 25 and the mode was 26. The results demonstrate that most social workers are satisfied with their jobs, as over half of the sample scored greater than 24 out of a possible 30. Taken by itself, this variable provides a positive reflection of the state of social workers' job satisfaction, although the mechanisms by which this satisfaction is achieved were not explored in this study.

Job Satisfaction Score	Frequency (n=)	Percent	Cumulative Percent
8	1	.4	.4
9	2	.8	1.1
10	1	.4	1.5
12	4	1.5	3.1
13	2	.8	3.8
14	1	.4	4.2
15	4	1.5	5.7
16	8	3.1	8.8
17	3	1.1	10.0
18	7	2.7	12.6
19	14	5.4	18.0
20	14	5.4	23.4
21	8	3.1	26.4
22	17	6.5	33.0
23	22	8.4	41.4
24	19	7.3	48.7
25	27	10.3	59.0
26	36	13.8	72.8
27	21	8.0	80.8

28	17	6.5	87.4
29	12	4.6	92.0
30	21	8.0	100.0
Total	261	100.0	

Table 10: Frequency of Job Satisfaction Scores

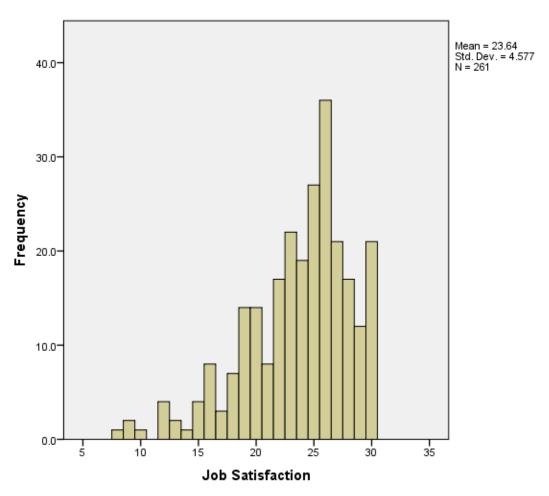


Figure 13: Histogram of Job Satisfaction Scores

Dependent Variable 2: Psychological Distress

Psychological distress was measured with the GHQ-12 instrument, with scores ranging from 12 to 48. There were 259 cases included for analysis, as two respondents did not answer this part of the survey. Although higher scores are indicative of higher levels of psychological distress, it is noteworthy that, because of the way the instrument is structured,

a score of 24 could be considered a person's baseline. Similarly, scores between 12 and 24 are suggestive of a less than usual amount of psychological distress.

Respondents answered within a range of 27, with a minimum reported score of 13 and a maximum score of 40. The mean score was 23.75 with a standard deviation of 4.8, indicating that most respondents answered at a time when their psychological distress was at their (respective) level of normal. Indeed, as the chart below demonstrates, 63.7% of respondents answered with a score of 24 or less. It is important to note, however, that as this is a subjective interpretation, is the level of distress considered acceptable or excessive to the participants. The skewness statistic was .823, indicating that scores are grouped towards the left tail of the graph, and the kurtosis was .711, indicating a taller than normal curve.

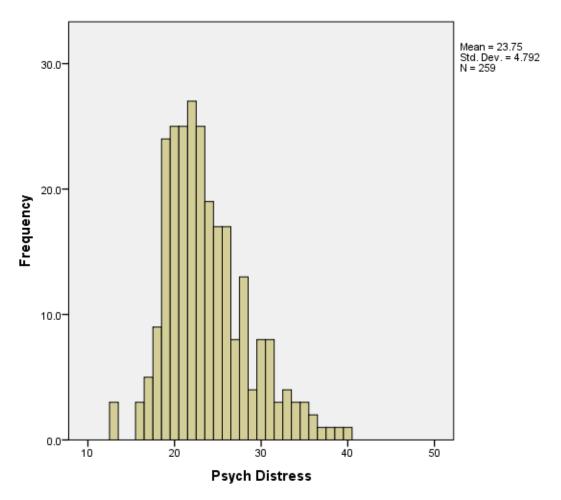


Figure 14: Histogram of Psychological Distress Scores

Psychological	Frequency	Percent	Cumulative
Distress Score	(n=)		Percent
13	3	1.2	1.2
16	3	1.2	2.3
17	5	1.9	4.2
18	9	3.5	7.7
19	24	9.3	17.0
20	25	9.7	26.6
21	25	9.7	36.3
22	27	10.4	46.7
23	25	9.7	56.4
24	19	7.3	63.7
25	17	6.6	70.3
26	17	6.6	76.8
27	8	3.1	79.9
28	13	5.0	84.9
29	4	1.5	86.5
30	8	3.1	89.6
31	8	3.1	92.7
32	3	1.2	93.8
33	4	1.5	95.4
34	3	1.2	96.5
35	3	1.2	97.7
36	2	.8	98.5
37	1	.4	98.8
38	1	.4	99.2
39	1	.4	99.6
40	1	.4	100.0
Total	259	.1.1. 11. Fa	

Table 11: Frequency of Psychological Distress Scores

Cluster Analysis According to PD Endorsements

In Figure 1, a Venn model was proposed to support the cumulative risk model. The purpose of this model was to determine if participants who only endorsed particular subcategories of professional dissonance would differ in some appreciable way from the larger sample. Sixteen distinct groups were created according to all possible interactions of the four PD categories. Unfortunately, cluster analysis could not be completed since 80.46%

of participants (n=210) endorsed items in each category. Because the remaining 15 groups have a combined sample size of only 51 participants, group differences cannot be interpreted with a reasonable amount of statistical power. This clustering exercise did illustrate, however, that a vast majority of participants do identify with all four categories of PD proposed in this study. The table below provides the number of respondents in each of the 13 groups with at least one respondent, along with a description of the inclusion criterion for each group.

Venn Category	Frequency	Percent	Cumulative Percent	Inclusion Criterion
1	210	80.5	80.5	Endorsed items in all four categories
2	8	3.1	83.5	No category C endorsement
4	9	3.4	87.0	No category D endorsement
5	3	1.1	88.1	No category A or D endorsement
6	10	3.8	92.0	No category A endorsement
7	4	1.5	93.5	No category B endorsement
8	1	.4	93.9	No category B or C endorsement
9	8	3.1	96.9	No category A or C endorsement
12	2	.8	97.7	No category A or B endorsement
13	2	.8	98.5	No category A, B, or C endorsement
14	2	.8	99.2	No category A, C, or D endorsement
15	1	.4	99.6	No category B, C, or D endorsement
16	1	.4	100.0	No endorsement of any statement
Total	261	100.0		

Table 12: Frequency of Participants by Venn Category

Bivariate Results

In order to harvest the most meaningful results from the collected data, bivariate analyses were performed on all demographic variables, the independent variable, and the dependent variables. Associations between the demographic variables and dependent variables were included in this analysis, thereby treating the controls as independent variables. Although these demographic variables were not hypothesized to predict the two

outcome variables in this study, the noted associations still provided meaningful results that may be of interest for subsequent research. A total of 45 tests were performed, and the following table summarizes all relationships obtained by these analyses.

	Age	Gender	Ethnicity	Highest Degree	Years Practicing	Practice Setting	Job Category	Job Satisfaction	Psych Distress	Professional Dissonance
Age		0	*	*	.791	0	0	+	-	135
Gender			0	0	0	0	0	0	0	0
Ethnicity				*	*	0	0	0	0	0
Highest Degree					*	0	*	0	0	0
Years Practicing						*	0	.161	182	241
Practice Setting							*	0	0	0
Job Category								*	0	*
Job Satisfaction									444	405
Psych Distress										.417
Professional Dissonance										

Table 13: Summary of Bivariate Relationships

Bold = statistically significant relationship

- + = positive ratio-level association but not statistically significant
- = negative ratio-level association but not statistically significant
- * = non-directional group difference or relationship noted, but interpretation lacks statistical power
- 0 = no statistically significant relationship

As the chart demonstrates, there was no statistically significant relationship in 25 of the 45 performed tests. To improve the readability of this section, only the results of the 20 statistically significant relationships, directional associations, and group differences are reported here. Statistically nonsignificant results are provided in Appendix B.

Relationship between Age and Ethnic Group Affiliation

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between respondents' ages based on ethnic group affiliation, F(10, 235) = 3.521, p < .001. However, the ANOVA test is limited in that it cannot identify which groups are different. Post-hoc tests are needed to determine exact group differences, but even within these tests there are substantial psychometric variations (Stevens, 1999). The original

post-hoc test to evaluate group differences in ANOVA was the Least Significant Difference (LSD), developed by Fisher. It accurately calculates differences in group means, but due to the construction of the formula, the *p* values associated with the results are not accurate. To overcome this limitation, Tukey developed the honest significant difference (HSD) test which has been shown to retain the intended significance (alpha) levels. The results of Tukey's HSD are described below, but caution is warranted since this is likely a statistical relationship that is significant but not meaningful given how small some of the groups are.

As the only three statistically significant results demonstrate, people who identified as Canadian are, on average, 6.83 years older than those who identified as Caucasian/White (p = .11). Similarly, European respondents were 8.33 years older (p = .20). The Latin American/American group is a combined category created for this analysis since post hoc tests cannot be completed when groups have less than two members. Since there was one Latin American and one American respondent, they were combined to create this group. This group is 27.10 years older than the comparison group, but with only two members, this result has limited value even if it is statistically significant (p = .25). In other words, it lacks statistical power.

Relationship between Age and Highest Degree Obtained

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between respondents' ages based on highest degree obtained, F(5, 246) = 3.44, p = 0.005. Post hoc tests could not be completed on the original data set due to both the MA/M.Ed./M.Sc. and college diploma/equivalency groups having just one person. To overcome this limitation, a new variable was recoded consisting of three groups: 1) BSW (n=67), 2) MSW (n=181), and 3) all others (n=7). The one way ANOVA results on this

recoded variable had even greater statistical significance, with F(2, 249) = 7.88, p < .001. The Tukey HSD post hoc test revealed no significant difference between the BSW and MSW groups: MSW students were, on average, 2.91 years older but at an insignificant level (p = .172). The third group did demonstrate a statistically significant age difference compared to both the BSW (18.61 years older) and MSW (15.70 years older) groups. This result does explain why the ANOVA test produced a significant result, but like the prior bivariate comparison, it does not provide useful information regarding the topic under investigation and likely lacks statistical power.

Relationship between Age and Years Practicing

There is a strong, positive linear association between the variables of age and years practicing that is also statistically significant. This is to be expected, and in theory, the strength of the association would only be negatively affected by social workers who enter the profession later in life. As these are two ratio level variables, the Pearson product-moment correlation coefficient was calculated. The r value was .791 (df = 259), significant at p < .001.

Relationship between Age and Professional Dissonance

There was a significant, negative linear relationship between age and professional dissonance scores on subscale A, subscale B, and the cumulative risk index. Age was negatively correlated with subscale A (personal-professional dissonance), r(251) = -.188, p = .003; subscale B (moral-ethical dissonance), r(251) = -.149, p = .018; and, the cumulative risk index, r(251) = -.135, p = .032. The relationship with subscale A is significant at an alpha level of .01, while the other two are significant at 0.05 (all two-tailed). The insignificant relationships between age and subscale C (organizational-structural dissonance)

was r(251) = -.049, p = .439, and age and subscale D (historical-pedagogical) was r(251) = -.088, p = .163. These results inform us that, with particular regards to subscales A, B, and the PD concept as a whole, self-reported levels of professional dissonance decrease as age increases.

Relationship between Age and Job Satisfaction

There is an extremely small, positive linear association between age and job satisfaction, but the result was not statistically significant. Therefore, we cannot conclude that age by itself is correlated with job satisfaction, as r(251) = .101 and p = .108.

Relationship between Age and Psychological Distress

Similarly, there is an extremely small, negative linear association between age and psychological distress, but this result was not statistically significant. We cannot conclude that psychological distress decreases with age, as r(251) = -.095 and p = .131.

Relationship between Ethnic Group Affiliation and Highest Degree

Although highest degree is an ordinal-level variable, it is essentially a rank ordered nominal variable that is amenable to chi-square analysis. The chi-square test with contingency coefficient was performed on this variable pair, and suggests that there is one or more statistically significant group differences: $x^2(50, N=247)=120.179, p<.001$, contingency coefficient = .572, p<.001. Like the ANOVA test, the chi-square test does not identify which groups are statistically significant from each other. A post hoc comparison of expected versus actual values in each cell suggests that the limited number of respondents with PhD, MA/M.Ed./M.Sc., BA/B.Ed. degrees and college diplomas are substantially influencing expected counts and likely explaining the chi-square result. For instance, an

expected count of two and an observed count of one represents a substantial 50 percent group difference even though the difference is, in actuality, only one person.

Relationship between Ethnic Group Affiliation and Years Practicing Social Work

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between the number of years practicing social work based on ethnic group affiliation, F(10, 237) = 3.071, p = .001. The Tukey HSD post hoc test demonstrated that, like the relationship between age and ethnicity, the only statistically significant difference occurred when comparing years practicing among the Caucasian/White and Canadian groups. The Caucasian/White group, on average, had practiced social work for 6.69 more years compared to the Canadian group (p = .005). This is almost identical to the mean age difference, which is a logical similarity.

Relationship between Highest Degree and Years Practicing

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between years practicing social work based on highest degree obtained, F(5, 249) = 3.71, p = .003. As occurred with the degree and age comparison previously, post hoc tests could not be completed on the original data set due to both the MA/M.Ed./M.Sc. and college diploma/equivalency groups having just one person. The recoded variable was used in its place, and the one way ANOVA results on this recoded variable were even more significant with F(2, 252) = 7.94, p < .001. The Tukey HSD post hoc test revealed no significant difference between the BSW and MSW groups. The third group did demonstrate a statistically significant difference compared to both the BSW (13.52 more years of practice) and MSW (15.99 more years of practice) groups. This result does explain why the ANOVA test produced a significant result, but like the prior bivariate

comparison, it does not provide useful information regarding the topic under investigation and lacks statistical power since there are only seven members in the third group.

Relationship between Highest Degree and Job Category

A crosstabulation with highest degree and type of practice setting was created, and a chi-square test with contingency coefficient was performed on the variables. The results were statistically significant, as noted by the following: $x^2(10, N = 253) = 22.58, p = .012$. The contingency coefficient was also expectedly significant: C = 286, p = .012. Post hoc analysis of the crosstabulation reveals that statistical significance was attributed to the small but statistically significant differences between observed and expected counts in the MA/M.Sc./M.Ed, PhD, and college groups. This analysis, therefore, lacks statistical power.

Relationship between Years Practicing and Type of Practice Setting

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between years practicing social work based and the type of practice setting: F(14, 235) = 1.89, p = .028. The post hoc Tukey HSD test revealed that the only significant group difference occurred between private practitioners and social workers in community counselling agencies. Private practitioners had been practicing, on average, 12.45 years longer than those employed in counselling agencies (M = 12.45, SD = 3.4, p = .024). This is sensible if community counselling agencies attract entry level practitioners, and/or people enter private practice after gaining several years' experience working in the field.

Relationship between Years Practicing and Professional Dissonance

There was a statistically significant, negative linear relationship between years practicing social work and professional dissonance scores on all subscales as well as the cumulative risk index. Years practicing was negatively correlated with subscale A (personal-

professional dissonance), r(254) = -.273, p < .001; subscale B (moral-ethical dissonance), r(254) = -.230, p < .001; subscale C (organizational-structural dissonance), r(254) = -.141, p = .024; subscale D (historical-pedagogical dissonance), r(254) = -.187, p = .003; and, the cumulative risk index, r(254) = -.241, p < .001. The relationship with subscale C is significant at an alpha level of .05, while the others are significant at 0.01 (all two-tailed). These results inform us that self-reported levels of professional dissonance decrease as people practice social work for a greater length of time. This relationship is even stronger than the one demonstrated between age and professional dissonance, which might explain the variability among practitioners who enter social work later in life or as a second career.

