1-12-2024

Perceptions of Competence Development in the Field of Gerontology and Dementia

Janice Braxton
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Janice Renee Braxton

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Carolyn Ewing, Committee Chairperson, Social Work Faculty
Dr. Alex Casiano, Committee Member, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Perceptions of Competence Development in the Field of Gerontology and Dementia

by

Janice Renee Braxton

MSW, University of North Carolina at Chapel Hill, 1992

Dissertation Submitted in Partial Fulfillment
of the Requirements for Degree of
Doctor of Social Work

Walden University
November 2023

Abstract

The number of older Americans and rates of dementia are rising. Though 73% of social workers are seeing older clients in their practice, only 4% have had adequate training in gerontology. To date there have been few studies that address the competence of social workers in the field of dementia. The purpose of the qualitative study was to explore how social workers develop and perceive their competence to work effectively with the older population, persons with dementia, and their caregivers. Guided by the conceptual framework of Albert Bandura's social cognitive theory, semistructured qualitative interviews were conducted with six social workers from PACE organizations in the southeastern United States. The social workers had minimal training or work experience in gerontology. The interviews were analyzed using interpretive phenomenological methodology. The findings demonstrated that even though the participants described a lack of preparation to deal with older adults, especially those with dementia, they felt competent to do their job, citing themes of integrity, compassion, empathy, and reflexivity. Findings indicate that increased training opportunities on this topic benefit both the academic and professional level social worker. Additional training on skilled therapeutic interventions may delay or eliminate the need for institutional placement. The study's findings can be used to promote social change by reducing the financial burden on the Medicaid system and increase the quality of life for persons with dementia and their caregivers.

Perceptions of Competence Development in the Field of Gerontology and Dementia

by

Janice Renee Braxton

MSW, University of North Carolina at Chapel Hill, 1992

Dissertation Submitted in Partial Fulfillment
of the Requirements for Degree of
Doctor of Social Work

Walden University
November 2023

Dedication

I dedicate this dissertation to my family who pushed me to keep going when I was discouraged and wanted to quit. They provided love, support, and inspiration whenever I needed it and convinced me the journey was worth it.

Acknowledgments

I would like to acknowledge my family members, friends, coworkers, and the Walden faculty who supported me through this doctoral journey. You each played an important role in getting me to the finish line. Special thanks to Dr. Carolyn Ewing for patiently answering all my questions and concerns and providing constant encouragement.

Table of Contents

Chapter 1: Introduction to the Study 1

- Background 1
- Problem Statement 6
- Purpose Statement 7
- Research Question 8
- Theoretical Foundation 8
- Nature of the Doctoral Project 8
  - Data Types and Sources of Information 9
- Definitions 9
- Assumptions 10
- Scope and Delimitations 10
- Limitations, Challenges, and or Barriers 11
- Significance of the Study 11
  - Values and Ethics 12
- Summary 13

Chapter 2: Literature Review 14

- Literature Search Strategy 14
- Theoretical Foundation 15
  - Bandura's Theory of Self-Efficacy and Self-Reflection 15
- Literature Review Related to Key Concepts 15
  - The Meaning of Competence 15

The Competency Movement in the 90s 19

Core Competencies 20

Metacompetencies.. 21

Factors Related to Perceived Self-Competence.. 22

The Development of Competency Standards in Social Work 23

A History of Gerontology Promotion in Higher Education................................. 25

Gerontological Social Work.. 26

Challenges to Assessing Competency in Social Work 27

Gerontological Competency in Social Work 28

Efficacy Scales in Social Work... 29

Professional Confidence Related to Social Workers 31

Current Status of Gerontological Social Work 31

The Need to Prepare Competent Social Work Professionals................................ 32

The Benefits of Social Work Expertise in Dementia Care 32

Competency in Dementia Care 33

Summary 36

Chapter 3: Research Method...38

Research Design and Rationale...38

Role of the Researcher...40

Potential Biases... 40

Methodology...41

    Population and Sampling 42
    Procedures for Recruitment 43
    Data Collection 45
    Instrumentation and Rationale 47
    Data Analysis 48
  Issues with Trustworthiness 50
    Ethical Procedures... 51
  Summary 52
Chapter 4: Results 54
  Data Collection 54
  Data Analysis 55
  Results..55
    The Choice to Work with Older Adults... 56
    Current Experience Working with Persons with Dementia 57
    Challenges Faced in Their Roles 61
    Perceptions of Competence... 63
    Cultural Competence.. 68
    Resources Available at the Place of Employment and Need for Training 69
  Summary 71
Chapter 5: Conclusions, Implications, Suggestions 72
  Summary of Key Findings 72

Interpretation of the Findings.....73

  Application to Professional Ethics in Social Work Practice..... 73

  How The Findings Extend Social Work Knowledge..... 75

Limitations of the Findings.....76

  Validity..... 77

Recommendations.....78

  Recommendations for Social Work Practice 78

  Recommendations for Future Research 79

Implications for Social Change Practice 80

  Research 80

  Policy 81

Conclusion 81

References.....83

Appendix: Interview Questions 106

Chapter 1: Introduction to the Study

The older adult population in the United States is increasing, and the incidence of dementia is increasing as well. People with dementia require caregivers who are usually informally trained family members who experience increased stress due to the demands caused by the disease. Thus, social workers are increasingly likely to work with older adults and their caregivers. However, they may not be trained, and there is a gap in the literature regarding how social workers perceive their competence in this area. This qualitative study followed a phenomenological approach to explore the perceived competence of social workers in gerontology and specifically persons with dementia (PWD). The findings may inform academic institutions, continuing education bodies, and professional workplaces. Effective social work practice may reduce caregiver burden, premature institutionalization, and result in reduced Medicaid costs, as well as improve quality of life.

In this chapter, I will explain the background, the problem and purpose of the study, the research question, how the study was conducted, and its significance. The second chapter will cover the literature review on the evolution of the meaning of competence and how the profession of social work has attempted to evaluate competence. The remaining chapters will explain the research methodology, the findings, conclusions, and implications.

Background

The numbers of people in the United States aged 60 and above is growing.

In 2010 the number was estimated to be 14.9 % (U.S. Census Bureau, n.d.-a). In 2019, the numbers had increased to an approximate 24.2% (U.S. Census Bureau, n.d.-b). This translates to 1 in every 5 Americans being 60 years old or older. This increase is in part due to the aging baby boomer population. People are living longer, and with this increased lifespan comes the added projection of chronic diseases and increased care needs.

One chronic disease that is rising with the increase in longevity is dementia. Dementia is a term used to describe a range of diseases that cause degeneration in the brain that results in neurological, physical, and mental impairments (Alzheimer's Association, 2022). Alzheimer's disease is the most common type of dementia and accounts for approximately 60-80% of the cases. The Alzheimer's Association (2022) estimated that there will be an 11% increase in diagnosed dementia between 2022 and 2025, and 1 in 3 Americans over the age of 65 die as a result of dementia or related complications. According to the National Center for Health Statistics dementia is the sixth leading cause of death in the United States (Xu et al., 2020). Prior to their death, PWD require increasing levels of medical care and assistance with their everyday needs, including hospital visits and readmissions, nursing home placements, use of home health services, and need of long-term care supports (Alzheimer's Association, 2021). People who live with dementia often spend years with declining functional status causing them to become increasingly dependent on caregivers to assist them with activities of daily living (Alzheimer's Association, 2021). The caregivers are primarily from informal sources, such as spouses, adult children, or siblings.

Informal caregivers, mostly family members, are unpaid, untrained, lack adequate informal support, and do not have affordable formal support available (Hamad et al., 2017; Hughes et al., 2014; Wennberg et al., 2015). Caregivers for PWD must provide more hours of care per month than caregivers of persons who do not have dementia, an average of 92 hours versus 65 hours. The increased time spent in caregiving is a compelling factor in perceived caregiver burden (Kim et al., 2012). This time is usually provided by caregivers in addition to their regular employment, and the caregivers may also be caring for children or multiple family members. The considerable time providing assistance is only one part of the equation for caregivers. There is also the cost of providing formal care in the form of in-home caregivers or facility placements. The estimated financial value of informal caregivers of PWD increases 18% with each additional year that care is provided in the home (Alzheimer's Association, 2021). However, counseling, support, and education are only provided to approximately half the PWD and their caregivers once diagnosed (Alzheimer's Association, 2021).

Caregivers may need assistance not only with the daily tasks of caring for someone, but also emotional, financial, and medical assistance (Hamad et al., 2017; Hughes et al., 2014; Strommen et al., 2020; Wennberg et al., 2015). The toll of assisting with needs in multiple areas of the PWD's life can result in ongoing caregiver burden and stress. Family caregivers of people with Alzheimer's or other dementias rated the emotional stress of caregiving as high or very high (Alzheimer's Association, 2021).

Informal caregivers may also experience financial difficulties due to disruptions in employment and physical difficulties due to delaying their own health needs (Alzheimer's Association, 2021). Persons who provide care to PWD report a higher level of depression and anxiety than those who are not caregivers (Kim et al., 2016; Ma et al., 2017). The burden and perceived stress of caregiving to a PWD can affect all areas of a caregiver's life, including mental health, physical abilities, cognitive health, financial viability, and social support, resulting in an overall decline in well-being of the caregiver which can have long lasting effects after the death of the PWD (Alzheimer's Association, 2021). Stress related to caregiving, if left unaddressed, can result in increased morbidity and mortality of the caregivers and premature placement of PWD in a facility (Adelman et al., 2014; Wennberg et al., 2015). The effects of stress experienced by the caregiver greatly increases the chances the caregiver will develop dementia as well (Wennberg et al., 2015).

Given the ongoing growth of the older population and the prevalence of dementia, professionals in the health and human services field are likely to find PWD or their caregivers in their range of clients (Council on Social Work Education (CSWE), 2019a). Social workers in the health services field will most likely encounter PWD and caregivers who are distressed and overwhelmed. There is a definitive need for social work involvement to assist with the provision of health care services and caregiver needs (Davitt & Moone, 2017). A focus on gerontology among health professionals is necessary to providing quality care to geriatric patients (Warshaw & Bragg, 2016).

Given the increasing numbers of older adults, the Bureau of Labor Statistics estimated a 19.3% growth in health care social work positions between 2014 and 2024 (Bureau of Labor Statistics, n.d.). Currently, only 29% of all social workers are employed in health care settings while nearly 40% of social workers work in social assistance agencies (Salsberg et al., 2017). However, many of these social workers may not have been trained in the field of gerontology or how to address the needs of caregivers of PWD. The Alzheimer's Association (2020) reported that although only 4% of social workers have any type of formal certification in gerontology, approximately 73% of social workers are seeing older clients in their practice. A 2018 survey of social work graduates indicated that only 5-7% of social work master's students declared a health concentration compared to 36% in the behavioral health area and 27% in the field of children, youth, and their families (CSWE, 2018; Salsberg et al., 2020). Currently, only 42% of social work programs offer concentrations in aging (CSWE, 2018), but 40% of schools have no faculty knowledgeable in aging (Scharlach et al., 2000). Field placements in aging-related environments has been low, as last examined with the 2015 statistics on social work education, with approximately 5% of MSW students choosing this setting (CSWE, 2016).

Despite the fact that more social workers are now seeing older adults in their practice, many with dementia, there are few studies that address how social workers are gaining competence to address the needs of older adults, much less, those who are diagnosed with dementia. This study is a step forward to address this gap in research literature. It will serve to inform social work educators on the training needs and desires of social workers in gerontology.

Problem Statement

Social workers with gerontological expertise are needed to work with people living with dementia and their caregivers to address caregiver challenges as the number of PWD increases (Sanders & Swails, 2011). Successful evidence-based interventions with caregivers involve psychoeducation, counseling, case management, support groups and psychotherapeutic interventions (Gaugler et al., 2017; Gitlin & Hodgson, 2015). Social workers are trained to provide these types of services even if they have had little exposure to the field of gerontology, although training in gerontology increases effectiveness of the interventions. The number of social workers with gerontological training needed are not yet available.

Measures to address the shortage are being actively promoted at the academic level with new social workers. The Academy for Gerontology in Higher Education (AGHE) under the Gerontology Society of America promotes gerontology training programs (The Gerontological Society of America, 2021b). The Association of Gerontology Education in Social Work (AGESW) and The Hartford Geriatric Social Work Initiative both promote gerontological education for social workers in higher education (Association for Gerontological Education in Social Work, n.d.; Simons et al., 2016). The current initiatives primarily promote training in the academic level for prospective social workers. However, post-graduate and worksite training in gerontology may be needed to develop social workers who are competent to address this growing need in the field of dementia care and who did not have the opportunity or encouragement to pursue training at a previous juncture.