Relationship between Years Practicing and Job Satisfaction

There was a statistically significant, positive linear relationship between years practicing social work and self-reported levels of job satisfaction, r(254) = .161, p = .01. This correlation is significant at an alpha level of .01, so we can reasonably conclude that social workers become more satisfied with their careers as time passes. An alternative explanation for this result, however, is that those who are most dissatisfied leave the profession earlier.

Relationship between Years Practicing and Psychological Distress

There was a statistically significant, negative linear relationship between years practicing social work and self-reported levels of psychological distress, r(254) = -.182, p = .004. This correlation is significant at an alpha level of .01. The relationship is small, but statistically significant, suggesting that social workers experience slightly lower levels of psychological distress over time. As mentioned in the prior bivariate comparison, however, it is also possible that the most distressed social workers left the profession.

Relationship between Type of Practice Setting and Job Category

A crosstabulation with type of practice setting and job category was created, and a chi-square test with contingency coefficient was performed on the variables. The results were statistically significant, as noted by the following: $x^2(28, N = 250) = 59.52, p < .001$. The contingency coefficient was also expectedly significant: C = .439, p < .001. Post hoc analysis of the crosstabulation reveals that statistical significance was attributed to deviation between observed and expected counts among social workers at the managerial/supervisory level. The child protection sector had a surplus of supervisors (n = 7) compared to an expected count of 2.3. Other settings, such as outpatient mental health, medical/hospital, and counselling agencies, had fewer supervisors than would be expected according to this crosstabulation. It is important to remember, however, that the chi-square analysis cannot consider all of the variables that would affect an organization's structure, so it is not an accurate reflection of whether the particular employers encapsulated in this study are appropriately staffed at the managerial level.

Relationship between Job Category and Professional Dissonance

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between job category and professional dissonance, F(2, 252) = 3.53, p = .031. When the Tukey HSD post hoc test was completed, it revealed that frontline staff reported a mean score 3.9 points higher than supervisors, p = .061, and 8.6 points higher than those in the research/community development group, p = .092. Both of these values are higher than the p value reported in ANOVA due to the Tukey HSD controlling for type one errors. Thus, it is noteworthy that both of these results are statistically significant only at an alpha value $\leq .10$, whereas convention is to use a value of .05 or smaller.

Relationship between Job Category and Job Satisfaction

The one way ANOVA test demonstrated that there were one or more statistically significant relationships between job category and professional dissonance, F(2, 252) = 2.48, p = .085, but only if using a minimum significance level of .10. Similarly, post hoc analysis revealed that one group difference was significant with a p value of .089 when alpha \leq .10. We fail to reject the null hypothesis since it exceeds the generally accepted maximum alpha value of .05, but for interest's sake, supervisors scored an average of 1.7 points higher on the job satisfaction measure compared to frontline staff.

Relationship between Professional Dissonance and Job Satisfaction

There was a statistically significant, negative linear relationship between job satisfaction and professional dissonance scores on all subscales as well as the cumulative risk index. Job satisfaction was negatively correlated with subscale A (personal-professional dissonance), r(257) = -.411, p < .001; subscale B (moral-ethical dissonance), r(257) = -.297, p < .001; subscale C (organizational-structural dissonance), r(257) = -.403, p = .024; subscale D (historical-pedagogical dissonance), r(257) = -.253, p < .001; and, the cumulative risk index, r(257) = -.405, p < .001. All relationships are significant at an alpha level of 0.01 (two-tailed). This bivariate analysis provides convincing evidence that job satisfaction is inversely correlated with professional dissonance. When analyzed as a regression equation to infer some explanatory properties from the correlation, there is an R^2 value of .164, p < .001. This suggests that, despite the moderate association, only 16.4% of the between-subject variation in job satisfaction is explained by a respondent's level of professional dissonance. Interestingly, when regression curve estimation was performed, the equation of best fit is actually a cubic function with an R^2 value of .166, p < .001. The difference, however, is

marginal as all \mathbb{R}^2 curve estimations fell between .162 and .166 at a significance level less than .001.

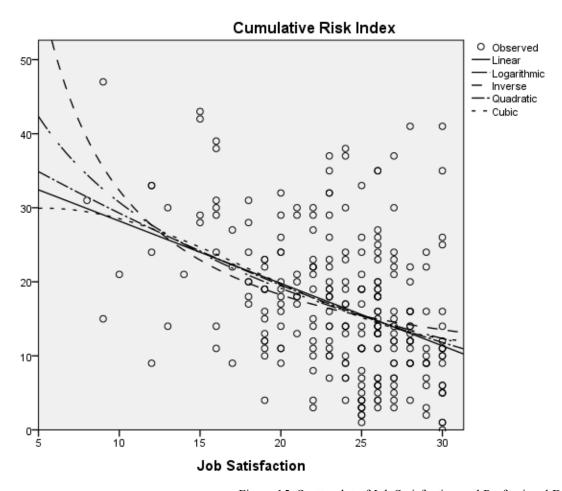


Figure 15: Scatterplot of Job Satisfaction and Professional Dissonance

If you recall from the variable descriptions, the endorsement of four cognitive distortions were solicited in the survey. These distortions included projection, labeling, emotional reasoning, and rationalization. The purpose of this analysis is to decipher whether social workers who endorse specific defense mechanisms differ with regards to the outcome variables. Group differences were evaluated with t-tests for independent samples.

1) Projection: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was no group difference observed, as demonstrated by the t-test results: t(30.61) = .753, p = .457.

- 2) Labelling: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was no group difference observed, as demonstrated by the t-test results: t(91.05) = 1.87, p = .065.
- 3) Emotional reasoning: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was an observed group difference as demonstrated by the t-test results: t(33.35) = 2.54, p = .016. Specifically, social workers who acknowledged using emotional reasoning to justify clinical decisions scored, on average, 2.55 points lower on the job satisfaction measurement with a standard deviation of 5.17.
- 4) Rationalization: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was an observed group difference as demonstrated by the t-test results: t(131.96) = 2.48, p = .014. Specifically, social workers who acknowledged using rationalization to justify clinical decisions scored, on average, 1.6 points lower on the job satisfaction measurement with a standard deviation of 4.96.

Although causality is not inferred, the results of the latter two t-tests suggest that social workers who employ emotional reasoning and/or rationalization, perhaps as a psychological defense against professional dissonance, experience slightly lower job satisfaction.

Relationship between Professional Dissonance and Psychological Distress

There was a statistically significant, positive linear relationship between psychological distress and professional dissonance scores on all subscales as well as the cumulative risk index. Psychological distress was positively correlated with subscale A (personal-professional dissonance), r(259) = .401, p < .001; subscale B (moral-ethical

dissonance), r(259) = .336, p < .001; subscale C (organizational-structural dissonance), r(259) = .410, p < .001; subscale D (historical-pedagogical dissonance), r(259) = .255, p < .001; and, the cumulative risk index, r(259) = .417, p < .001. All relationships are significant at an alpha level of 0.01 (two-tailed). This bivariate analysis provides convincing evidence that psychological distress is moderately correlated with professional dissonance. When analyzed as a regression equation to infer some explanatory properties from the correlation, there is an R^2 value of .174, p < .001. This suggests that, despite the moderate association, only 17.4% of the psychological distress score is explained by a respondent's level of professional dissonance. Interestingly, when regression curve estimation was performed, the equation of best fit is actually a quadratic or cubic function with an R^2 value of .175, p < .001. Like the job satisfaction comparison, however, the difference is marginal as all R^2 estimations fell between .169 and .175, p < .001.

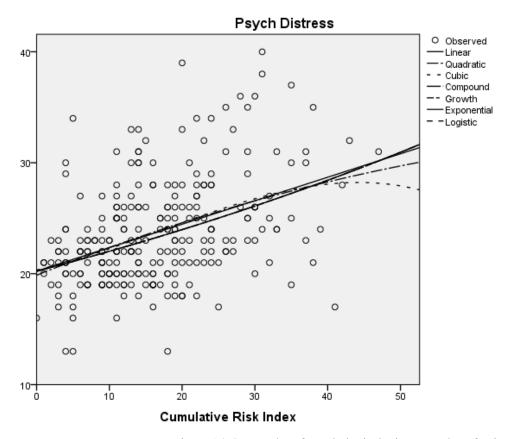


Figure 16: Scatterplot of Psychological Distress and Professional Dissonance

As with the job satisfaction variable, group differences with regards to four cognitive distortions – projection, labeling, emotional reasoning, and rationalization – were conducted. Group differences were evaluated with t-tests for independent samples.

- 1) Projection: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was no group difference observed, as demonstrated by the t-test results: t(32.06) = -.957, p = .346.
- 2) Labelling: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was no group difference observed, as demonstrated by the t-test results: t(90.48) = -.929, p = .355.

- 3) Emotional reasoning: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was an observed group difference as demonstrated by the t-test results: t(33.29) = -3.34, p = .002. Specifically, social workers who acknowledged using emotional reasoning to justify clinical decisions scored, on average, 3.24 points higher on the psychological distress measurement with a standard deviation of 4.88.
- A) Rationalization: Levine's test for equality of variances was not statistically significant; therefore, the t-test for unequal means was used. There was an observed group difference as demonstrated by the t-test results: t(130.55) = -3.27, p = .001. Specifically, social workers who acknowledged using rationalization to justify clinical decisions scored, on average, 2.19 points higher on the psychological distress measurement with a standard deviation of 5.12.

Like the results for job satisfaction, the results of the latter two t-tests suggest that social workers who employ emotional reasoning and/or rationalization, perhaps as a psychological defense against professional dissonance, experience slightly higher levels of psychological distress.

Relationship between Job Satisfaction and Psychological Distress

Job satisfaction and psychological distress are theorized to have conceptual similarities, hence their inclusion in this study as outcome variables. Bivariate analyses were performed to ascertain whether their theoretical similarities are substantiated with statistical results. Indeed, correlation analysis demonstrated that there is a linear, negative relationship of moderate strength between the two variables, r(257) = -.444, p < .001. Linear regression analysis demonstrated that when one variable is used as a predictor against the other, data

produce an R^2 value of .197, p < .001. It is important to note that causality should not be inferred from this calculation alone since this R^2 value is the same regardless of which variable is treated as the dependent variable, and vice versa. However, to conclude that 19.7% of the variance in each concept can be explained by the other does confirm some theoretical relationship.

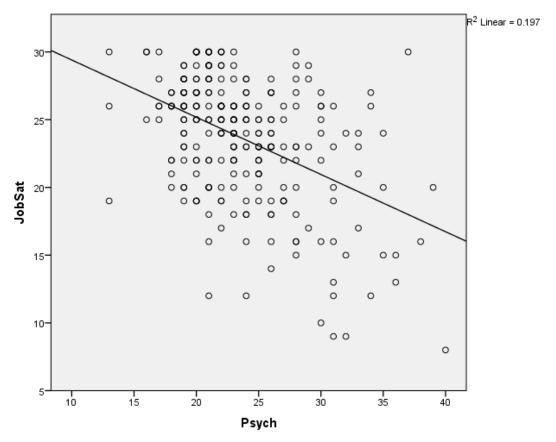


Figure 17: Scatterplot of Job Satisfaction and Psychological Distress

Multivariate Results

As the bivariate analyses demonstrate, there is some type of confirmed relationship between the variables, even if not statistically significant in all cases. Similarly, when professional dissonance is regressed onto the job satisfaction and psychological distress variables, 16.4% and 17.4% of the variance in scores, respectively, is explained by change in the PD score. With these observations as a starting point, all of the variables were considered

for inclusion within a structural equation model (SEM). In SEM, independent and dependent variables are replaced with the terms exogenous and endogenous, respectively. This distinction reflects whether the variable can predict another (exogenous) or whether it is acted upon by other variables in the model (endogenous). What is unique in SEM is that variables can be both independent and dependent, hence the use of distinct nomenclature. Figure 3 depicts the variable schematic as it was hypothesized to occur in this research study, with the experience of professional dissonance influencing the participants' levels of job satisfaction and psychological distress. In order to evaluate this model, all nominal and ordinal variables were converted to dichotomous dummy variables that are amenable to ratio-level analysis. The result was a model with 39 exogenous and three endogenous variables. However, this model could not be appropriately estimated (analyzed) for two reasons.

The first and primary reason for this model's unsuitability is due to strong correlations among the exogenous variables. The resulting multicollinearity violated the necessary statistical assumption of independent observations, rendering the results unsuitable for analysis. This was unfortunately expected since dichotomous dummy variables lend themselves to perfect correlations (i.e., someone who is male is similarly not female). Secondly, the use of 42 total variables was not appropriate given the study's sample size of 261 participants. Statisticians use several rules of thumb to determine the acceptable upper limit for the number of variables in a model according to sample size. Commonly, a sample size to variable ratio of 15:1 is suggested (Pedhazur, 1997, p. 207), although this can range from 5:1 to 30:1 depending on the importance of generalizability and type of regression analysis being performed (Gorsuch, 1983; Green, 1991; Van Voorhis & Morgan, 2007). In

this case, an absolute minimum and suggested minimum sample sizes of approximately 400 and 630, respectively, would have been required to implement a model with 42 variables.

In order to overcome these limitations, a model was developed that included only statistically significant relationships between the PD concept and the precursor variables evaluated in this study. The result is an 11 variable model that explains 35.4% of the variance in professional dissonance scores, 16% of psychological distress scores, and 14.7% of job satisfaction scores. The beta coefficients and R^2 values for the CRI, GHQ-12, and job satisfaction measurement are noted in the diagram, and unlike the prior model, this one does not have to address the issue of multicollinearity. Although several models were attempted, this one provided the largest explanatory variance for the PD construct.

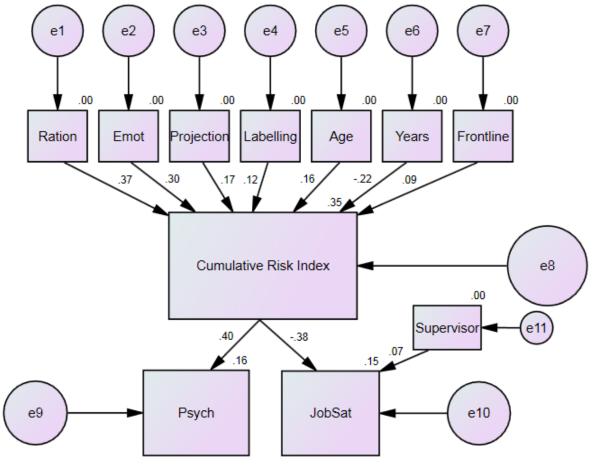


Figure 18: Original Structural Equation Model

An alternative model is presented below, which uses professional dissonance as an exogenous variable acting on both psychological distress and job satisfaction. In this way, it is not treated as an intermediary variable, and as a result, the explained variance in psychological distress and job satisfaction scores are increased. This 10 variable model explains 22.4% of the variance in job satisfaction scores, and 22.8% of the scores on the psychological distress instrument, and suggests that the professional dissonance construct might hold explanatory power when acting directly on the endogenous variables. Note that the asymmetrical presentation of the model is merely to increase the visibility of the beta coefficients.