Purpose Statement

The purpose of this qualitative study was to understand how social workers develop and perceive competence in their ability to provide effective interventions to PWD and their caregivers. Due to increasing numbers of PWD and their caregivers and the limited geriatric training in schools of social work, the study can provide valuable insights into the training needs and desires of postgraduate social workers employed in this area. The results of the study may be used to inform continuing education entities on appropriate training topics for professionals in the field of aging. This is a benefit to not only social workers but also their employers. Increased competency in one's field is associated with greater job satisfaction and commitment (Simons et al., 2011). Further, caregivers often have unidentified and unmet needs that can be determined by a thorough psychosocial assessment to determine the best interventions (Kim et al., 2012). Research demonstrates that therapeutic interventions for caregivers of PWD include cognitive behavioral support, skill building in coping techniques and problem-solving, psychoeducation, interpersonal support, and validation (Kishita et al., 2018; Nehrig et al., 2019; Tak et al., 2019; Tatangelo et al., 2018) The skills of social workers to provide these therapeutic interventions result in the potential for decreased caregiver stress and burden which may delay or reduce placement of PWD into institutions (Andren &

Elmstahl, 2008). This will, in turn, reduce the financial burden on the Medicaid system as well as increase quality of life for PWD and their caregivers.

Research Question

How do social workers perceive and develop their competence to provide interventions to lessen the burden of care related to caring for a person with dementia?

Theoretical Foundation

The question posed by this research was explored using Albert Bandura's social cognitive theory. Bandura (2001) proposed that people can learn and make changes based on their beliefs, goals, and expectations, and that they are their own agents of change. In his social cognitive theory, Bandura explains that an agent has intentionality, forethought, self-reflectiveness, and an ability to self-regulate (Bandura, 2001, 2007). People function through a combination of social structures, influenced by cognitive factors, behavioral patterns, culture, and environment in a system where these components influence each other in a reciprocal fashion (Bandura, 2001). Learning is accomplished through motivation, observation, modeling, imitation, and intrinsic reinforcement, all influenced by the characteristics of the agent (Bandura, 2001; Nabavi, 2016). Perceptions of competence and the path to professional self-efficacy are rooted in the social cognitive theory's proposal that cognitive processes primarily influence behavior and development.

Nature of the Doctoral Project

The study followed a basic qualitative design to better understand the perceptions of competence in social workers' ability to work with PWD and their caregivers.

Qualitative research designs are used to explore the experience and personal constructs of the participants (Pistrang & Barker, 2012; Ravitch & Carl, 2016), which was a good fit to examine the perspectives of social workers on their competence. The participants in this study were social workers who work with older adults, and the research followed a phenomenological inquiry to gather the experience of the participants (Shaw & Holland, 2014).

Data Types and Sources of Information

The study was comprised of social workers in Southeast United States PACE programs whose casework involves PWD and their caregivers. Programs of All-Inclusive Care for the Elderly (PACE) is a program for adults, aged 55 years and older, who are eligible for nursing home care due to their physical or cognitive limitations (Mukamel et al., 2007). The goal of the PACE program is to keep the participants living in the community by providing supportive services such as adult day health, in-home care services, transportation, and respite days for caregivers (Mukamel et al., 2007). The care needs of each participant are addressed by a team of multi-disciplinary professionals. The National Pace Association was the source of finding and recruiting social workers to participate in the research. Data were collected through narrative interviews. The data were transcribed and analyzed using qualitative interpretive phenomenological analysis.

Definitions

Dementia: A term used to describe a range of diseases that cause degeneration in the brain that results in neurological, physical, and mental impairments.

Informal caregivers: Caregivers who are not paid to provide services, usually family members or friends.

Assumptions

My assumptions regarding this research involved the participants and their responses. I assumed that the participants in the study have responded honestly regarding their qualifications to be included. Additionally, I assumed that the participants understood the intent of the open ended, guided questions as they did not ask for clarification. I also assumed their responses to the questions were honest and forthright as the participants' confidentiality was assured. I also assume that the results of the research will serve to fulfill a gap in the knowledge of how social workers perceive their competency and will provide insight into further training desires of social workers currently in gerontology.

Scope and Delimitations

The research was limited to social workers in PACE programs, created for older adults, and therefore may not apply to other types of programs. The research participants were social workers recruited from PACE programs in the southeast United States, and their experiences may not transfer to other areas of the United States or other countries. I chose to recruit social workers in PACE programs because I have worked in a PACE program and felt this would ensure the social workers would have older adults with dementia on their caseloads. I chose the southeast United States as I am from this region, and it is familiar.

Limitations, Challenges, and or Barriers

There are several limitations that are immediately identifiable. There was a possibility of researcher bias as I am employed by a PACE program, which may have inadvertently biased the results. Steps such as reflexivity throughout the process assisted in ensuring the validity of the results (Ravitch & Carl, 2016). Data were collected through online instruments and strict attention was given to providing confidentiality of the participants' information through data security measures (Ravitch & Carl, 2016; Shaw & Holland, 2014). I was able to recruit only six social workers, the minimum number planned although a number of supervisors who I spoke with indicated that they had social workers on staff who fit the criteria. It is unknown why some social workers chose not to participate in the study.

Significance of the Study

The study gathered the perceptions of social workers regarding their competency to provide services to older adults and their caregivers. I also explored how social workers have developed their skills in gerontology. There is a gap in the literature regarding the perceptions of competence of social workers who are providing interventions to address caregiver stress of informal caregivers, primarily spouses and adult children, providing care for persons with any stage of dementia. Many social workers, regardless of their training or work setting, will increasingly interact with persons affected by stress related to caring for a PWD. The caregivers of those older adults living with dementia face increasing stress as the disease progresses. Without help to deal with that stress, caregivers may be forced to place the participant due to burnout.

Social workers who have appropriate training and can effectively address caregiver issues may contribute to the reduction of caregiver stress and burnout. In turn, the institutionalization of older PWD may be delayed or avoided, increasing quality of life for the caregiver and the person living with dementia. The delay in institutionalization of older persons will reduce the cost to the Medicaid system as well. On a professional note, competent social workers are more likely to have job satisfaction and reduced job-related stress (Simons & An, 2015). By understanding how social workers perceive their preparedness to work with this population, educational institutions and continuing education entities can better prepare social workers to address the needs of caregivers.

Values and Ethics

A National Association of Social Workers (NASW) Code of Ethics value that applies to this study is competence. The corresponding ethical principle is “social workers practice within their areas of competence and develop and enhance their professional expertise” (NASW, 2017a, Ethical Principles section). The corresponding standard states that social workers should work toward proficiency with the most recent recognized knowledge so that they can practice competently. This study explored how social workers perceive whether they are competent in their work with a population they may not have been trained in during their academic endeavors.

Social workers are taught to address social problems and strive for social justice of all people (NASW, 2017b). The social justice value of the NASW code of ethics is addressed by this research as it demonstrates the needs of caregivers who are striving to care for vulnerable older adults and how positive interventions can improve the lives of these adults as well as their caregivers. The vast number of adults who are estimated to be diagnosed with dementia poses a challenge to our society and its resources, indicating that social problems related to dementia will need attention and best practice to resolve.

Summary

This chapter introduced the basic concepts of the research study, including the problem identified, the purpose of the study, and how the study was conducted. The problem introduced is the lack of trained gerontological social workers needed to work with an increasing older adult population who may be dealing with dementia. This qualitative study sought to understand the perceptions and development of competence of social workers who work with older adults and their caregivers. The study serves to fill a gap in the literature regarding the perceptions of social workers who are providing services to PWD and their caregivers. The theoretical framework as well as the values and ethics related to social work practice were introduced. The assumptions, limitations and barriers were explored. A thorough review of the related literature to identify the research disparity regarding perceptions of competence will follow.

Chapter 2: Literature Review

To address the problem of social workers' perceived competence in aging, this chapter will begin with a review of the concept of professional competency including the debate on how to define, operationalize, and assess its presence. Explanations of professional competence are explored from the simplest of actions (Norris, 1991) to the complexity of competence as a way of being (Gonczi, 1996). To account for this range of explanation, I will first address the competency movement in business and education where it began, next explaining its influence on how social work is taught and executed. Next, I detail the rise of gerontological education and career competencies as they relate to the current status of the gerontological social worker. Finally, the chapter concludes with current literature addressing the need for social worker to be professionally competent in their work with PWD and their caregivers.

Literature Search Strategy

My sources for literature in this review included Walden University's Online Library databases such as Proquest Central, Psycinfo, Academic Search, PubMed, and SocIndex. I also used Google Scholar and Google Search engine for Government websites, social work education related websites and Dementia websites. My key search terms included combinations of social work, caregiver/-ing, dementia or Alzheimer's, gerontology/-tological, competence, professional development, challenges or barriers and social cognitive theory. The reference lists in salient articles were also used to find relevant resources. The peer reviewed articles I used varied in their publication dates from 2000-2021 with older sources backing the historical aspects of competency development. Articles published after 2015 were primarily used if available.

Theoretical Foundation

Bandura's Theory of Self-Efficacy and Self-Reflection

Albert Bandura (1986, 2001) developed a theory about how people learn and what motivates them to learn, called the social cognitive theory. The theory holds that people are agents in their environment that can influence and be influenced. Bandura also incorporated the idea that an individual is capable of self-reflection and can identify where their effectiveness lies and the areas they need to grow. This belief in their own self-efficacy determines if and how they learn, providing motivation. Self-efficacy beliefs can then impact confidence, choices, and behaviors in the professional realm.

Literature Review Related to Key Concepts

The Meaning of Competence

An accurate, all-encompassing definition of competence in professional work has been a topic of exploration for decades, if not centuries. Plato's works around the time of 380 BC included the concept of competency (Mulder, 2007). The actual term made its appearance in Webster's dictionary in 1596 (Makulova et al., 2015). The word "competence" can be seen in varied professional and written contexts and accounts for a myriad of concepts, including authority, suitability, confirmation, privilege, license, mastery, commission, and capability (Mulder, 2007). Despite its prevalence, competence continues to be viewed as a nebulous concept and how it is it conceptualized and operationalized has been the topic of much research and debate (Rich, 2019).

Twentieth century literature on professional or occupational competency reveals that the concept continues to evolve. Norris (1991) noted that competencies look at behavioral objectives in a hierarchical manner from the basic forms of what is appropriate to the more intricate behavioral expressions. Therefore, competence can be approached as a description of an action or behavior that can be observed and assessed based on an agreed upon criteria. McClelland (1973), a psychology professor at Harvard University, started to explore the concepts of talent, intelligence, and competence in the 1960s. From this general definition, he developed the concept of occupational or professional competence and promoted the idea that competence is found in behavioral traits rather than just subjective knowledge. McClelland argued that the aptitude tests of the time, which were the primary avenue for testing excellence, could not adequately reflect what daily performance decisions and attitudes could convey. McClelland promoted the idea that along with a person's capabilities, the situational context, their motivation, and emotions also affect the ability to perform well. Likewise, researchers like Epstein and Hundert (2002) defined professional competence as including not only knowledge but also the ability to use higher order thinking skills as well as emotions and values for the benefit of those being served.

Despite general agreement on a situational context and use of specific skills within particular contexts (Epstein & Hundert, 2002; McClelland, 1973), the lack of agreement on what constitutes professional competence in practice makes competence difficult to operationalize and evaluate. Instead, the belief of what constitutes a competent professional rest effectively with the assessor of that competence. All the different indications of human capacity, the person's vast array of judgement, ingenuity, insight, and other proficiencies that result in competence are the hardest to perceive and the least given to explicit interpretation (Lum, 2004). Still, the lasting belief that competence can be taught, measured, and evaluated continues to prompt scholars in many fields to take on the task with ideas ranging from competence as skills attainment to an evolution of being.

Competence by Degree

The increased interest in professional competence began with the push to increase economic competitiveness. This competitiveness began with a structuring of skills required for each job to ensure that employees were producing at a maximum efficiency (Gonczi, 1996). As such, competence in professional practice was originally approached by the standard of the ability of employees to demonstrate an application of knowledge in the form of learned concepts and theories (Rook & Torbert, 1998). Determining how to apply those concepts and the ability to do so with effectiveness became the next exploratory stage (Hagar & Gonczi, 1996). Competence in many occupations was seen on a scale from minimally competent to fully competent by means of checking off a list of attributes or skills of which an individual appears capable (Rich, 2019). In order to avoid ambiguity, evidence-based practice became the goal for evaluating competency.

Competence as a Way of Knowing

Competency continued to expand as an evaluated idea with a life of its own, with endless debates about the concept. Competence has been described as a way of knowing, a higher order of thinking that puts together the accumulated knowledge of the professional from previous endeavors, both passively observed and actively experienced, to then reason how to address each situation (Gonczi, 1996). Researchers began looking at competence in relation to their own fields, such as medicine, nursing, and social work.