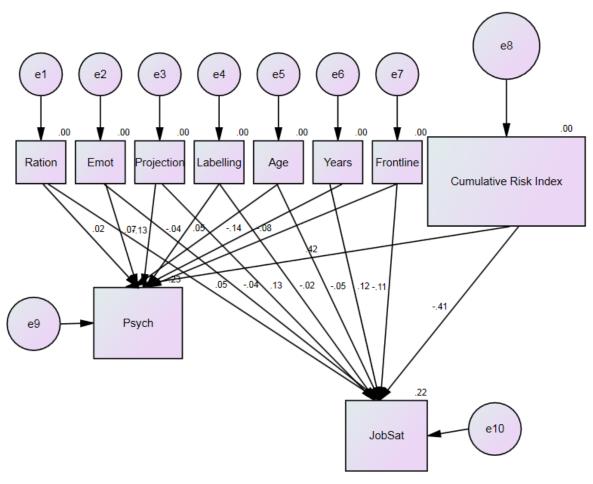


Figure 19: Alternative Structural Equation Model

Qualitative Results

Respondents were invited to provide written comments about the study, the concept of professional dissonance, or any other topic that came to mind. Ninety-seven people (n=97) provided written comments, ranging from brief "thank you for exploring the topic"-type messages to more elaborate commentaries. This equates to 37.1% of participants providing responses, and one participant did not consent to the publication of his/her statement in this dissertation or any subsequent work. Statements were thematically coded according to their congruence with components identified in the conceptual model (Appendix A). The distribution of statements according to topic is as follows. Note that a total of 128 comments were elicited from 97 statements, as some respondents mentioned multiple themes and concepts related to the study. Following this table, a summary of each section with supporting quotations is provided.

Topic	Frequency	Percentage
Personal-professional dissonance	9	7.0
Moral-ethical dissonance	15	11.7
Organizational-structural dissonance	40	31.3
Historical-pedagogical dissonance	11	8.6
Job dis/satisfaction	28	21.9
Psychological distress/Mental health	25	19.5
Total	128	100

Table 14: Frequency of Responses by Topic

Category A: Personal-Professional Identity Dissonance

Although this topic area had the fewest number of responses, participants providing comments in this area offered concise examples of conflict and discomfort related to job tasks, personal values that were incongruent with the profession's, and emotional labour. One respondent stated, "It can be difficult to advocate for and empathize with clients who have gotten into difficult circumstances on their own, after previous support and advocacy."

Another participant saw this as more of a profession-wide issue, claiming "The longer I'm in this job, the more I'm finding that I don't agree with what our social work profession tells us we should be doing ... Many social workers, especially newer ones, see people as victims ... I hear very little on the front line about self-determination and people taking responsibility for their actions." Another endorsed the concept of professional dissonance stating, "My dissonance comes from changing as a person and not necessarily wanting the same things I did when I took this job ... should an option become available outside of social work I would consider leaving this profession."

One participant described a very conflicting role, acting as a hospital discharge planner: "On the one hand I am trying to be empathetic and supportive, however I am also enforcing the hospital's discharge policy which is to move people out." Another noted that, even within social work values, there can be conflict related to the social worker's interpretation and the practice expectations of the employer, derived from its interpretation of these same values. Lastly, in a telling reflection of some people's motivation to reduce dissonance, one respondent stated, "I believe that it is professional dissonance that led me back to university to pursue graduate work." This participant was recalling her experience working in the criminal justice system, which was at odds with her own feminist ideology.

Category B: Moral-Ethical Dissonance

Respondents who endorsed the notion of moral-ethical dissonance emphasized value conflicts within interdisciplinary practice, ethical dilemmas, and challenges associated with social work's misunderstood role and identity. One participant described the distress she experienced when having to contact the police about a client's deteriorating mental health, knowing full well that act would destroy the therapeutic relationship and likely keep the

client from returning to her counselling centre. Another participant, who described interdisciplinary team conflict as wrought with "competitiveness" and "hostility," expressed shame in wanting to "keep your head down and build the wall around you."

Another participant in the health care sector expressed concern with the contemporary notion that disciplines are interchangeable: "I often distinguish the fact that I love my work ... but I don't always like my job." This was echoed by another respondent who is frequently bothered by a nurse colleague who claims that our profession is not necessary since she can "social work anyone." Variations of this concern appeared several times, including by one respondent who wondered why she was even part of a treatment team given that the nurses were knowledgeable about many of the traditional social work theories. One person noted a lack of teamwork and poor morale as people try to "carve off their own niches ... sometimes at the expense of a cohesive vision." Lastly, two respondents expressed concerns about interdisciplinary conflict that arose in the context of advocacy. One person stated, "There are times when I, though I don't want to admit it, give up on trying to advocate for certain things for a resident because I feel I need to 'pick my battles.'"

Category C: Organizational-Structural Dissonance

Not surprisingly, comments related to organizational-structural dissonance occurred most frequently in the dataset. Of these 40 comments, a significant proportion emphasized that the modern-day agency focus on efficiency prevented social workers from feeling that they have the tools, resources, or timeframe to effect meaningful change with clients. Feelings of inadequacy resulting from excessive caseloads and the expectation of completing full-time work in a part-time role were often expressed. One respondent describes feeling "negligent" with regards to documentation, even though she feels that it is more important to

provide quality service. She noted that "everyone tends to put in an extra day of unpaid overtime each week because it is impossible to meet managers' demands," and problematically, this practice is engrained in the work culture. Another respondent described the pull between clients' needs and managers' expectations as an "exhausting tug of war," and this sentiment was often attributed to the influence of business concepts on human service management. In fact, one respondent voiced that "irrelevant bureaucratic decisions are more bothersome than are value dissonance to me." Lastly, a former child welfare worker noted that he resigned from that role due to "ongoing dissonance between workplace structure/expectations/demands ... and social work code of ethics," again validating the motivation to reduce dissonance that some people experience.

With an emphasis on structural elements, one respondent with a background in aboriginal and women's studies described being "horrified to see how the dismantling of the welfare state has played out in society." Quite eloquently, she added: "social work ... has been diminished and downplayed currently in social services, greatly impacting the capacity for frontline workers to find even the smallest platform for authentic praxis." Another respondent was deflated by the seeming abandonment of clients not only by the social service organizations that purport to serve them, but by society as a whole. She wrote, "There is no joy in helping an elderly patient (and their family) discharge to a facility that you would not want to live in yourself."

One respondent from the child welfare sector, who offered a particularly lengthy contribution, wondered if people end up adopting dominant values "rather than standing up and fighting for what is ethically right" as a means of self-preservation. As a result of her own observations and experiences, she has questioned whether she has become "a cynical

burnt-out bitch who should leave the profession." Others discussed the dissonance involved in deciding to leave a job they enjoyed for a job they dislike in order to be paid fairly: "I experience dissonance to the extent that I had to leave a job I liked very much ... because it did not pay me enough to live on. I moved to another job that I like enough but not as much for a better rate of pay." Interestingly, the opposite perspective was also met with discomfort, with one respondent stating that she loves her work but being paid \$15,000 less each year compared to hospital counterparts "wears on me." These last two points have clearly articulated the no-win experiences so commonly observed in professional dissonance.

Category D: Historical-Pedagogical Dissonance

In this section, historical is meant to reference the evolving nature of the profession and not merely the historical examples of dissonance that were used to conceptualize the theory. Although most comments in this area focused on the perceived dissonance between social work education and practice, a few participants chose to identify concerns that have emerged or developed throughout their careers. One commonly referenced disconnect in this section pertains to the theoretical nature of social work education. One participant wrote, "I felt I had to learn what social workers do while I was on the job, and I have had to take courses to learn things I believe I should have been taught." Regarding social work education, another participant voiced that "somehow the theory didn't grab hold of actual practice. It was overly cerebral and at times irrelevant to what I needed to do." Some respondents also felt that there should be an increased focus on vicarious trauma, compassion fatigue, and an honest conveyance of how demanding social work truly is.

One participant expressed that "there is a big miss in social work education about business," especially since much of it is "anti-social work values." The quantity and content

of the responses in the prior section would tend to support this contention. Another respondent identified social justice and advocacy functions as a core component of social work, but noted that "neither continuing education nor most communication from professional groups or educators reflects this as a priority." As a result, this social worker described feeling "very much an outsider in the profession" who struggles to find colleagues who share this focus. Closely related is the discomfort that some professionals feel when advocating, which may explain why they choose not to focus on this as a professional responsibility. As one respondent wrote, "The social work profession could do a better job of preparing social workers to navigate the conflict that is inevitable in advocating for vulnerable groups."

Concerns about social work's fragmented or at least unclear identity were also noted. One participant expressed concern that this causes further dissonance internally with social workers unable to agree on what their professional roles actually are. As a result, this person describes interaction with other social workers, unfortunately, as "more of a source of frustration" than support. Another participant wrote,

One of the common struggles I have are with social workers who appear to be more concerned about being thought of as 'professionals' rather than as people who work with and advocate for those living in poverty... There is a huge disconnect between social workers who do grass roots community based work and those who work for gov't/large institutions.

This sentiment very much reflects the central tenet of *Unfaithful Angels* (Specht & Courtney, 1994), and suggests that even within social work itself, there are competing camps. Capturing this nicely, one participant wrote that during his MSW program, social work was described

as a "Janus-faced profession," in reference to the Roman god of beginnings and transitions. Demonstrating a solid understanding of professional dissonance, he wrote that the true challenge is being able to "lie with the ambiguity" associated with being both a gatekeeper for services and a social activist, especially since the two are often at odds.

Job Satisfaction

Comments about job satisfaction varied tremendously depending on the type of practice setting, tenure in the profession, and of course, personal variables. Some participants shared helpful strategies to promote overall (personal and job) satisfaction, whereas others identified specific events or transitions that they felt were detrimental in this domain. For example, one participant noted that she found dissonance to be greater and job satisfaction to be poorer earlier in her career "in more front-line positions." She also noted, "Experience manages to create a healthier perspective and coping abilities." On the contrary, one participant reported plummeting job satisfaction after a supervisory appointment two years ago, which provided the impetus for her to return to school and pursue her MSW in search of a "blank slate."

Many traditional moderators of job satisfaction were mentioned, including salary, pension eligibility, job task diversity, supervisory practices, autonomy, quality of collegial relationships, and efforts toward work-life balance. Several respondents felt chronically overworked, being asked to do more with less money and fewer staff. One respondent found strength in a Zen-like approach to practice: "I am able to leave almost everything with the client at the end of the session, knowing I tried my best and the rest will fall into place where it is supposed to." Some participants consider other disciplines' lack of understanding of social work particularly frustrating to the point that it negatively affects their job satisfaction,

whereas another attributed positive effects to working in an agency that "is open to learning about social work ethics and perspectives."

Important in some respondents' quest for job satisfaction was the ability to find meaning in their work. One respondent stated, "I feel honoured to bear witness not only to their struggles but also to their triumphs," while also cautioning that it is important to be mindful of limitations to helping others because of "circumstances outside of our control." Indeed, since job control is linked to job satisfaction, this advice is sound if one can create enough psychological distance from the highly personal nature of the profession.

Psychological Distress

Of all the themes discerned from the qualitative responses, comments in this domain were arguably the most gravitas as they indicated the profound and pervasive nature of psychological distress on one's work and overall sense of wellness. Additionally, considering several participants reported significant psychological distress on the survey instrument, the magnitude of this desolation should not be overlooked. Several participants described seemingly toxic work environments, but one in particular noted that "more than a quarter of our staff were on sick leave." This participant also developed major depression and was feeling suicidal, which resolved with appropriate mental health treatment and securing new employment in a healthier setting. Another participant reported that she "developed a chronic illness early in my career due to lack of support/awareness/courage to deal with vicarious trauma and the impact of the clients' material." Despite leaving this employment setting, she was sick for many years to follow.

More generic themes that permeated the responses included feeling anxious, stressed, pressured, and excessive worry about the outcomes of client decisions for a substantial

amount of time after they have been made. The transferability of psychological distress was captured by a participant whose stressful divorce significantly affected her work and overall mental health. In a similar vein, another participant wrote, "I'm always exhausted at the end of the day. I have gained a lot of weight and I find I isolate myself." Another participant, whose situation has thankfully improved, reflected back to her early working experiences after university: "I took the stress home. I was depressed and did not want to go to work. I wanted to quit on a regular basis. I did not feel valued or that the agency was applying any of their values to their work with the clients." Similar sentiments are echoed by this respondent, although for her, the experience is in the present: "I worry about burnout and having to one day go on stress leave, as is the case for many here." Perhaps most telling, however, is the following statement, which is used to conclude this section: "I am not sure if it's a good idea to be a social worker for the entirety of one's career. It takes a toll on one's faith in humanity." Sadly, this is not an isolated statement.

Chapter Summary

This chapter described the quantitative and qualitative results of this dissertation study into the concept of professional dissonance and its related variables. The univariate results revealed a rather homogenous sample, with a predominance of Caucasian (53%), MSW-level trained (71%), female (84%) practitioners. Age was distributed on an approximately bimodal basis, and most respondents were frontline staff (84.31%), with a mean of 11.96 years of practice, employed in medical (17.2%), counselling (15.7%), and community-based health care (14.2%) settings. Endorsement was obtained for the professional dissonance concept as well as the hypothesized dependent variables of job satisfaction and psychological distress, which supports the face validity and contributes to the

growing content and criterion validity of the PD instrument and variable relationship under examination.

Professional dissonance was measured with an author-developed instrument. In category A, participants most frequently reported experiencing inner conflict because of work-related decisions (49.8%), having to maintain false emotional displays when working with clients (41.2%), and having to express empathy even though they do not feel it (41%). In Part B, participants highly validated the notion of moral distress due to limited financial resources (69%), as well as conflict with co-workers due to competing value systems (60.2%) and advocacy functions (60.5%). In category C, participants were concerned about the quality of their work with clients due to employers' focus on speed and efficiency (44.4%). Similarly, participants did not feel that the complexity of social work practice is truly appreciated (42.9%), and the contemporary focus on risk management has limited their creative problem solving abilities (39.8%). To conclude, respondents in category D were concerned about social work's lack of understanding by other disciplines (70.9%), its lack of cohesive identity (45.6%), and broader notions of isolation in that social work's value system is not shared by society at large (41.8%). Summatively, participants endorsed a moderate number of items (M=16.71, SD=9.53) on the instrument with an approximately normal distribution.

With regards to job satisfaction, a generally positive report of job satisfaction was received despite the stressors inherent in contemporary practice. With higher scores indicative of greater job satisfaction, participants reported a mean score of 23.64 out of a possible 30. Over half of the sample scored above 24, suggesting that most social workers are satisfied with their jobs. Similar observations were noted with the psychological distress

measurement, with a mean score of 23.75 out of a possible 48. Although higher scores indicate greater psychological distress, the way the instrument is scored essentially means that a score of 24 is considered a respondent's baseline. This could also be interpreted as a positive reflection of social workers' overall level of distress; however, given the subjective nature of this variable, it is not clear whether this baseline is tolerable in the long-term or considered acceptable to the individual respondent.

Bivariate analysis produced a few statistically significant relationships among the examined variables. In addition, four statistically significant relationships with regards to participant age and ethnicity, age and highest degree obtained, highest degree and years practicing, and highest degree and job category, could not be interpreted meaningfully due to small group sizes. Age and years practicing were correlated with a positive linear association, and both variables were negatively correlated with professional dissonance scores. This is a key observation, suggesting a decrease in experienced professional dissonance — or at least the distress caused by professional dissonance precursors — as careers progress. In addition, number of years practicing was positively associated with job satisfaction, and negatively associated with psychological distress.

When considering the relationship between number of years practicing and type of practice setting, private practitioners had an average of 12.45 more years of experience than staff in counselling agencies. Assuming social workers open private practices later in their careers after gaining several years of work experience, this is a logical observation.

Participants' type of practice setting was not associated with job satisfaction, psychological distress, or professional dissonance; however, job category was associated with variance in scores on the job satisfaction and professional dissonance measures. Specifically, frontline

staff endorsed an average of 3.9 more PD items than the supervisory group, although this is only significant using a p value of .1. Similarly, supervisors scored an average of 1.7 points higher on the job satisfaction measurement, but this is only significant when $p \le .1$.