Expertise is developed in the field of social work, which involves the looking at the whole in new and complex situations and being able to make connections (Fook et al., 1997). This mindset also involves intuitively knowing not only what actions might be effective but when there are no effective options and knowing what to do then. Competence develops over time and is dependent on contextual and individual factors (Rich, 2019). Likewise, the development of competency includes cultural values, internal values, ethical beliefs, motivation, and self-awareness (Gurerror & De los Rios, 2012). A similar approach indicates competence is not only the technical skills and knowledge but the mastery of interpersonal skills, such as communication, and the use of higher order thinking skills, such as the ability to problem solve and think abstractly (Hagar & Gonczi, 1996). It is a holistic integration of abilities and capabilities that cannot be captured by looking at either alone.

Competence as a Way of Being

The holistic, integrated approach to competence has evolved to incorporate the behaviors, motivations, and aspirations of the individual into a “way of being” (Sandberg & Pinnington, 2009). Competent practice in any aspect of living, not just professionally, involves the ability and willingness to be reflective of decisions and actions and to actively learn from them. It involves knowing when additional learning and exploration are needed to further the ability to address possible problem situations. Integrated, that is, beyond the normal, competencies are described in medicine and pharmacy (Rich, 2019; Sanchez-Pozo, 2017), nursing, occupational therapy, social work, teaching, (Potolea & Toma, 2019; Rich, 2019), management (Cahn et al., 2018), and dentistry (Sanchez-Pozo, 2017). Competency is a way of being with a focus on acting collaboratively with other professionals (Cahn et al., 2018). The determination of how effectively a professional responds comes from a combination of knowing how to respond and why (Holahan, 2014). This calls for reflexivity. Therefore, competence becomes more personal, through character, temperament, and motivation, as the professional looks inward to develop and expand their own expertise (Crane & Hartwell, 2018; Potolea & Toma, 2019; Rook & Torbert, 1998, 2005).

The Competency Movement in the 90s

The concept of core competencies as it relates to management was first introduced by Prahalad and Hamel (1990) to refer to the skills, resources, and specific technical knowledge used by a company to increase competitiveness. Over the next decade, many disciplines followed suit and began to focus on developing recognized core competencies that could be evaluated at a professional level and incorporated into higher education (Eliasson & Gmbh, 1997; Koeski et al., 1993). As part of this widespread use of the concept of core competencies, additional terminology and categorization of professional competence continued in both academic literature and professional fields.

In 1993, Brown reframed the discussion about professional competence by introducing the idea of meta-competencies. Brown posited that meta-competencies are required for the successful accomplishment of core competencies and involve the development of higher order capacities such as judgement, intuition, adaptability, creativity, and insight. Later, an approach to “holistic competence,” a term advocated by Hagar and Gonczi (1996), included procedural or performance competence combined with meta competence (Bogo et al., 2013). The notion of insight was further expanded to include self-reflection and an awareness of how emotions, cultural understandings, and conceptual factors impacted how decisions are made.

There were also scholars who warned against the so-called competency movement in the 1990s. Some scholars felt it was a push for systemization of professions that would reduce creativity, stifle the thirst for knowledge exploration, and create nothing more than checklist for accountability (Bates, 1992; Clark, 1995; Norris, 1991). Hagar and Gonczi (1996) offered a different perspective, highlighting an integration of competence definitions that include abilities and technical skills along with cognitive and interpersonal skills. This integrative approach allows for more flexibility in teaching and work performance and encourages the drive for higher quality work performance (Hagar & Gonczi, 1996).

Core Competencies

The basics of competency begin with the knowledge and skill to perform tasks needed for a particular vocation (Gonczi, 1996; Potolea & Toma, 2019). The core of competency is knowing accepted standards and being able to demonstrate aptitude and skills as evaluated by others (Rook & Torbert, 1998). In Rich's 2019 study of competency among different professions, the competence domains were explored to identify several more distinct skills. These included the ability to communicate, collaborate, and advocate, as well as a demonstration of leadership, professionalism, the pursuit of lifelong learning, and ability to manage professional practice.

Core competence is also the ability to take the knowledge and determine how to select the skill needed to complete an assignment. This ability is referred to as the subjective-professional dimension (Potolea & Toma, 2019). Another dimension described in their model is objective-social which indicates that competence rests upon the presupposition of certain expertise and skills. If all work situations within a particular setting were identical, an employee would only need to demonstrate the objective-social dimension and in some cases, this may be true. However, in many professions, including social work, each situation is unique, context laden, and requires the ability to understand and address the nuances. This requires what some have referred to as major competencies such as professional and interpersonal traits (Sanchez-Pozo, 2017). This is the realm that meta-competence addresses.

Metacompetencies

Metacompetencies can be described as the ability to integrate core competencies in order to deal confidently with the gamut of situations and difficulties that arise and need to be dealt with (Makulova et al., 2015; Bogo et al., 2013). A study of correlation between major competencies of healthcare professions found that competencies of professionalism, interpersonal skills, communication skills, social skills, knowledge base application, and clinical judgement were common to all (Sanchez-Pozo, 2017). Potolea and Toma (2019) describes the subjective nature of metacompetence as the ability to discern which knowledge, skills, perspectives, and ethical approaches are needed to meet the demands of the situation. Likewise, Brown (1993) concluded that meta-competencies included a person's higher order aptitudes of judgement, intuition, creativity, and insight. Following this line of thought, a study on confidence in clinical performance with social workers in Canada, Bogo et al. (2017) found that workers with high confidence were able to self-regulate their feelings about the situation and focus on the emotions of the client, using it to inform their assessment. This integration of skills involved emotional self-regulation and the ability to apply knowledge and relational expertise to assess and address the situation.

Factors Related to Perceived Self-Competence

The goal to achieve competence in educational and professional standards may still fail to measure the personal awareness of competency, confidence, or self-efficacy (Goh, 2017; Parker, 2006). Each facet as understood by an individual may be related yet different. Confidence itself is difficult to measure. Bogo et al. (2017) undertook a study to examine professional confidence of clinical performance in social work students and practitioners. Participants conducted assessment interviews with patients presenting with suicide risk. According to the researchers, confidence for the majority of the participants was dependent on the situation. Bogo and his associates suggested the idea that professional confidence was an intersection of knowledge base, ability to relate, and level of emotional regulation.

The Development of Competency Standards in Social Work

In 1960, a social workers' code of ethics was written and published which focused on the morality and values of the profession (Reamer, 1998). In this first official code of ethics, social workers were held to practice within the competence of the profession and take responsibility for the quality of service performed (NASW, 2021). There was no formal definition attached to this concept of competence although the weight of the responsibility to perform competently was present. Much discussion has taken place since the original 1960 call for competence. In the current social work code of ethics, competence is one of the six core values of the social work profession and one of the ethical principles within the core values (NASW, 2017b).

As researchers and educators in the field of social work were exploring what competence should look like, Fook et al. (1997) explored how expertise is developed. Their research found that social work experts demonstrated awareness and the ability to deal with complex circumstances, which is, to be adaptive and flexible. Likewise, the CSWE began to establish competencies for social work graduates across the generalist and advance practice social work fields (CSWE, 2019). In 2008, the CSWE produced a competency-based structure for its Educational Policy and Accreditation Standards

(EPAS). This document presents 10 core competencies along with a description of what is needed to successfully demonstrate the operationalization and assessment of each competency. (CSWE, 2008). These core competencies resulted in a shift from the previous delivery of prescribed educational content to an assessment of educational outcomes (Drisko, 2015). CSWE revised the EPAS in 2015 to advance a holistic view of competence. CSWE defined this as "the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and the exercise of judgment" (CSWE, 2015, p 6). The 2015 EPAS promoted the idea that competence is developed over time as a result of continual experience and training. CSWE provided guidance for the areas to be assessed but left flexibility in how the programs might accomplish competency assessments.

As competency standards were becoming defined in the area of social work, the interest in gerontological social work was also taking hold. In 2008, CSWE published the *Advanced Gero Social Work Practice Guide* as a link to the 2008 EPAS (Bonifas & Simons, 2014). This was replaced by the *Specialized Practice Curricular Guide for Gero Social Work Practice* in 2015 (CSWE, 2015). The guide provides specific competencies in gerontological social work as they relate to standards outlined in the EPAS. The guide also addresses social work with family caregivers of older adults in various professional settings.

A History of Gerontology Promotion in Higher Education

The Gerontological Society of America (GSA) was established in 1945 by scientists and physicians to promote the study of aging through research (The Gerontological Society of America, 2021a). However, their focus was not on education, and there were few aging programs in institutes of higher learning. The Administration on Aging released a grant program in 1972 to encourage gerontology training programs in institutes of higher education (The Gerontological Society of America, 2021b). There were few existing aging research centers at the time however, their leaders, who were also members of the GSA, decided to help university-based gerontology centers access the grants. The GSA Council, citing a primary research focus, refused to shift to education and training, so these associates decided to forge ahead and create a separate organization. Thus, the Association for Gerontology in Higher Education (AGHE) was launched in 1974 for the purpose of expanding and advocating gerontology education (GSA, 2021b).

AGHE members worked to provide leadership and support to educational institutions, ensuring faculty are appropriately trained to teach gerontology and geriatrics and graduates can understand and address the implications of aging in American society. In 1990 members of the AGHE set out to review and integrate the available information on gerontology curriculum to develop the first edition of *Standards and Guidelines for Gerontology Programs* (Connelly et al., 1990 as cited in Damron-Rodriquez et al., 2019, p. 410). This published work is aimed at higher education and served as a foundational work for future curricula (Damron-Rodriguez et al., 2019). In 1999, with over 20 years of shared leaders, members, and initiatives, AGHE and GSA merged to promote both research and education. As a result, AGHE became the educational unit of the GSA. In 2018, with new by-laws, the term “Association” was changed to “Academy” in the name, and the Academy of Gerontology in Higher Education (AGHE) was formed (GSA, 2020).

The AGHE went on to create a workgroup in 2011 that would establish competencies in gerontology education (Damron-Rodriguez et al., 2019). The advancement of competencies would enable gerontology education accreditation to proceed as well as promote professional standards. These competencies would be applied to all classes of higher gerontology education, from associates to the doctoral level.

Gerontological Social Work

In the meantime, a group of social workers and educators in the aging field met at an AGHE conference and decided to find a way to promote gerontology education in social work programs (AGSW, n.d.). They formed the National Committee for Gerontology in Social Work Education (NCGSWE) in 1981. As the membership grew to include international representation, the name was changed in 1995 to the Association for Gerontology Education in Social Work (AGESW) (Schneider, 2001).

In 1998, the John A. Hartford Foundation, a charitable organization in the United States that focuses on the health and well-being of older adults, sought to expand education in gerontological social work (Robbins & Rieder, 2002). Over the next few years, the foundation sponsored The Hartford Geriatric Social Work Initiative (HGSWI). The initiative advanced a faculty scholars’ program, a doctoral fellow program, a practicum partnership program, a faculty development program, and a geriatric enrichment program (Robbins & Rieder, 2002; Simon et al., 2016). Designed to strengthen interest in gerontology, the initiative aimed to invest in leadership at the faculty level and support quality gerontological education.

The mission to increase the numbers of social workers in the aging field continues. The AGESW sponsors the Pre-Dissertation Fellows Program with the goal of providing training and support to doctoral students who want to pursue social work research and a career in education (Schroepfer et al., 2019). The program began in 2006 under the John A Hartford Foundation and then continued under the leadership of the AGESW in 2010. This program continues to provide guidance and support as the students become professors, and they subsequently begin to encourage their own students towards a career in gerontological social work. An evaluation of the AGESW Pre-Dissertation Fellows Program alumni found that among the graduates, a majority are teaching incoming social work students and encouraging them to consider working with older adults (Kusmaul, et al., 2019).

Challenges to Assessing Competency in Social Work

The debate over what competence means, as described previously, is equaled by the debate over how to assess a person’s competence. In the climate of reducing costs and maximizing resources, including personnel, the idea of competence assessment garners an enthusiastic audience. Assessing knowledge is a component of measuring competence but what is meant by knowing? Knowledge is part of the assessment and is needed to perform effectively and appropriately (Norris, 1991). In what range of settings, encounters, and contextual circumstances does the professional have to demonstrate appropriate actions before the competent label is applied, and how is that assessed? Inferences can be made if the person is aware of a, b, and c, then they will be able to act effectively with d, e, and f (Norris, 1991). This is a simplistic approach, however, since each professional interaction is context driven and requires the knowledge of what not to do as well as the knowledge of how to proceed. The assessment of competence in the judgement and resultant actions of the professional is also dependent on who the audience is and how the deciding criteria came to be.