Another key observation is that there was a negative linear relationship between job satisfaction and professional dissonance across all subscales. The relationship was strongest between job satisfaction and 1) personal-professional dissonance (r = -.411), 2) organizational-structural dissonance (r = -.403), as well as 3) the cumulative risk index (r = -.405). Similar observations were noted with regards to the relationship between psychological distress and professional dissonance. A positive linear relationship was noted across all subscales, with the strongest correlations noted between psychological distress and 1) personal-professional dissonance (r = .401), 2) organizational-structural dissonance (r = .410), as well as 3) the cumulative risk index (r = .417). Lastly, job satisfaction and psychological distress were negatively correlated with moderate strength (r = .444), suggesting that these three variables share conceptual similarities and potential predictive value.

Four cognitive distortions were evaluated with single items in the PD instrument. Participants who used emotional reasoning and rationalization scored lower on the job satisfaction, and higher on the psychological distress measures. There was no relationship between these measures and the distortions of projection and labelling. Although caution is warranted since these distortions were measured with single items and not comprehensive tools, it is still noteworthy that significant group differences emerged. It is possible that social workers who use these cognitive distortions differ in some way in terms of professional dissonance susceptibility.

Multivariate analyses were performed with structural equation modeling procedures. in order to incorporate as many explanatory variables as possible into the overall model. Because multiple regression equations (including SEMs) can only be compiled with ratiolevel variables, the nominal and ordinal-level variables in the study were converted into dichotomous dummy variables. This resulted in substantial multicollinearity among the demographic variables, rendering the hypothesized model identified in chapter 3 unsuitable for testing. In order to overcome this, an alternative model was proposed that retained the same structure as the original, but consisted only of statistically significant relationships identified in the bivariate analyses. This 11 variable model produced a respectable R2 of 35.4% with regards to PD, 16% with regards to psychological distress, and 14.7% with regards to job satisfaction. When the model was rearranged to treat professional dissonance as an exogenous rather than intermediary variable, the explained variance in psychological distress and job satisfaction scores increased to 22.4% and 22.8% respectively. Although this model does not elucidate the relationship between the original demographic variables and professional dissonance, the increase in R^2 values among the endogenous variables suggests that the PD construct holds some explanatory power. As will be elaborated on in chapter 5, future research should continue to explore this relationship.

To conclude the analysis, 97 written comments from respondents were thematically coded. As some respondents addressed more than one topic, a total of 128 distinct comments about the variables in this study were evaluated. The most frequently discussed topic was organizational-structural dissonance (31.3%), followed by job satisfaction (21.9%), and psychological distress or mental health (19.5%). Some participants shared examples of how their conflicting role obligations, job tasks, and value conflicts resonate with the theory of

professional dissonance, while others were candidly observant about how they have changed as a result of difficult practice situations, poor work climates, and overall mental health.

Respondents were concerned about the continued influence of business models of practice at the expense of client-centered care, and more broadly, the dismantling of the welfare state.

Several participants found the absence of a cohesive professional identity concerning, not only because of how this impacts the interprofessional understanding of social work, but also out of concern for the profession's long term viability. Interestingly though, at the same time this study was conducted, the Ontario Association of Social Workers had also completed a membership survey (OASW, 2014). One measure of professional identity in that survey, referring to the OASW's decision to separate from the CASW in 2011, was met with tremendous response variation: 31 and 33 percent of respondents identified this as a relevant and irrelevant issue, respectively (p. 16). A lack of cohesive identity is very real in contemporary social work.

Comments about job satisfaction and psychological distress varied considerably, but the latter were undoubtedly concerning given how poor mental health can permeate all aspects of a person's life. Repeated comments about dissonance-inspired emotions, including anxiety, frustration, and worry were noted; however, these were overshadowed by some participants' acknowledgement that they developed major depression, chronic illnesses, and even suicidal ideation early in their careers. Obviously, the intent here is not to imply causality between professional dissonance and these respondents' experiences with serious illnesses. A fair interpretation, however, would be the contention that stressful workplaces certainly can't have a positive influence on an illness trajectory. When participants say, out of concern for mental health, "I am not sure if it's a good idea to be a social worker for the

entirety of one's career," there is a professional obligation to heed the message. In other words, what are we doing – or not doing – to prevent social workers from embracing the profession as a lifelong journey of service to others, as its founders likely imagined it to be?

In the following chapter, implications inferred from this study will be discussed.

Chapter 5: Discussion and Conclusions

Introduction

As this dissertation demonstrated, the social work profession has certainly evolved along an unpredictable, conflicted, and at times contradictory path. Many of the historical debates that were encountered by the profession's founders still challenge today's practitioners, albeit they are now immersed in a complex world that could never have been imagined by Mary Richmond and Jane Addams. With this in mind, it is rather timely that the inaugural issue of Critical and Radical Social Work contained an article exploring the "tensions" that social workers encounter when "paving their way through dual loyalty issues and risk paradigms" (Briskman, 2013, p. 51). To use an old cliché, however, it must be reiterated that the road – as divergent as it was at times – was paved with good intentions. Early social workers recognized that by maintaining a dual focus, the discipline had the opportunity to evolve into a legitimate, socially sanctioned profession with a versatile and widespread scope of practice. They appreciated that such duality could create future challenges related to identity, and in an effort to mitigate this challenge, they sought integrated approaches to practice that would reconcile differences and accommodate all social work professionals regardless of their clinical orientation. Unfortunately, history indicates that this did not proceed as planned.

From Abraham Flexner's (1915/2001) speech, to Mary Richmond's (1915) early criticism of reformers' poor understanding of casework (p. 44), to the choppy relationship between schools of social work and the universities that housed them (Jennissen & Lundy, 2011, p. 23), conflicts are apparent throughout the profession's history. As Graham (1996, p. 44) wrote, in regards to the internal divisions among faculty and a politically-motivated name

change in 1929, "The University of Toronto School, like social work itself, was destined to become *reified* and *divided*" [emphasis added]. Our professional schism had clearly been foreshadowed. If, from these conflicts, had emerged professionals that were content and engaging in practice with a clear course of action, this research may not have been undertaken.

Instead, however, social work today continues to be plagued by challenges that affect its practitioners' abilities to find their niche in a complex service delivery system and, more importantly, in a society that offers only "contradictory or partial expression and support" for the morals and values the profession strives to uphold (Rapoport, 1960, p. 63). Thompson (2005) may have captured this best when he described social work as a "sweeping up operation" (p. 6), cleaning up the mess left by failures or gaps in social programs that are often the very programs that employ us. Even our leadership bodies perpetuate this sense of misdirection and dissonance, as evidenced by the inability of provincial social work associations to form a cohesive entity in the interest of Canadian social work, while social work regulation across North America is plagued by "confusion," "controversy," and "a patchwork quilt of terminology and requirements" (Amdur, 2011; Collins, Coleman, & Miller, 2002, p. 205). Indeed, the latter issue appears to date back to the formation of the CASW when some argued that Red Cross and members of the Victorian Order of Nurses working in remote areas "engaged in the practice of social work and therefore ought to be eligible to join the association" (Jennissen & Lundy, 2011, p. 31). Thus, if history is any

²¹ Interestingly, an undated but circa 1930 survey of the academic qualifications of 228 practicing social workers revealed that 13 percent had earned nursing diplomas (cited in Jennissen & Lundy, 2011, p. 33).

guide, issues of *who* and *what* in social work identity will almost certainly continue to be a problem for the profession.

The lack of understanding among cognate disciplines and absence of a cohesive identity were respectively the first and second most commonly endorsed statements in category D (historical-pedagogical dissonance). Although efforts have been made to reframe the identity issue, such as the three presented as follows, it is evident that the perpetual nature of this concern does not sit well among social workers. Payne (2007), by describing social work as a constantly redefining discipline according to "social need and social change" (p. 2), essentially argued that the identity issue is not a concern but rather a characteristic of our evolving social role (see also Staniforth, Fouché, & O'Brien, 2011). Alternatively, Bartlett (1970) suggested that the social work profession simply has an identity that cannot be articulated since the true problem "is the lack of adequate words, terms, concepts to represent the important facets and components of the profession's practice as a whole" (p. 46). Lastly, in her study of social work students' identity formation, Weiss (2012) stated that "the dynamic nature of professional identity" means it is "not easily put into a box" (p. 1; see also Oliver, 2013). Attempts such as this to capture social work's unique identity are indeed noble pursuits; however, their divergent nature only supports the underlying argument that dissonance perpetuates uncertainty. Even if there is merit to this perspective, defining a profession's identity as an ever-changing quality that is indescribable due to semantic limitations is extremely problematic in an employment context characterized by predictable organizational structures, managed risks, funding silos, role boundaries, and quantitative outcome measures.

This entire theme is one of concern for both individual professionals and social work in general. As illustrated in chapter 1, the empirical demonstration that social workers are at an above average risk of burnout and job dissatisfaction is a troubling observation, because stressful and complex workplaces will either encourage employees to seek positive change or, more often than not, induce learned-helplessness, dissent, and voluntary turnover (Kassing, 1997; Orpana, Lemyre & Gravel, 2009; Travis & Mor Barak, 2010; Vangel, 2010). Current social workers are struggling with a multitude of historically-informed and emerging challenges, but as Carniol (2000) wrote, perhaps our positive experiences simply "shield us from our more critical feelings" (p. 5). In what is arguably one of the most critical evaluations of the social work profession, Margolin (1997) asserted that the true cause of burnout lies within the core mission of "the profession itself – at a tradition that forces social workers into the most debilitating sorts of denial, hypocrisy, and double binds" (p. 4). Indeed, Bateson and colleagues' (1956) theory of double bind communication is historically relevant in the original life model work of Gitterman and Germain (1976), as well as in psychoanalytic and family therapy literature (e.g., Riebschleger, 1991; Roy & Sawyers, 1986; Ringstrom, 1998). If social workers have recognized this as a problematic approach to communication and function within families, would it not be considered equally problematic or dysfunctional as a characteristic of professional identity?

Arguably, this research has validated the existence of perceived contradictions in contemporary social work practice. However, it has also produced contradictory results such as the moderate relationship between PD and negative outcome variables, as well as a generally favourable report of job satisfaction across the sample. Several questions have emerged from this exploration of professional dissonance. Is poor job satisfaction and

psychological distress the cost of working in contradiction, within the dominant social structures that have always drawn the profession's ire? With particular regard to young social workers who seem particularly susceptible to burnout-type phenomena, how do we encourage employment within this system even if it is antithetical to the profession's core mission (Margolin, 1997)? Is it selfish to forgo the potentially idealistic view of social work in favour of the more immediate and tangible interest of professional wellbeing? If social work is a calling and not just a job, are these the inevitable sacrifices that are associated with it?²² Or, as Carniol (2000) might suggest, are we just too superficially content with everyday "victories" to be appropriately and even understandably critical (p. 6)?

Paradoxically, cognitive dissonance theory contends that if we convince ourselves that the right course of action is to maintain dissonant social work practice, this will not only continue but will actually *increase* because of our preference for consistency (e.g., Rabin, 1994). Furthermore, given the ample sources of dissonance inherent in contemporary practice, this should not be a difficult pursuit. In a profession that was founded on service to others, there is little doubt that its involvement across sectors has improved the lives of countless clients and service recipients. But has this perceived identity crisis negatively reverberated onto social work professionals in an existential manner whose repercussions have not yet truly been explored? Professional dissonance, like many states of discomfort, has the potential to be reframed as a chance for growth and development. This is consistent with both Taylor's (2002) goal of using professional dissonance as a vehicle toward excellent social work practice (pp. 165-167) and broader notions of conflict as neither positive nor

Though obviously not referring to social work, Fr. John Hardon once stated that "Every vocation is born of sacrifice, is maintained by sacrifice, and is measured ... by the sacrifice" (cited in Rose, 2002, pp. 230-231).

negative, but an opportunity to evaluate differences and promote change. Unfortunately, however, none of the qualitative responses in this research spoke to this perspective. Professional dissonance and its related constructs were not viewed as an opportunity for growth, but rather as a source of distress.

Prior attempts have been made to reframe conflict as a change agent. For instance, Mary Parker Follett used her notion of constructive conflict to suggest that conflict can be a stabilizing force. This does not imply that future conflict will not occur, but it is said to occur at a higher level, preventing repetition of the same conflict at a later time (Fox & Urwich, 1973; Metcalf & Urwich, 1982). Similarly, Buddhist conflict resolution practices such as those described by Parchelo (2008) believe that conflict results from a false pursuit of permanence. Nevertheless, this emphasis on change has always been incorporated into universal definitions of social work (e.g., Hare, 2004; International Federation of Social Workers, 2012) and should continue to be espoused as a component of our professional identity. But one cannot discount the possibility that people have finite limitations and tolerance of ambiguity, as referenced in chapter 2. Whether an opportunity for growth or a perceived threat, there likely is a breaking point, and as the results of this research suggest, some social workers have already reached it.

Review of Study Results

The previous chapter provided a comprehensive review of all study results; however, several key points are worth reiterating here in anticipation of the implications described below. Most importantly, the concept of professional dissonance and its relationship to job satisfaction and psychological distress was validated. Participants experienced conflict because of work-related decisions, having to maintain false emotional displays when working

with clients, and having to express empathy even though they do not feel it. Conflict owing to the experience of limited financial resources as well as competing value systems with coworkers were regular occurrences. Participants were concerned about the quality of their work with clients due to employers' focus on speed and efficiency, and they did not feel that the complexity of social work practice is truly appreciated. Finally, a lack of cohesive identity within the social work profession and broader notions of isolation because social work's value system is not shared by the broader society were reported.

Fortunately, a generally positive report of job satisfaction was received despite the stressors inherent in contemporary practice. Similar observations were noted with the psychological distress measurement. During bivariate analysis, age and years practicing were correlated with a positive linear association, and both variables were negatively correlated with professional dissonance scores. In addition, number of years practicing was positively associated with job satisfaction, and negatively associated with psychological distress. Participants' type of practice setting was not associated with job satisfaction, psychological distress, or professional dissonance; however, job category was associated with variance in scores on the job satisfaction and professional dissonance measures. Another key observation is that there was a negative linear relationship between job satisfaction and professional dissonance across all subscales. Similar observations were noted with regards to the relationship between psychological distress and professional dissonance, as a positive linear relationship was noted across all subscales. Lastly, job satisfaction and psychological distress were negatively correlated suggesting that these three variables share conceptual similarities and potential predictive value.

Multivariate analyses were performed using a structural equation model, in order to incorporate as many explanatory variables as possible into the overall model. This 11 variable model produced a respectable R^2 of 35.4% with regards to PD, 16% with regards to psychological distress, and 14.7% with regards to job satisfaction. When the model was rearranged to treat professional dissonance as an exogenous rather than intermediary variable, the explained variance in psychological distress and job satisfaction scores increased to 22.4% and 22.8% respectively. Although this model does not elucidate the relationship between the original demographic variables and professional dissonance, the increase in R^2 values among the endogenous variables suggests that the PD construct holds some explanatory power.

To conclude the analysis, 97 written comments from respondents were presented. The most frequently discussed topic was organizational-structural dissonance, followed by job satisfaction, and psychological distress or mental health. Comments about job satisfaction and psychological distress varied considerably, but the latter were undoubtedly concerning given how poor mental health can permeate all aspects of a person's life. Some comments reflected a magnitude of experience that cannot be discounted. Resultantly, they bolster the argument that workplaces should promote wellness and minimize psychological harm whenever possible.

Discussion of Implications of Findings

Implications for Social Work Practice

This exploration of professional dissonance has confirmed that social work is a multifaceted, rewarding, but undoubtedly complex profession. Data from the job satisfaction and psychological distress measures verify that, as a whole, social workers are satisfied with

their jobs and are experiencing their individually subjective baseline levels of distress. It also confirms, however, that professional dissonance is a real construct with a negative and positive association with job satisfaction and psychological distress, respectively. Although younger social workers do appear to be most susceptible to the negative effects of professional dissonance, as demonstrated by the statistically significant directional relationships, professionals across all age groups and settings did endorse the concept. Thus, it is suggested that social workers and their employing organizations should promote a dissonance-reducing work environment wherever possible, and this can be encouraged through several means.