Gerontological Competency in Social Work

Gerontological social work competencies were developed and circulated through a project named Strengthening Aging and Gerontology Education in Social Work (SAGE-SW) (Simons et al., 2016). Researchers affiliated with SAGE-SW conducted a national survey of social workers in 2000 to determine which gerontological competencies are needed and how can these competencies be incorporated into social work curriculum (Curl et al., 2010; Naito-Chan et al., 2005). The results of the survey were intended to identify gerontological knowledge needed by all social workers and competencies needed specifically for gerontological social workers. The researchers also hoped to gain needed information to develop continuing education in gerontology for practicing social workers, even those who may not consistently work with older adults. Social workers from all areas of practice participated in the survey including academics and researchers. The results of this National Gerontological Social Work Competencies survey were widely distributed and critical to the development of a forty item gerontological social work competency scale. Consequently, the competencies influenced curriculum resources provided by CSWE SAGE-SW program (Curl et al., 2010).

Efficacy Scales in Social Work

Bandura's social cognitive theory (1986) includes the concept of self-efficacy which is a person's beliefs and confidence to perform proficiently in specific circumstances to achieve a successful result. Social work educators and researchers have been attempting to develop ways to measure self-efficacy as a component of competence. Bandura later wrote a guide for constructing self-efficacy scales (2006). The scales are primarily used to evaluate social work students, and only one addresses gerontology competencies.

Foundational Practice Self-Efficacy Scale

The Foundational Practice Self-Efficacy Scale assesses the self-efficacy of social work students who have completed their foundation year in graduate school and is directed to the performance of the behaviors listed in the EPAS (Holden et al., 2005). It was designed to provide social work educators a standardized measure and allows for identification of strength and weaknesses in the content areas. The original study using the scale was conducted in 2003 by Holden, Anastas, and Meenaghan, a second study was conducted in 2005 by the same research team which produced a replication of the original results.

Self-Efficacy Regarding Social Work Competencies Scale

The SERSWCS is a 41-item scale, developed using the 41 practice behaviors representing the 10 competencies that CSWE has set forth for the social work profession (Holden et al., 2017). The scale measures a social worker's personal confidence in their ability to perform and their competence to do so. It does not measure actual competency from an outsider's view. The scale is predicated on Albert Bandura's idea of self-efficacy as explained in his Social Cognitive Theory (Bandura, 1986). The SERSWCS was tailored from the self-efficacy scale development guide (Bandura, 2006), and respondents rate their abilities by a level of confidence from 0, "unable to do", to 100, "highly confidant can do". The purpose of the scale is to evaluate social work curriculum programs and is based on considerable theoretical and empirical work.

Geriatric Social Work Competency Scale II

The Geriatric Social Work Competency Scale II (GSWCS-II) is a 40-item scale that cover values, ethics, assessment, interventions, theory perspectives, and aging services (Gallagher et al., 2020). Social work students are asked to assess their competencies in the areas mentioned above as they relate to geriatric social work practice. The GSWCS-II is used to evaluate geriatric competencies in both the classroom and field placements. It has also been used to evaluate competency of case managers in geriatrics (Gallagher et al., 2020).

Professional Confidence Related to Social Workers

Bogo and his associates (2013) constructed a holistic competence model showing the interrelatedness of meta-competence and procedural competence. As discussed previously, the ability to integrate technical knowledge with higher order thinking skills and interpersonal skills leads to a holistic competence (Hagar & Gonczi, 1996). Further research was then conducted to examine the nature of professional confidence in social work students and professionals in a simulated practice experience involving suicide risk assessment (Bogo et al., 2017). The participants included 37 Masters of Social Work students in their final year and 34 professional social workers working in mental health facilities. The results revealed an intersection between self-awareness, reflectiveness, and confidence. Participants with low confidence were overcome by the emotional state of the client. This made it difficult for them to access their skills. High-confidence participants, however, were able to self-regulate their emotions and use the emotional state of the client to help them assess the situation. The researchers also suggested mindfulness-based programs as a way to address anxiety and increase self-awareness.

Current Status of Gerontological Social Work

Ferguson (2015) looked at the interest in the field of gerontological social work and discussed a number of issues. The jobs needed appear to be growing because of the aging of the baby boom generation and the expectation of increased chronic illnesses including cognitive issues. Informal caregiver numbers are also expected to increase where social workers can play a key role to intervene and provide support and education.

Hospice and palliative care is another area where social work increases are expected (George Washington University Health Workforce Institute, 2018).

Interest in working with older adults is a factor that influences the numbers of gerontological social workers at present and in the future (Ferguson, 2015). The availability of jobs working with the older population may be a factor in increasing interest. There are several studies that posit additional knowledge about and increased exposure to older adults generates interest in gerontological social work (Choi & Park, 2017; Coffey et al., 2015; Cummings & Adler, 2007; Gammonly et al., 2014; Lun, 2019; Schroepfer et al., 2019; Washington, 2018; Wilks et al., 2017)

The Need to Prepare Competent Social Work Professionals

Competence in one's field has been found to increase job satisfaction, reduce job stress, and increase retention (Simons & An, 2015). Social workers who had a higher perceived level of competence also were able to find job satisfaction despite changes that might be happening in the organization (Kayser, Walker, and Demaio, 2000). If one is approaching this from a human resource development, competence in employees will serve the agency goals and reduce costs of employee turnover due to job stress and dissatisfaction (Salmon et al., 2020). Gerontological social work, as in any field of social work, can prove stressful especially dealing with the challenging behaviors of dementia and multiple needs of caregivers.

The Benefits of Social Work Expertise in Dementia Care

Social workers are trained to engage those who need help from a systems theory, with a person in environment approach. Social workers assist others to address obstacles in themselves or their environment so they can have quality of life and meet their goals. Social workers seek to improve the well-being of anyone who is vulnerable, oppressed, or on the margins of society. Given the talents of empathy, compassion, patience, and the desire to understand and empower others, social workers are perhaps most suitable to address the stresses of caregiving that arise with PWD. The knowledge of how to care for PWD can reduce the stress of the social worker and the caregivers and serve to improve the quality of life for PWD (Isaia, et al., 2011). Within a multidisciplinary team of professionals, social workers are well-suited to convey the needs of PWD and their caregivers to other disciplines as well as serve as a liaison between the medical profession and client/caregiver (Davitt & Moone, 2017; Mann et al., 2016).

Competency in Dementia Care

Dementia is considered a disease that occurs with old age therefore, the basic facts of the disease are covered in general gerontology classes along with other commonly seen conditions in older adults. A review of the literature found few studies exploring competency in the topic of dementia education or interventions with caregivers of PWD. It appears that professional development for those working with PWD, and their caregivers, have received limited consideration much less approaches to filling the skills disparity (Surr et al., 2017).