The first approach encourages a mutual commitment to understanding the other's expectations, priorities, and demands. For the employer, this involves making an effort to understand how the social work profession fits into the overall goals of the organization. Indeed, the type of social work that is practiced in a community counselling agency differs significantly from that which is practiced in an involuntary forensic psychiatry setting. For the social worker, a continuous process of self-awareness, self-refection, and support helps to ensure that the setting is congruent with their preferences. This social worker-organization congruence also helps to mitigate against ethical pressures, which are associated with lower levels of organizational commitment and job satisfaction (Shafer, 2002). Interestingly, implicit in this recommendation is an acknowledgement that even with common training, individual social workers will have different responses to, perceptions of, and tolerance for the demands of a particular setting. This does not minimize the potential consequences of dissonance, however. It simply recognizes that within any profession, certain individuals will be better suited for a particular aspect or role. This also encourages personal-professional

identity congruence (category A), which will limit the overall magnitude of dissonance experienced by any single practitioner.

The second method by which dissonance is reduced in practice settings extrapolates the social worker-organization congruence to the interdisciplinary team as a whole. In many cases, social workers operate as members of a multidisciplinary team whose primary commonality is that each person has unique training and value bases. The potential for team conflict due to competing value systems is present and regularly occurs according to participants in this study. Perhaps no greater example of this exists than the lifelong tension (or at least, perceived tension) between "medical and social models of care" (Newberry-Koroluk, 2014, p. 180; Paré & Le Maistre, 2006). Indeed, team conflict because of advocacy and different training were the second and third most commonly endorsed items in category B of the professional dissonance instrument. Considering that interdisciplinary teams, by definition, will always comprise professionals with diverse training, an effort should be made to create a working environment that recognizes this and promotes healthy discussion and conflict resolution. Abramson's (1984) suggestion is particularly apropos, in that professionals should develop a common moral language, an atmosphere that reduces ambiguity yet tolerates disagreement, and a procedure for analyzing ethical dilemmas.

Thirdly, social service employers, ideally in collaboration with their social work professionals, should develop and implement clear job descriptions to minimize role conflict and strain. Developing clear role expectations is fundamental to this task. Given the diversity and in some cases, disagreement about what constitutes social work, it is important to clarify what employers expect from professionals who carry this designation. In many cases this discussion will itself be dissonance-inducing, but will ultimately provide a framework for

practice within that organization that was mutually constructed. Social workers in this study frequently identified their employers' focus on speed and efficiency as a source of distress. One participant in the study questioned whether nurses have replaced social workers as hospital discharge planners because we are perceived as less efficient, or rather, more concerned with the ethical nuances and complexities of discharging perhaps vulnerable patients. A discussion of social work expectations with employers could potentially resolve such speculation, and if it was confirmed, a higher order discussion can ensue about the role of a profession that is true to its values but whose values are deemed incompatible with that particular employer.

The lack of communication or collaboration between employers and social workers is not a new issue, and this study is tacitly linked to this ongoing concern. When Canada's social work sector study was released in 2001, some contended that too much emphasis was placed on employer perspectives to the neglect of professionals' and service users' voices. Similar opposition was encountered in response to social work educators' recommendation to develop practice competencies (Westhues, 2002). Concern about employers' influences in social work education is an issue that Parsloe first broached in 1977. Scholars have asserted that when education mirrors practice, the result is "a pragmatic, performance driven view of what social workers do" that is neither "value driven nor critically reflective" (Preston-Shoot, 2000, p. 98; see also Adams, 1998). Others suggest that when professionals' values, discretion, and autonomy are repressed, or situated to operate subserviently to an employing agency's agenda, service users are often placed at risk (Davis & Ellis, 1995; Marsh & Triseliotis, 1996; Horwath, 2000), although this perspective must be balanced with some study participants' voiced commitment to both the practical and ideological aspects of

practice. Arguably then, while professional training should not be structured solely as a mirror image of current employment requirements, social workers do appear willing to adapt to employment demands while retaining a fair amount of satisfaction with their work.

Attention should still be paid, however, to entry-level social workers who appear particularly susceptible to difficulties integrating the "personal model of social work" they develop during their education with the organizational context of practice (O'Connor & Dalgleish, 1986).

At a broader level, the experiences of social workers in an organizational context are captured through research such as this. This is an important area of study, particularly as it applies to entry-level social workers, in both workplace wellness and dissonance studies. One meta-analysis from the human resources field found that there is a negative relationship between years of employment and emotional exhaustion, one of the key components of burnout (Brewer & Shaphard, 2004). Similarly, Costello (1999) in her study of identity dissonance observed a substantial identity transformation among entry-level social workers and lawyers after just one year of practice (p. 81). Given that this study also found a negative relationship between years practicing and psychological distress, and the inverse for job satisfaction, it is imperative that entry-level professionals are supported as they navigate the initial transition from academic training to practice. Offering appropriate peer support, supervision, and integration into workplaces that espouse principles of wellness seems preferable to the "baptism by fire" or struggle to "keep my head above water" previously described by entry-level practitioners (Bates et al., 2010, p. 152; Revans, 2008, p. 15). Ultimately, this should encourage well-meaning, passionate, and skilled professionals to remain in the field longer and in a state of wellness so they can achieve the positive career

satisfaction sentiments reported by their senior peers. As an aside from dissonance studies, but still relevant given these observations, there is a dearth of research into the experiences of first-year Canadian social workers in general (Newberry, 2011). This is a topic area that should be pursued here as it has been internationally, particularly in the United Kingdom (Newberry-Koroluk, 2014, p. 20). Such research may encourage better integration among schools of social work, service delivery sectors, and government policy-makers (Hussein, Moriarty, Stevens, Sharpe, & Manthorpe, 2014), which is critical as the contemporary employment context becomes more demanding and complex.

Recall from the study results that psychological distress decreased over time, suggesting either that the most distressed social workers left the profession early or that social workers became more adaptable to work-related stress as their careers progressed. Contradictory evidence exists in the literature, but a recent study by Koski (2013) found no correlation between the onset of burnout and length of tenure among social work professionals (c.f., Bell, Kulkarni, & Dalton, 2003; Devilly, Wright, & Varker, 2009; Pearlman & Maclan, 1995). In any event, the importance of strategies, resources, and employer-supported mechanisms to prevent burnout and other forms of psychological distress cannot be overstated. Indeed, there continues to be an emerging legal landscape whereby employers who willfully ignore the precursors to psychological distress inherent in their workplaces will be subject to liability for their workers' mental suffering (Shain, 2010, pp. 1, 2, 9, 11, 24).

Implications for Social Work as a Career Choice

In the prior section, reference was made to Canada's landmark social services sector study which is now almost 15 years old. Recall that in that study, burnout was deemed "an

inevitable condition of work" because of precarious working conditions and funding restraints (Canadian Association of Social Workers, 2001, pp. 92-93). This perception, though unappealing, is surprisingly consistent with more recent explorations as well as results from this research. What is unexpected, however, is how social workers fervently support their profession and career choice despite the obvious and perhaps predictable toll it takes on their wellbeing. There are two explanations for this phenomenon. The first is that social workers, as a group, are fundamentally committed to the tenets and mission of the profession despite the challenges associated with contemporary practice. This perspective offers a similar sentiment to Carniol's (2000) previously referenced suggestion that social workers find enough positive reinforcement to "shield us from our more critical feelings" (p. 5). However, a second and less optimistic hypothesis is that the commitment to the profession reflects a typical dissonance-reduction strategy, whereby it would be too cognitively distressing to admit that social work was the wrong career choice after six years of university education, comparatively low salary, and potential emotional distress. Indeed, while many survey respondents identified how the social work practice climate was detrimental to their health, only two explicitly questioned whether it was the right career choice overall. When it comes to coping with dissonance, are some things better left unquestioned or is there an inevitable spillover that is only being delayed through suppression?

In chapter 1, a contemporaneous study of 5,000 social workers' "love-hate" (or perhaps dissonant) relationships with their jobs was referenced (Bejan, Craig, & Saini, in press). Aside from the traditional work role outputs explored in this study (e.g., work status, wages, benefits, and working conditions), the authors also observed dissonant expectations

between the quality of service social workers would like to provide and what they were able to under rushed and chronically overworked conditions (p. 13). Given that 49.6% of PD survey respondents also expressed concern with their employers' focus on speed and efficiency, it is not surprising that this is an emerging trend among professionals. People who choose social work as a career should be prepared for the possibility that their ideal service delivery quality is likely to be impeded by organizational and structural demands. What's more, decreasing revenues and an arguably perpetual underfunding of social services is likely to worsen in the future (Hilderbrandt & Wilson, 2010). Future clinicians would be wise to maintain modest expectations about the size of their caseloads, extent of their role obligations, and perhaps even more importantly, realistic appraisals about how much time they will actually have to give to each client. This idea parallels that of Taylor (2002) who introduced the notion of "good enough practice" for the same purpose (p. 168). This does not detract from the recommendations in the prior section pertaining to the development of collaborative job expectations, but it does recognize that maintaining realistic expectations is a necessary and valuable coping strategy for entry into practice. The qualitative responses in this study alluding to, in some cases, a disconnect between practice reality and social work theory or education substantiate this contention.

A final implication for career choice pertains to the notion of personal-professional identity congruence, or job-personality fit. Along these lines, this study of PD begins to border on vocational psychology discourse, ensuring that the behaviours, emotional demands, and skill set required of social workers is congruent with practitioners' abilities and preferences. Prospective social workers display a myriad of motivations for choosing the profession, which are theorized to occur from both unconscious motivations owing to family

of origin experiences as well as more overt preferences to support identified groups or causes (Christie & Kruk, 1998; Hackett, Matthies, & Kresal, 2003; Rompf & Royce, 1994; Vincent, 1996). Margolin (1997) would also add to this list the interest in providing private practice psychotherapy, especially since the late-1970s boom of "clinical social work." Understanding motivations for choosing a profession is extremely important for both the individual workers and their employers as a means of promoting satisfaction through congruence. For practitioners, this awareness promotes the development of a cohesive occupational self-concept, inclusive of personal and professional identity traits that are well suited for the demands of a specific career. For organizations, it helps to anticipate the "career patterns and training needs of social workers and in planning recruitment strategies" (Christie & Kruk, p. 21). Given the multifaceted nature of both social work itself and its practitioners' motivations for choosing it, employees and employers will benefit from matching the right social worker with the right type of social work being practiced in that setting.

Implications for Social Work Education

The concept of professional dissonance and the items endorsed by survey respondents suggest that social work students would benefit from increased preparation for the contemporary organizational context of practice. In fact, 33% of all qualitative responses reflected this category of PD. Fundamentally, this reflects a larger trend toward integration of business acumen in social services, and contemporary social work management can be described as a combination of macro-level social work and business practices (Wimpfheimer & Germak, 2012). Recently, social work managers have observed and questioned why human service organization leadership is being overtaken by business scholars, most notably MBA program graduates. Truthfully, this may be due to social workers being ill-prepared for

the business side of practice (Germak, 2015, p. xiii). Taken one step further, this lack of preparation may also induce dissonance and affect the outcome variables in this study by negatively affecting social workers' sense of mastery or familiarity with the contemporary practice climate. Items from the PD instrument most relevant to this assertion include the focus on risk management to the detriment of creative problem-solving, the influence of technology as an autonomy-limiting practice, and of course, a focus on speed, efficiency, and fiscal restraint.

As Germak (2015) noted, integration with business is an inevitable trend "despite what may be ideological objections from some in the social work field" (p. xiii). Social work educators can acknowledge this integration to ensure that social work students develop some exposure to the ways business influences practice. Currently in Canada, only the University of Calgary offers a joint MBA/MSW degree program, but new programs are likely to emerge just as they have in the United States. Social work students who object to such integration will have time during their education to increase their comfort with these practices, or choose another field, thereby reducing dissonance. After all, many MSW graduates enter supervisory positions after just a few short years in the field (Germak, p. xiii). Additionally, this relates to respondents' self-reported emotional distress arising from personal-professional value conflict. Although many social workers may have personal altruistic values that seem to conflict with corporatism, it is essential that they recognize that even non-profit organizations operate and are structured according to contemporary business practices. Despite the unease that some social workers may experience because of this, it is important to consider that their people-management skills will be advantageous and transferrable to these settings. In fact, in

many ways, they are congruent with the talent management skills embraced by the business world

A final observation concerns the theory versus practice divide observed by some scholars (e.g., Stoesz, Karger, & Carrilio, 2010) and survey respondents. A number of participants described their social work education as lacking practical application in that it was overly theoretical or "cerebral," and at odds with the real world. Participants reported having to take courses immediately after graduation to learn necessary information that was not taught in school, one example of which was business theory. There was also a paucity of education about vicarious trauma (Hyman, 2004; Pearlman & Saakvitne, 1995), secondary traumatic stress (Figley & Kleber, 1995; Geller, Madson, & Ohrenstein, 2004; Hesse, 2002), and compassion fatigue (Figley, 1995; Rothschild, 2006), despite the emphasis on selfawareness that is so prominent in social work curricula (Urdang, 2010). Given that the social work profession has been slow to systematically evaluate the effect of trauma exposure on its students (Gelman, 2004; Zakutansky & Sirles, 1993), it is imperative that this becomes a priority in light of emerging trends towards psychologically healthy workplaces and conclusions related to psychological distress obtained in this study. Five qualitative responses in this study encouraged a more substantial emphasis on vicarious trauma response in social work education, and one participant anecdotally confirmed a relationship between vicarious trauma and professional dissonance, noting that he/she copes better with competing demands when his/her level of exposure to vicarious trauma is lower.

Implications for Professional Regulation and Leadership

As a self-regulated profession, social work has earned the privilege of selfgovernance by demonstrating its maturity as a profession and that it possesses a specialized skill set and knowledge (OCSWSSW, 2010). However, self-regulation does not in and of itself negate controversy over the degree to which a field is considered a profession, and what is contained in its scope of practice. As a relatively young profession, social work is still undergoing identity formation, both internally among its practitioners and in relation to other disciplines (Christie, 1998, pp. 504-505; Payne, 2014, part 1). For example, in Newberry-Koroluk's (2014) dissertation research, social workers in medical settings were perceived in comparison to allied health disciplines as "less professional" (p. 180). Clearly then, there are degrees of perceived professional status, at least covertly, especially among disciplines who are not familiar with or do not share social work's focus. As Newberry-Koroluk (2014) stated, "Although social workers are unified by a shared definition of social work and general commitment to principles of social justice, there are also multiple, competing viewpoints within and about the profession" (p. 18). Lorenzetti, in an interview cited in Galad (2012), described social work as a "conflicted profession," which "straddle[s] the lines between agents of the state and social change makers" (p. 19). Similarly, the profession's commitment to social justice can be described as antithetical to governments' emphasis on "efficiency and deficit reduction," while our values advocating equitable resource allocation contradicts trends towards downsizing and downloading to lower levels of government (Dunlop, 2002, p. 35). Yet, just as social workers operate according to business theory, they are equally obliged to work within the confines of these agendas since they ultimately frame our practice.

Thus, there are two prominent issues within this subsection stemming from the research and scholarly literature that must be addressed. The first refers to the perceived identity fragmentation and how this affects daily practice interactions and broader perceptions of social work. One participant in this study expressed the following sentiment:

In general, I am concerned about how social work is defined within the profession. I work in an environment that many social workers would not define as social work although it is very clearly part of the social work practice. Consequently I find that my work and interaction with other social workers is more of a source of frustration [than my practice].

Another participant felt that the OASW and OCSWSSW have not done enough "politically" to preserve the scope of practice, allowing other disciplines to take over what are fundamentally social work duties and responsibilities. Although variations of this criticism are often provided, and most examples are from medical settings, it is important to consider that regulatory bodies are in a precarious position if they are being asked to defend a scope of practice that is not necessarily consistent among the professionals themselves. Indeed, the practice scope of social work is provided in jurisdictions where it regulated, but no scope will ever capture the nuances and intricacies of how a practice is enacted. The concern about social work's identity crisis, however, is not around subtleties: It is about fundamental differences in defining a profession.

The second issue involves clarifying the advocacy role as a function of social work's identity, and this is a function that can only be deciphered at a regulatory level. Echoing the experience shared by Carniol (2000, p. 69), Lorenzetti observed that "many social workers avoid involvement in critical social movements due to their fear of reprisal and a perception that speaking out would impact their own ability to maintain employment and move up into leadership roles within agencies and organizations" (p. 19). Two participants in this study identified themselves as activists, and one person wondered if his/her employment as a hospital social worker would be jeopardized if he/she ended up in the media because of this

role. Similarly, a third participant expressed frustration with his/her employer's lack of advocacy on social assistance issues, citing that it fears "biting the hand that feeds them." Given that there is apt to be some truth to this reservation, especially among smaller publicly-funded agencies, this speaks to the need for advocacy to come from a higher level of leadership within the profession.

Along these lines, a recent review of 55 professional ethical codes revealed that social work (specifically the National Association of Social Workers [NASW]) is the only profession to explicitly encourage sociopolitical activism for the "equal access to the resources, employment, services, and opportunities" (Buila, 2010, pp. 4-5; see also NASW, 2008, s. 6.04). Essentially, commitment is required from regulatory bodies that such advocacy is not going to be interpreted as "conduct unbecoming," especially since it is an included function of the very scope of practice by which social workers abide. Furthermore, government ministries must not act punitively towards a profession to which it has granted self-regulation even if such advocacy is perceived as being contradictory to its own political agenda. Indeed, one participant in this study observed that this is a neglected area by both professional groups and educators, which may speak to the confusion or discomfort it can induce. Abramovitz (1998) contends that social work cannot be apolitical, since "it deals either with human consciousness or the allocation of resources" (p. 524). Regulators and professional associations should continue to work with government leaders so that they appreciate the complexity of working in a society that only minimally endorses our values, yet requires our participation and involvement as a consequence of this dominant value stance. At the same time, social work must continue to find innovative ways to demonstrate

its value to governments whose measures of success seem to be numerical and fiscallydriven

Study Limitations and Recommendations for Future Inquiry Limitations Related to Response Bias

When exploring a concept that is or appears to be highly sensitive in nature, one must be mindful of the possibility that participants will offer skewed, socially desirable responses. This social desirability bias, first proposed by Crowne and Marlow (1960), influences not only the honesty of the answers themselves, but also the ability for researchers to infer accurate findings. As Taylor (2002) suggested, the inconsistent results obtained regarding social workers' interventions in her hypothetical practice vignettes suggests that respondents may have answered not honestly, but rather as they were *expected to* as social workers (pp. 159-60; emphasis added). Answering questions in this manner makes sense from a dissonance-reduction perspective, but is equally problematic since it implies deviation from the authentic self as discussed in chapter 2. This bias may be implicated in this study since participants were contacted at work. At least tacitly, participants may have been responding with how their profession or employer would want them to, though this exploration was not explicitly incorporated into the instrument due to its length.

Additionally, as the calculated minimum number of respondents (372) necessary to conduct parametric tests with a representative sample was not achieved, one must be concerned about the presence of response bias influencing the study results. Response bias refers to a collection of "conditions or factors that take place during the process of responding to surveys, affecting the way responses are provided" (Villar, 2008). As noted by Shaughnessy, Zechmeister, and Zechmeister (2000), "response bias is a threat to the

representativeness of a sample because not all respondents complete the survey" (p. 158). Low response rates, which are noted by these authors to be the primary reason for response bias in survey research, lead to lower than anticipated sample sizes. Resultantly, the researcher must demonstrate that the actual sample is still representative of the population being studied. Unfortunately, in the absence of appropriate comparative demographic data from the OCSWSSW (with the exception of highest degree and gender), response bias cannot be ruled out and is thus, admittedly, a major disadvantage of this sampling framework.

Among the participants who did respond, a closely related issue known as volunteer bias also threatens the generalizability of study results. Volunteer bias is based on the premise that those who actually participate in a study differ in some way to those who chose not to participate despite being invited (Heiman, 2002; Rosenthal & Rosnow, 1975). Although prior research has explored group differences such as intelligence, socioeconomic status, conformity, or need for approval, one of the most basic differences simply refers to volunteers' level of interest in the survey topic itself. Study invitees with a more favourable attitude toward, or interest in, the topic are more likely to volunteer their participation (Heiman, 2002). However, in regards to this particular study, results could be improperly inflated since participants who volunteered might be more affected by professional dissonance. This is potentially evidenced by the observation that 84.3% of respondents identified as clinicians, while only 68% of social workers in the province report clinical work as their primary job function with the regulatory body (OCSWSSW, 2014). Although this discrepancy could be attributed to a different classification system between College reporting and this survey instrument, volunteer bias is a more likely explanation. It is plausible that PD is more of a lived experience among frontline practitioners, and therefore, they were more

likely to participate in the study. Resultantly, the moderate relationship demonstrated in the data analysis between PD and outcome variables may not be as reliable across the entire population of social work professionals since volunteer bias does lead to a significant sampling error and analytical challenges.

Technical Limitations Associated with the Research Design

In terms of the research design and study conducted, one fundamental shortcoming is that the interactive Venn model could not be implemented as practically as was initially intended. Future research should explore any interactive effects between variable subsets, to ascertain whether there is a synergistic effect beyond accumulation that produces more extreme outcomes. In other words, does the product of experiencing professional-identity dissonance alongside organizational-structural dissonance produce a multiplied outcome that exceeds expectations in a linear, cumulative model? Perhaps more importantly, however, future research should explore whether any intermediate variables resulting from PD (but before job dissatisfaction and psychological distress) are present. This could potentially uncover associations between PD and other variables of interest in organizational theory (e.g., turnover intention) that could act as precursors to the two outcome variables in this study. Any opportunity to intervene earlier and prevent or delay escalation to the negative affective states endorsed by participants this study could produce positive effects for both individual practitioners and their employing organizations.

In a similar vein, given that the PD instrument was created for the purpose of this study, its psychometric properties have not been established. Measures of internal consistency were computed on the professional dissonance items, but no other tests of reliability (such as test-retest or inter-rater) could be completed since this survey has only

been administered by one researcher and with one sample. Similarly, validity constructs will have to be assessed over time, since the preliminary nature of PD studies limits the ability to determine content and construct validity. Regarding the instrument's internal consistency, Cronbach's alpha was calculated to be .865, which surpasses the minimally accepted value of .70 commonly used in the social sciences (Santos, 1999). As a subsequent task, the cumulative risk index could be redesigned along a continuous scale (e.g., a five- or seven-point Likert scale) so that principal component analysis could be conducted. This would refine the measurement for future implementation, deciphering how many underlying constructs are actually present in the instrument. Given the length of the dissonance measuring section of the instrument (56 items), the feasibility of implementing this in continuous measurement format must be strongly considered; however, such an exercise may be necessary to ultimately create a shorter instrument informed by the results of factor analysis.

There is also an obvious limitation regarding generalizability, since social work credentials can vary significantly depending on geographic location. This study was designed to be generalizable in Ontario, where its sample was drawn from, but future research is needed in other jurisdictions. This subsequent research will also elucidate whether different perceptions of professional dissonance vary according to a combination of degree and practice setting, or larger institutional factors. For example, only 25.7 percent of study participants reported that a BSW was their highest degree. In the province of Newfoundland and Labrador, however, the majority of social workers practice at the BSW level, which may produce statistically significant results that did not exist in Ontario. Although this study was

not intended to be generalizable outside of Ontario, it is important to remember that results might vary significantly in other locations.

There is a noted trade-off related to the use of a cross-sectional survey that can be interpreted as a study limitation. This type of survey was selected because it offers the efficiency of capturing a cross-section of participants, particularly with regards to temporal dimensions (i.e., age and years practicing), without the time and resources required for longitudinal research. However, this is also detrimental in the sense that the order of causation cannot be inferred since the same group of participants is not actually being monitored over time. In other words, does professional dissonance develop over time in response to stressors and experiences, or does the early presence of professional dissonance among a vulnerable population lead to negative outcomes? Similarly, because this design offers only a snapshot at a particular point in time, there is no guarantee that replicating this study with an entirely different representative sample would produce similar results. This observation is particularly relevant given that social work continues to be subjected to the effects of ongoing devolution and neoliberalization of the welfare state (Ferguson, 2008; McBride & McNutt, 2007). Thus, would the organizational-structural elements of professional dissonance have been endorsed at all 20 years ago, and what's worse, what will the survey instrument look like 20 years from now?

Lastly, it is important to consider the potential for inflated associations in quantitative survey research, which is a growing epidemiological phenomenon (Bracken, 2009; Ioannidis, 2008). Essentially, inflation magnifies the effect of an observed association, and is influenced by the following two factors: methodological and human. Methodological factors include selectively reporting only significant results, failing to consider small effect sizes, and poor

research design overall. Human factors are more relevant to this study, and refer to the tendency for participants' prior answers to inform future responses. Participants in this study were aware of the purpose of the research; namely, to determine the presence of an association between PD and the outcome variables. A participant who responded affirmatively to a large number of category A items may, perhaps unconsciously or because of priming phenomena, affirm more subsequent items even if they do not truly apply. Furthermore, someone who identifies with subjectively too few or too many PD items may respond accordingly with an inflated approach to the job satisfaction or psychological distress measures. Future work on the PD instrument, including the execution of test-retest reliability procedures, will help to mitigate this risk.

At the same time, however, it is also possible that using conservative statistical inference procedures have minimized the exploration of variable relationships that are worthy of pursuit but failed to reach statistical significance. As Crane (1980) noted, the complex phenomena studied and applied in social work may be at an evaluative disadvantage when using traditional, conservative statistical measurement (p. 824). Instead, Crane argued that relative likelihood analysis (1980) and Bayesian inference procedures (1982, pp. 127-129) may provide a less conservative approach, better illuminating the influence of social work interventions. This is a debate to be mindful of going forward when considering the development, implementation, and evaluation of PD-related research.

Suggestions for Future Professional Dissonance Research

In regards to the PD concept itself, future research might delve into reducing the risk of having the outcome variables occur in the first place. In other words, are there any buffering effects that can mitigate the relationship between professional dissonance and job

dissatisfaction or psychological distress? One concept present in the literature review – especially the contributions from existential theory – but not explicitly measured in this study concerned social workers abilities to find meaning in their work. Endorsement of this perspective already occurred through several qualitative responses in this study, and more broadly, the importance of work in providing meaning to people's lives has been iterated by philosophers such as Voltaire and Marx (Csiernik, 2014, p. 3). Taken together, the quest for meaning as a component of the spiritual dimension of workplace wellness, as an existing concept in social work education, and as a concept related to the existential philosophy that informed PD theory lends its support for further inquiry (Csiernik & Chechak, 2014, pp. 88-89; Groen, Coholic, & Graham, 2012). In a profession founded on service to others, finding meaning could be a substantial mitigating factor in the prevention of the negative effects of dissonance, just as it is theorized to be in transforming vicarious trauma (Pearlman & McKay, 2008).

As a deviation from the cumulative risk model, the qualitative components of this research would well-inform a subsequent study into the cultural aspects of professional dissonance. Although issues of identity and cultural dissonance were incorporated into category A of the model, the sample of this study was arguably homogenous with 84% of participants identifying as Caucasian/White, Canadian, or European. Although this is likely representative of the primary ethnic identity of the population sampled in this study, an exploration into the unique experiences of social workers who do not identify with the dominant culture is essential. In this way, a twofold benefit is proposed whereby identity and cultural components of professional dissonance are enriched, and one consciously avoids

perpetuating the "white dominance in social work knowledge production" as previously denounced by racialized social workers in Ontario (Badwall, 2013, p. ii).

Chapter Summary

This concluding chapter presented a synthesis of the research findings described in chapter 4 with contemporary literature, in congruence with four areas of implications: social work practice, social work as a career choice, social work education, and professional regulation and leadership. Its major contribution was the coalescence of current and related publications under the umbrella of professional dissonance as potential research agenda. Given that this is an emerging area of interest, there are admitted methodological challenges related to its exploration, particularly from a quantitative framework. A review of technical limitations related to this criticism, along with a final commentary about the pursuit of PD studies in future inquiry concluded the body of this chapter.

Conclusion

This dissertation is the culmination of a multiyear conceptualization and research endeavour that further developed the theoretical construct of professional dissonance with an emphasis on four domains encapsulating the current state of the social work profession and its practitioners' challenges. Although it is inspired by many decades worth of social work history and theoretical contributions, professional dissonance is a novel area of research that encourages professionals to restore the energy that was exhibited by social workers after World War II as they strived to achieve improvements within their own workplaces. As Thomson (1936) wrote, "It is useless for us to have our ideals or our theories of social betterment, so long as workers attempting to put them into practice are liable to be dismissed by reactionary employers" (p. 3). Of course, they too experienced the dissonant awareness

that improving their own working conditions would likely "siphon money directly from clients" (Jennissen & Lundy, 2011, p. 173) – an issue which remains a very real threat today amidst diminishing financial resources. For far too long, the workplace has been an underrepresented focus for social workers, and considering the centrality of work to people's lives, it shouldn't be. The current task for social workers, then, is to create wellness in the workplace and acknowledge that the role of psychosocial factors in the development of adverse occupational health has historically been underexplored (Lippel & Quinlan, 2011). Perhaps the profession can also conjure up enough interest to bring occupational social work in line with its mainstream counterpart, industrial-organizational psychology.

Positively, the creation of Canada's first national mental health strategy, the *Psychological Health and Safety Action Guide for Employers*, and the *National Standard of Canada for Psychological Health and Safety in the Workplace* (Mental Health Commission of Canada, 2012a, 2012b, 2013), all reflect a trend toward the promotion of psychosocial wellness. Coupled with emerging legal liability this momentum is likely to be maintained, and professional dissonance is just one of many conceptual models worth examining within this burgeoning field. Professional dissonance is a rich topic for future research, appealing to social workers, human resource professionals, and organizational theorists alike. Its theoretical foundation, combined with the study results of this dissertation, have produced a compelling argument that professional dissonance is a key practice issue that merits further study.

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Appendix A: Conceptual Model of Professional Dissonance

- A) Personal Professional Identity
- Personal-professional conflictsⁱ often value-basedⁱⁱ or related to job taskⁱⁱⁱ
- Discrepant occupational self-concept^{iv}
- Identity dissonance^v inclusive of cultural conflicts^{vi}
- Emotional dissonance^{vii}
- Emotional labour and requisite false emotional displays viii
 - C) Organizational Structural
- Discrepancies between professionalism and bureaucracy, the influence of managerialism,^{xv} and the emphasis on paperwork before client care due to the culture of the paper program^{xvi}
- The risk management paradigm contrasting with practitioner creativity^{xvii}
- Role conflict, stress, and ambiguity^{xviii}
- Value conflicts and dual-role obligations among managers and supervisors^{xix}
- Entrepreneurial practice model and private practice contrasted against the core mission of social work^{xx}
- Propensity for more passive forms of social activism^{xxi} despite it being a sanctioned activity within ethical codes^{xxii}
- Using social control, coercive, and investigatory functions within a personfocused social welfare mandate^{xxiii}
- Technology as a mechanism of increasing accessibility and efficiency while decreasing professional autonomy and increasing user distress^{xxiv}
- Unionization in social work settings^{xxv}
- Street-level bureaucratic behaviour: discretion and avoidance as sources of dissonance^{xxvi}

- B) Moral Ethical
- Normative ethics of social work contrasted with other disciplines^{ix}
- Ethical dilemmas and dissonance and arduous consequences (i.e., whistleblowing or turnover intention)^x
- Interprofessional team conflict^{xi}
- Value pluralism as an emergent contextxii
- Conscientious objection^{xiii}
- Conflicts related to enacting professional Codes of Ethics^{xiv}
 - D) Historical Pedagogical
- Identity fragmentation and the absence of a unifying conceptual paradigm^{xxvii}
- Function versus cause debate^{xxviii}
- Strengths-based versus deficit- or pathology-based curricula^{xxix}
- Inability to integrate pseudoscientific approaches and grand narratives^{xxx} with evidence-based practices^{xxxi}
- Generalist versus specialized approaches to practice^{xxxii}
- Disconnections between social work practice, education, and regulatory oversight, resulting in an incongruity between social work's "promise and its performance" xxxxiii
- The curriculum evaluation paradox in social work education: ritualized and prioritized, but results not implemented**xxiv

Appendix B: Nonsignificant Bivariate Results

Relationship between Age and Gender

There is no statistically significant relationship between participant age and gender, as confirmed by an independent samples t-test, t(50) = 1.45, p = .154. These are the results when equal variances are not assumed, as determined by Levine's test for equality of variances, F(251) = 2.45, p = .119. Even if equal variances were assumed, the results are still insignificant with t(251) = 1.58, p = .114.

Relationship between Age and Type of Practice Setting

There is no association between participants' ages and type of practice setting, as demonstrated by the ANOVA test, F(14, 233) = 1.644, p = .069. As this result is significant at a level above the maximally accepted alpha value of .05, we fail to reject the null hypothesis and no further analysis was completed on this bivariate pair.

Relationship between Age and Job Category

There is no association between participants' ages and type of job category, as demonstrated by the ANOVA test, F(2, 248) = .689, p = .503. As this result is significant at a level far above the maximally accepted alpha value of .05, we fail to reject the null hypothesis and no further analysis was completed on this bivariate pair.

Relationship between Gender and Ethnic Group Affiliation

A crosstabulation with gender and ethnicity was created, and a chi-square test with contingency coefficient was performed on the variables. A chi-square tests evaluates whether observed differences between groups is likely to have occurred by chance, and the coefficient is used when one of the nominal variables has more than three categories (ethnicity). The results were not statistically significant, as noted by the following: $x^2(10, N = 248) =$

7.75, p = .653. The contingency coefficient was .174, but this is not required information since we failed to reject the null hypothesis. Any group differences, therefore, occurred at random.

Relationship between Gender and Highest Degree

The Mann Whitney U Test is used when the relationship between one ordinal and one nominal variable is being considered. There is no statistically significant relationship between these variables, as U = 3.961 and p = .352.

Relationship between Gender and Years Practicing Social Work

There is no statistically significant relationship between gender and years practicing social work, as demonstrated by the following ANOVA test, F(1, 253) = .444, p = .506.

Relationship between Gender and Type of Practice Setting

A crosstabulation with gender and type of practice setting was created, and a chisquare test with contingency coefficient was performed on the variables. This coefficient is
used when one of the nominal variables has more than three categories (practice setting). The
results were not statistically significant, as noted by the following: $x^2(14, N = 250) =$ 21.675, p = .086. The contingency coefficient was .282, but this is irrelevant the null
hypothesis is accepted.

Relationship between Gender and Job Category

A crosstabulation with gender and job category was created, and a chi-square test with contingency coefficient was performed on the variables. This coefficient is used when one of the nominal variables has more than three categories (job category). The results were not statistically significant, as noted by the following: $x^2(2, N = 253) = 1.217$, p = .544. The

contingency coefficient was .069, but this is irrelevant information since the null hypothesis was accepted.

Relationship between Gender and Professional Dissonance

Gender and professional dissonance were compared with a t-test for independent samples, which is used when one variable is nominal, one is interval, and data are not paired. No statistically significant relationships were noted on any of the subscales or on the cumulative risk index. Levine's test for equality of variances were not significant for any comparison, so the results of the independent samples t-test described below reflect equal variances not assumed. The relationship between age and PD scores were as follows: subscale A was t(56) = -.324, p = .747; subscale B was t(59) = -.615, p = .541; subscale C was t(65) = -.723, p = .472; subscale D was t(54) = -.1.042, p = .302; and, the cumulative risk index was t(62) = -.854, p = .396.

Relationship between Gender and Job Satisfaction

There is no relationship between gender and job satisfaction, as determined by an independent samples t-test with equal variances not assumed, t(253) = .023, p = .982. In fact, both gender groups had exactly the same mean score on the job satisfaction measure (M = 23.65), although the standard deviations were different (3.81 for males and 4.59 for females, respectively).

Relationship between Gender and Psychological Distress

There is no relationship between gender and psychological distress, as determined by an independent samples t-test with equal variances not assumed, t(60) = -.865, p = .391. The female group scored only slightly higher on the psychological distress instrument (M =

23.89, SD = 4.85) compared to the male group (M = 23.25, SD = 4.17), and the t-test confirmed that this is not a statistically significant difference.

Relationship between Ethnicity and Type of Practice Setting

A crosstabulation with ethnicity and the type of practice setting was created, and a chi-square test with contingency coefficient was performed on the variables. The results were not statistically significant, as noted by the following: $x^2(95, N = 246) = 140, p = .999$. The contingency coefficient, though not required based on the chi-square result, was also expectedly insignificant: C = .531, p = .999.

Relationship between Ethnicity and Job Category

A crosstabulation with ethnicity and job category was created, and a chi-square test with contingency coefficient was performed on the variables. The results were not statistically significant, as noted by the following: $x^2(20, N = 246) = 30.94$, p = .056. The contingency coefficient, though not required based on the chi-square result, was also expectedly insignificant: C = .334, p = .056.

Relationship between Ethnic Group Affiliation and Professional Dissonance

There is no statistically significant relationship between ethnic group affiliation and scores on the professional dissonance index, as demonstrated by the following ANOVA test, F(10, 237) = 1.48, p = .148. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Ethnic Group Affiliation and Job Satisfaction

There is no statistically significant relationship between ethnic group affiliation and scores on the job satisfaction measurement, as demonstrated by the following ANOVA test,

F(10, 237) = 1.19, p = .301. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Ethnic Group Affiliation and Psychological Distress

There is no statistically significant relationship between ethnic group affiliation and scores on the psychological distress measurement, as demonstrated by the following ANOVA test, F(10, 237) = 1.16, p = .318. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Highest Degree and Type of Practice Setting

A crosstabulation with highest degree and type of practice setting was created, and a chi-square test with contingency coefficient was performed on the variables. The results were not statistically significant, as noted by the following: $x^2(70, N = 249) = 69.94$, p = .480. The contingency coefficient, though not required based on the chi-square result, was also expectedly insignificant: C = .468, p = .480).

Relationship between Highest Degree and Professional Dissonance

There is no statistically significant relationship between highest degree and scores on the professional dissonance index, as demonstrated by the following ANOVA test, F(5, 249) = .930, p = .462. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Highest Degree and Job Satisfaction

There is no statistically significant relationship between highest degree and scores on the job satisfaction measurement, as demonstrated by the following ANOVA test, F(5, 249) = .747, p = .589. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Highest Degree and Psychological Distress

There is no statistically significant relationship between highest degree and scores on the psychological distress measurement, as demonstrated by the following ANOVA test, F(5, 249) = 24.57, p = .375. Post hoc tests were not performed as there were no significant group differences to ascertain.

Relationship between Years Practicing and Job Category

The one way ANOVA test demonstrated that there were no statistically significant relationships between years practicing social work based on job category, F(2, 251) = .947, p = .389. Post hoc tests were not completed in light of this finding.

Relationship between Type of Practice Setting and Professional Dissonance

The one way ANOVA test demonstrated that there were no statistically significant relationships between the type of practice setting and professional dissonance, F(14, 236) = .60, p = .861. Post hoc tests were not performed at this stage, and this original finding was verified during multivariate analysis when each practice setting was recoded as its own dummy variable.

Relationship between Type of Practice Setting and Job Satisfaction

The one way ANOVA test demonstrated that there were no statistically significant relationships between the type of practice setting and job satisfaction, F(14, 236) = 1.38, p = .187. Post hoc tests were not completed in light of this finding.

Relationship between Type of Practice Setting and Psychological Distress

The one way ANOVA test demonstrated that there were no statistically significant relationships between the type of practice setting and psychological distress, F(14, 236) = .98, p = .520. Post hoc tests were not completed in light of this finding.

Relationship between Job Category and Psychological Distress

The one way ANOVA test demonstrated that there were no statistically significant relationships between job category and psychological distress, F(2, 252) = 1.07, p = .342. Post hoc tests were not completed in light of this finding.

Appendix C: Letter of Invitation to Participate in Study



School of Social Work

P.O. Box 4200, St. John's, NL A1C 5S7 Tel: (709) 864-8165 Fax: (709) 864-2408 http://www.mun.ca/socwrk

Invitation to Participate in Research

February 24, 2014

Dear	
Dem	

I am writing to you today to ask for your participation in my doctoral dissertation research study, which explores professional dissonance in social work practice and its relationship to job satisfaction and mental health. Your name has been randomly selected from the Ontario College of Social Workers and Social Service Workers' register, and I sincerely hope you will consider this opportunity. Your participation in this study is entirely voluntary, but should you choose to participate, you will be contributing to the development of an important concept that is relatively new to our profession. This survey will not require more than twenty minutes of your time, and should you wish, to show my appreciation for your time, you will be entered into a draw to win one of three \$100 gift cards to Amazon.ca!

Professional dissonance is a novel research concept with potential implications for personal and professional wellbeing, job satisfaction, and mental health. It is defined as an experience of anxiety, conflict, ambivalence, or feeling torn between competing courses of action. My research builds on the contemporary emphasis on developing psychologically healthy workplaces, which is important for social workers given our high probability of experiencing burnout. I am surveying a cross sample of social workers in Ontario to determine if there is a relationship between professional dissonance and job satisfaction and psychological distress.

This is an anonymous survey. Although I will require your e-mail address or a mailing address at the end of the survey (should you wish to participate in the draw), I can assure you that this information is collected separately from the survey responses, and the survey itself does not contain any identifying information whatsoever. You will also have the opportunity to request to receive a copy of the survey results, which will be sent to the same address, at the completion of the study.

This research proposal has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University of Newfoundland's ethics policy. If you have concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 864-2861.

If you have further questions about any aspect of this invitation or the study itself you may contact me, Derek Chechak, at (226) 241-6793 or by e-mail at dchechak@mun.ca. Additionally, you may contact my dissertation supervisor, Dr. Ross Klein, at rklein@mun.ca.

Thank you very much for considering this request and for your hopeful participation!



Please turn page over →



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TO PARTICIPATE IN THE STUDY

To proceed to this study, please visit the following web address and enter the password when prompted. Alternatively, you may scan the QR code with your smartphone or tablet to be taken directly to the survey.

Survey web site: http://fluidsurveys.com/s/ProfessionalDissonance/ Password: OCSWSSW





If you would prefer to complete a paper survey, please let me know by telephone or e-mail and I will promptly send it to you along with a postage-paid, self-addressed return envelope.

Your contributions are most appreciated!

Sincerely,

Derek Chechak, BA, BSW, MSW Registered Social Worker, Ontario PhD Candidate, Memorial University of Newfoundland

Phone: (226) 241-6793 E-mail: dchechak@mun.ca

Appendix D: Informed Consent Form



School of Social Work

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Informed Consent Form

Title: Professional dissonance as a predictor of occupational dissatisfaction and

psychological distress among social work professionals: A cumulative risk model.

Researcher: Derek Chechak, MSW, RSW (Ontario)

PhD Candidate, Memorial University of Newfoundland

This letter of information and consent form is being provided to you to help you decide if you wish to participate in my study. This letter should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study at any time. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. Take time to read this carefully and to understand the information given to you, and please contact me or my supervisor if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction

My name is Derek Chechak, and I am a Registered Social Worker practicing here in Ontario. As part of my doctoral dissertation, I am conducting research under the supervision of Dr. Ross Klein, Professor at the School of Social Work, Memorial University of Newfoundland. My study hopes to explore a concept called professional dissonance among social work professionals. This is a relatively new concept, which explores feelings of anxiety and conflict that result from encountering competing, often contradictory, demands. Although social workers are likely attuned to this concept in the form of ethical dilemmas, I am exploring this at a more general level and looking for relationships between professional dissonance, job satisfaction, and mental distress. This is an important concept with potential value in preventing burnout, promoting healthier workplaces, and ensuring that social workers feel well and functional at work.

Purpose of study:

The purpose of this study is to increase our awareness and knowledge of professional dissonance. This is a novel research concept with potential implications for personal and professional wellbeing, job satisfaction, and mental health. It is defined as an experience of anxiety, conflict, ambivalence, or feeling torn between competing courses of action. My research builds on the contemporary emphasis on developing psychologically healthy workplaces, which is important for social workers given our high probability of experiencing burnout. I am surveying a cross sample of social workers in Ontario to determine if there is a relationship



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between professional dissonance, job satisfaction, and psychological distress. I am interested to know if social workers feel that the concept of professional dissonance resonates with them, and if so, does it correspond to perceptions of job satisfaction and mental wellbeing.

What you will do in this study:

If you choose to participate in this study, you will be provided with a password-protected online survey that you can complete at your convenience. This survey has been created by the researcher, and is divided into four parts. The first part of the survey lists areas of conflict, contradiction, and ambiguity that occur in social work practice. You will be asked to select, in checkbox format, those items that you agree with and elicit some discomfort for you. In other words, you will endorse the items that you feel are relevant and applicable to your practice, and have led you to pause, reflect, or consider in your own occupation. The second part of the survey contains six general questions about overall job satisfaction (e.g., #3. "How does this job compare with your ideal job?"). You will be asked to select the most appropriate response. The third part of the survey contains 12 items about general mental health (e.g., #4. "Have you felt capable of making decisions about things?"). The last part of the survey contains seven fill in the blank questions about your demographic information. This information will not be used in an identifying manner, but is collected in order to determine any trends about professional dissonance among our diverse group of professionals. The last item on the survey is open-ended, allowing you to provide feedback to the researcher about the survey, the concept of professional dissonance, or anything that may have come to mind during your participation.

Length of time:

It is estimated that the length of time required to complete this survey will range from twenty (20) to forty (40) minutes from your initial logon to the survey web site and submission. Completing this survey will be the only requirement to participate in this study, and you will not be contacted by the researcher for any follow-up. You will receive a reminder notice in the mail approximately two to three weeks after the original survey is completed, but this will be sent to all participants since the anonymous nature of the data precludes knowing who has actually completed a survey.

Withdrawal from the study:

Should you choose to withdraw from this study, you can simply elect not to submit the survey. If you start the survey but do not click submit, any questions you have answered up until that point will be disregarded. During the survey, you can choose not to answer any particular question without affecting your ability to proceed. If you have submitted your survey and wish to later withdraw from participation, you can do so by contacting the researcher directly. This would only be necessary if you wish to remove your submitted survey responses from the database, and must be requested by June 1, 2014 as individual data cannot be removed once all responses have been aggregated. Unfortunately, your anonymity cannot be protected in this case since you will need to provide information that allows the researcher to identify your submission. However,



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even in this case, you can be assured that the researcher will not share your identifying information with anyone and you will not be contacted again as a direct result of your participation, withdrawal, or interactions with the researcher.

Possible benefits:

The social environment in which we practice is increasingly complex, and social workers struggle with work-related conflicts and demands. Professional dissonance is a new concept that is theorized to be related to job satisfaction and mental distress (including, for instance, burnout). Because there are so few studies on professional dissonance, your contributions are critical to ensuring that social workers' perspectives of this concept are adequately captured. Your feedback may have implications for workplace policy, and reiterates the importance of ensuring that practitioners are able to manage work-related stress in the interest of quality professional care.

Possible risks:

You will be asked to think about past experiences in your career as a social worker. This survey does not inquire about traumatic events, but reflecting on past experiences has the potential to trigger troublesome memories. By bringing attention to work-related conflicts that you may have encountered, you may become upset. If completing this survey has made you realize that work-related stress is impacting your health and well being, I urge you to contact your family physician and/or mental health provider.

Anonymity:

The researcher recognizes that anonymity is a desirable protection for participants. Thus, every reasonable effort will be made to assure participant anonymity and you will not be identified in any reports and publications. The survey has been constructed so that identifying information is broad enough not to identify participants directly (e.g., asking for year of birth versus date of birth). Similarly, all participants will access the online survey software using the same password so that identification based on the password is not possible. Additionally, the survey settings will be set so that IP addresses, user names, and email addresses will not be collected even if you were logged in during completion of the survey. It is important to note that at the end of the survey, you will be redirected to another form and asked to enter a physical address or e-mail address if you wish to participate in the prize lottery. This information is stored separately from the survey and cannot be matched to the actual survey data. You can also bypass this if you are uncomfortable providing the information, but unfortunately, it is necessary to participate in the draw since the researcher will have no way of contacting you otherwise if you are successful.

Storage of Data:

Data collected from the FluidSurvey website will be stored electronically on an encrypted hard drive. Data will be used to author the dissertation within one year of collection, and it will be



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maintained for a minimum of five years as per Memorial University's policy on Integrity in Scholarly Research. The data will then be deleted.

The online survey company, *FluidSurveys*, will be hosting this survey. This host was selected because it is a Canadian company and all data are stored on servers located in Canada. FluidSurveys does not collect or store IP addresses. The security and privacy policy for the web survey company can be found at http://fluidsurveys.com/about/privacy/ and a full overview of the company's advanced security protocols can be downloaded at https://fluidsurveys.com/wp-content/uploads/2013/02/FluidSurveys Security2.pdf

Reporting of Results:

The results from this survey will be used in the researcher's doctoral dissertation. Two copies of this thesis will be retained in the Memorial University of Newfoundland library, in addition to any personal copies printed by the researcher. Results will be reported only in aggregate and summary form, and any quotations obtained from the final survey question will only be used anonymously and in accordance with your consent at the end of this document. Future use of this information may result in scholarly publications or presentations about professional dissonance, but this would be done under the same terms of anonymity proposed for the thesis.

Sharing of Results with Participants:

At the end of the survey, you will be asked if you wish to receive a copy of the study results. Depending on whether you provide a mailing address or e-mail address will determine the format in which you receive a copy of the results. If you wish to receive copies of any published journal articles that may arise from the study, you can request so from the researcher directly at any time.

Ouestions:

You are welcome to ask questions at any time during your participation in this research. If you would like more information about this study, please contact Derek Chechak by e-mail at dehechak@mun.ca or by phone at (226) 241-6793. Alternatively, you may contact Dr. Ross Klein, Professor, School of Social Work, and dissertation supervisor, at rklein@mun.ca.

ICEHR Approval Statement:

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 864-2861.

Consent:

By proceeding to the online survey you are conveying your consent to participate in this study.



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By doing so you have indicated that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw from the study at any time prior to June 1, 2014, without having to give a reason, and that doing so will not affect you now or in the

I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered. Пт

 I agree to participate in the research project understanding the risks and contribution my participation, that my participation is voluntary, and that I may end my participat at any time. I do not agree to the use of quotations in any form resulting from my participation. 				
Please print a copy of this form for your records	3.			
Signature of participant (or implied consent via online submission)	Date			
Researcher's Signature: I have explained this study to the best of my abil believe that the participant fully understands what risks of the study and that he or she has freely ch	at is involved in being in the study, any potentia			
Signature of Principal Investigator	Date			

Appendix E: Professional Dissonance Survey Instrument



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Professional Dissonance in Social Work Practice

Part A: Dissonance in Social Work

This part of the survey is divided into four sections. In each section you will find a list of statements that describe contradictory roles, functions, observations, or experiences that may be encountered by social workers. The first part pertains to your personal and professional identity and emotional demands of practice. The second pertains to moral or ethical dilemmas. The third pertains to organizational, employment, or structural sources of conflict. The fourth pertains to historical or educational conflicts in social work. You are asked to check only those statements that you agree with AND that elicit some level of discomfort for you. In other words, if you do not agree with a particular statement, or if you agree but do not find its contents distressing, do not check it. Only check those statements that reflect a situation, experience, or characteristic that produces some degree of anxiety or discomfort. Please note that the amount of discomfort you feel does not affect the answer. If the statement is troublesome to you at all, please check the box.

Pers	onal – Professional Identity	
	There are aspects of my personality that do not fit with what my job entails I have personal values that differ from those of the social work profession I occasionally struggle to incorporate elements of my cultural identity into my employment At times I question whether social work is the best fit for me as an occupation Sometimes I have to maintain a false emotional display when working with clients The emotional demands required in social work frequently exceed my available resources There are times when I have to express empathy even though I do not truly feel it	I have questioned my ability to be a social worker after an emotionally upsetting event I have made a decision based on what I felt was right rather than what was right according to law agency policy, or a similar mandate I find it tiring or frustrating when I cannot be my true, authentic self at work I have experienced a sense of inner conflict because of work-related decisions I feel that my professional growth and development suffers when I cannot be myself I have experienced emotional distress because of contradictions between my personal and professional values
Mor	al — Ethical	
	There are instances of value conflict among my interprofessional team because of our different training I experience ethical dilemmas that are often left unresolved, and this causes me stress Sometimes I feel that social work's emphasis on moral behaviour or communal responsibility makes it difficult to relate to other disciplines The social work profession's ethical base has been challenged by contemporary business and entrepreneurial practice models Sometimes I feel that the Code of Ethics cannot be properly applied in the real world	There are job tasks that I have refused for conscientious reasons I have considered leaving my job for moral or ethical reasons I have had to rationalize a difficult decision I made at work to live with the discomfort I have felt guilty after making a difficult decision, even though I believe it was right I have made a decision based on my own emotional response to an event, even when faced with contradictory evidence or alternatives I have projected my own response onto a client in order to justify a decision I made



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Tel: (709) 864-8165 Fax: (709) 864-2408 http://www.mun.ca/socwrk I have labeled someone according to their illness ☐ I have experienced conflict with my coworkers or situation in order to support a decision while trying to advocate for my client I have avoided a difficult situation with a client The state of social service funding has limited in order to prevent a dilemma or emotional my ability to obtain the necessary resources for distress my clients Organizational - Structural I do not have the required authority or discretion At times, the contemporary focus on managing risks has limited my ability to be creative when for the job tasks I am assigned solving problems The complexity of social work practice is not always appreciated by my employer My employer's focus on speed and efficiency compromises the quality of my work with clients I have experienced competing obligations that I have to do things at work that should be done have made me question my allegiances Social workers in fee-for-service settings and differently I am often asked or required to do things that are private practices have abandoned the clients who against my better judgment need our help the most I frequently receive incompatible requests from I struggle to balance the investigatory, social two or more people control functions of my role with those that ☐ I do things that are often accepted by one person promote social welfare or group but not by another The reliance on technology today has decreased Some of my employer's policies are my professional autonomy incompatible with my job demands I want to engage in more overt forms of social or Some rules have to be broken or negotiated in political activism, but I feel discouraged because order to accomplish my job tasks it can conflict with professional demeanor ■ My job expectations are not always clear Historical - Educational ☐ I feel isolated in my work when discussing or □ I struggle to integrate evidence-based practice pursuing issues related to social justice with the humanistic nature of social work In my opinion, the social work profession has There is a constant struggle to integrate practice struggled to develop a cohesive identity wisdom and professional intuition with more At times, I feel that the role of social work is not scientific approaches to practice understood by other professionals The generalist model of practice has not served ☐ In my work, I struggle to maintain the me well in an era of increasing specialization profession's simultaneous commitment to At times, I feel that there is a disconnect between improving individual functioning and promoting my social work education and contemporary broader social change practice demands I am often bothered by the fact that social work's In my work, I have struggled to integrate values are not shared by the broader society people's personal responsibility for poor choices The strengths-based and deficit-based theories I with the role of discrimination and oppression learned in school seemed complementary, but are I find it troubling when practice situations are at

Part B: Job Satisfaction

actually contradictory in practice

This section briefly asks you to consider your overall level of job satisfaction in your current role. This section applies to your current job and not your career as a social work professional. However, if you have not been in your current role for at least three months, or if you are presently unemployed, feel free

odds with the principle of self-determination



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to refer to your previous employment when answering the questions. Please respond by circling or placing a check in the box that contains the most appropriate response.

1. If you had to decide all over again whether to take the job you have now have, what would you

	Definitely not	Probably not	Unsure	Probably	Definitely
	take the job	take the job		take the job	take the job
2	If a fuland sale of iff	na/sha should annly f		:45	hat want dayan

2. If a friend asked if he/she should apply for a job like yours with your employer, what would you recommend?

Definitely not	Probably not	Unsure	Probably	Definitely
recommend	recommend		recommend	recommend

3. How does this job compare with your ideal job?

Very far	Far from	Moderately	Close to	Very close
from ideal	Ideal	Ideal	ideal	to ideal

4. How does your job measure up to the sort of job you wanted when you took it?

Not at all	Far from	Somewhat	Close to	Just like
like I wanted	what I wanted	like I wanted	what I wanted	I wanted

5. All things considered, how satisfied are you with your current job?

Not at all	Not	Somewhat	Satisfied	Completely
satisfied	Satisfied	satisfied		satisfied

6. In general, how much do you like your job?

Not at	Not	Somewhat	Mostly	A great
All	Much		•	deal

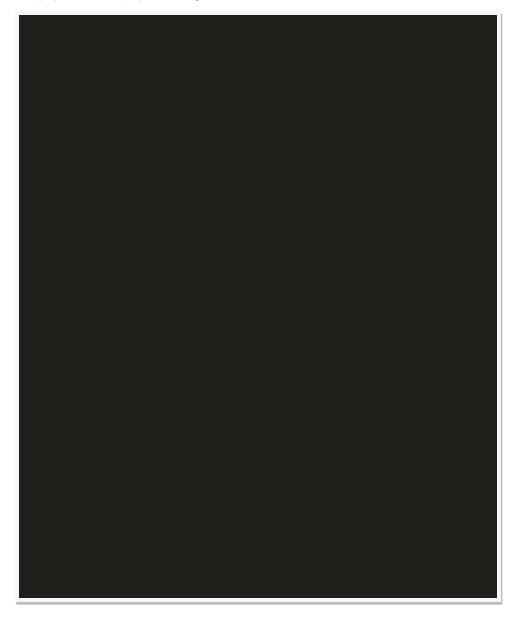
Part C: General Health Questionnaire

*Please note: GHQ-12 instrument items have been censored due to copyright limitations.



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Part D: About You and Your Practice	5. Years practicing since receiving highest soc
1. Your year of birth: 2. Gender:	work degree:
3. Ethnicity:	6. Type of practice setting:
4. Highest social work (or equivalent) degree	7. Primary job function:
obtained:	
Finally, are there any comments you'd like to make dissonance, or its relationship to job satisfaction are specific.	nd mental health? Your comments can be general or
specific.	

*Please note: GHQ-12 instrument items have been censored due to copyright limitations.

Appendix F: ICEHR (Research Ethics Board) Approval Letter



Interdisciplinary Committee on Ethics in Human Research (ICEHR)

Office of Research Services St. John's, N.L. Canada, A1C 5S7 Tel: 709 864 2561 Fax: 709 864 4612 www.mun.ca/research

ICEHR Number:	20140702-SW
Approval Period:	October 30, 2013 - October 31, 2014
Funding Source:	
Responsible	Dr. Ross Klein
Faculty:	School of Social Work
Title of Project:	Professional dissonance as a predictor of occupational dissatisfaction and psychological distress among social work professionals: A cumulative risk model

October 30, 2013

Mr. Derek Chechak School of Social Work Memorial University of Newfoundland

Dear Mr. Chechak:

Thank you for your email correspondence of October 24, 2013 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the abovenamed research project.

The ICEHR has re-examined the proposal with the justifications and revisions submitted, and is appreciative of the thoroughness and clarity with which you have responded to the concerns raised by the Committee. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to October 31, 2014.

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward an amendment request with a description of these changes to Theresa Heath at icehr@mun.ca for the Committee's consideration.

The TCPS2 requires that you submit an annual status report on your project to the ICEHR before October 31, 2014. If you plan to continue the project, you need to request renewal of your ethics clearance, including a brief summary on the progress of your research. When the project no longer requires contact with human participants, is completed and/or terminated, you need to provide the final report with a brief summary, and your file will be closed. The annual update form is on the ICEHR website at http://www.mun.ca/research/ethics/humans/icehr/applications/.

We wish you success with your research.

Yours sincerely,

Vice-Chair, Interdisciplinary Committee on

Ethics in Human Research

GW/th

copy: Supervisor - Dr. Ross Klein, School of Social Work

Office of Research Services, Bruneau Centre for Research & Innovation

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Appendix G: License Agreement for the Job Satisfaction Measure

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Dec 07, 2014

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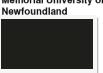
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• PROJECT (note 6): Phi	O dissertation exploring professional dissonance, job satisfactio	n,
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professionals in Ontar	o, Canada.	
Number of expected st	udy participants: 372	
 Number of administrat 	ions of the questionnaire per participant: 1	
TOTAL NUMBER OF A	DMINISTRATIONS (note 7): 372	
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Endnotes for Appendix A

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<sup>i</sup> Christie (1998); Comartin & Gonzalez-Prendes (2011)
ii Gallina (2010)
iii Mitchell (1988)
iv Holland (1959)
v Aldredge (2009); Costello (1999)
vi Seelman & Wallis (2010)
vii Abraham (1998, 1999a, 1999b); Diestel & Schmidt (2011); Nelson & Merighi (2003);
Tewksbury & Higgins (2006)
viii Hsieh, Jin, & Guy (2012); Schaible, & Gecas (2010); Zapf (2002)
ix Reamer (1994, 1999)
x Coldwell, Billsberry, van Meurs, & Marsh (2007); Linzer, Sweifach, & Heft-LaPorte (2008)
Schneider (1987); Sims & Keon (2000); Sims & Kroeck (1994)
xi Abramson (1984); Sands, Stafford, & McLelland (1990)
xii Houston (2012)
xiii Adams (2011); Constable (2013); Sweifach (2011)
xiv Jones (2006)
xv Bakalinsky (1980); Billingsley (1964); Finch (1976); Freidson (1970); Green (1966); Healy (2002); Pruger
(1973)
xvi Lackey (2006)
xvii Webb (2006)
xviii Beehr (1976); Jackson & Schuler (1985); Jaskyte (2005); Tang & Chang (2010)
xix Veach et al. (2012)
xx Siporin (1989); Specht & Courtney (1994)
xxi Carniol (2000)
xxii Buila (2010)
xxiii Hasenfeld (1999); Margolin (1997)
xxiv Head (2003); Evans & Harris (2004); Kennedy (2014)
xxv Alexander (1980); Rosenberg & Rosenberg (2006); Scanlon & Harding (2005)
xxvi Ellis (2007); Evans & Harris (2006); Keiser (2003); Lipsky (2010); Moore (1987); Musil, Kubalcikova,
Hubikova, & Necasova (2004)
xxvii Dominelli (2007); Gibelman (1999); Gilbert (1977); Ramsay (1999); Smalley (1967)
xxviii Jarvis (2006); McLaughlin (2002)
xxix Bendor, Davidson, & Skolnik (1997); Dewees (2002)
xxx Thyer & Pignotti (2010); Webb (2003)
xxxi Gambrill (2006); Mullen & Streiner (2004)
xxxii Roberts & Zulfacar (1986)
xxxiii Stoesz, Karger, & Carrilio (2010)
xxxiv Petersén & Olsson (2013)
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