One of the few studies exploring dementia knowledge was conducted in Hong Kong by Chung and Lai (2003). This older study explored the perceived knowledge of healthcare professionals working with PWD. The participants included nurses, social workers, and rehabilitation therapists. The researchers explored how these clinicians perceived their own knowledge of dementia and dementia care as well as what they identified as informational needs. The results of the research found that the participants knew less about dementia-related services than they did about the disease itself. The nursing staff appeared to be less knowledgeable about dementia than the social workers, who were significantly less knowledgeable about dementia than the therapists. All the participants declared a desire to learn more about care of PWD.

The UK has examined the issue within its own workforce through a number of publications. The National Dementia Strategy published by the UK Department of Health in 2009, expressed the need for increased competency in the healthcare professions for providing care for PWD. In response to this directive, researchers sought to develop a competency framework for professionals working with PWD (Smythe et al., 2014). The researchers help to identify the training needs for required competencies to ensure care for PWD from professionals are the highest quality. In addition, a literature review of dementia education programs, published between 2000 and 2015, was published to identify factors associated with effective dementia training (Surr et al., 2017). In this English study, however, only 13 of 152 (9%) studies reviewed involved social workers. The majority were focused on nurses and nurses' aides. In 2015 *The Dementia Training Standards Framework* was published outlining the essential standards for appropriate care of PWD (Smith et al., 2019). A review of the education and training that was based on these standards was published recently (Smith et al., 2019).

A study in Belgium using the Bio-Psycho-Social-Dementia-Care scale was conducted to explore how dementia care was being delivered and to examine the factors contributing to the successful application of a biopsychosocial approach to dementia care (De Vriend et al., 2018). The self-rated scale is made up of 5 subscales. These subscales evaluate whether healthcare workers are consulting and communicating with other disciplines, using a client focused approach, exploring the goals of the client, able to access the necessary knowledge, tools, and skills, to communicate, and considering the contextual aspects of the situation (Van de Velde et al., 2016). Participants of different disciplines were separated according to the focus of their position into three categories of cure and care, therapy, or social support. Ninety-nine of the 413 participants were social workers and were grouped in the social support category. The settings and years of experience of each group were also compared. The results of the study found that younger professionals were stronger in knowledge and the seasoned professionals were more skilled in approach and interventions. The results also revealed that when a professional has 12 years' experience working with PWD, they use both their knowledge and experience at their optimal level. There are benefits to both groups, and a heterogeneous team of knowledge and expertise would be ideal to work with PWD. The researchers noted the team should also strive to continue to grow in the field of dementia care. In the U.S., the Department of Health and Human Services (DHHS) published a national plan to address Alzheimer's disease, which expressed concern about the capability of the present workforce to provide adequate care to PWD and their caregivers (2013). In reviewing the sources used to establish the plan, which included measures to increase the knowledge base of health care professionals, there were few references, the most recent from 2007, that addressed research on competency of the dementia workforce.

Summary

This literature review began with an exploration of the literature on the meaning of competence and how it has evolved in the professional realm. Scholars have grappled over a comprehensive meaning, and researchers attempt to identify, quantify, or qualify competence as it relates to their discipline. The meaning of competence has progressed from the degree of successfully completing tasks to incorporation of a person's character, motivation, and reflexive reasoning.

The evolution of professional competence since the 1990's when a competency movement began, helped to define core competencies and meta-competencies. The social work profession developed their own published competences with the groundwork fostered by CSWE and AGHE. Gerontological social work education was promoted as the older demographic population increased primarily through the GSWI under the John A. Hartford Foundation. Perceived self-competence, professional confidence, and self-efficacy began to be explored.

Competency of social workers in the area of dementia care for PWD and their caregivers is a relatively recent issue of concern, and this literature review found few studies of exploration. However, the benefit of competent social workers in the field of dementia care prove to reduce caregiver burden, increase quality of life of the PWD, and reduce federal and state dollars to finance facility placement. This research project will help fill a gap in the research by exploring social workers' self-perception of competence working with PWD and their caregivers.

Chapter 3: Research Method

Social workers will increasingly encounter older adults with dementia and their caregivers. However, most of the social workers in this group will have had little education in gerontology. The purpose of this study was to better understand the social workers' perceptions of their competence to work with PWD and their caregivers. The participants in this study were social workers who work with older adults. The research followed a hermeneutic phenomenological inquiry to gather the experience of the participants. In this chapter, I provide the methodology, data sources and procedure, and manner of analysis. Finally, I share a description of the ethical measures taken during the execution of the research project.

Research Design and Rationale

The study was conducted using a qualitative design with a phenomenological approach. Qualitative research is used to delve into the experience of subjects as they are lived and interpreted, understanding that there are contextual and subjective perspectives to everyone's interpretation (Mohajan, 2018; Ravitch & Carl, 2016). Qualitative research designs are used to explore the experience and personal constructs of the participants (Pistrang & Barker, 2012). The research question in the current study was designed to explore the experiences and perceptions of social workers on a personal and individual level.

Phenomenology is a research method that is best used to examine how a phenomenon is experienced and perceived by people involved (Ravitch & Carl, 2016). In this case, the phenomenon was how social workers who have not been trained in gerontological subjects learn to address the challenges experienced by PWD and their caregivers effectively. Phenomenology allows flexibility in the interview process to reframe questions so that greater understanding of the experience is achieved (Grossoehme, 2011). Phenomenology is based on Edmund Husserl's work suggesting that people interpret and respond to stimuli based on their individual perceptions (Husserl, 2012). Thus, in phenomenology it is important to bracket the researchers' ideas and conceptions to better understand the subjects' experiences. Additionally, Martin Heidegger introduced hermeneutics, the art of interpretation, to phenomenology, advocating the idea that a phenomenon is subject to the interpretation of both the person who experiences the phenomenon and the person who is trying to understand it (Dreyfus & Wrathall, 2005). Hermeneutics espouses the belief that humans will always try to make sense of their experiences (Rodham et al., 2015). Heidegger was a philosopher who argued that the individual comes with preset notions influenced by culture and family and cannot interpret their experiences apart from this (Crowther & Thomson, 2020), which would making bracketing was impossible; thus, researchers must be aware of any existing beliefs, perceptions, biases, and judgements (Dreyfus & Wrathall, 2005). In the hermeneutical approach, the researcher's biases and beliefs are not bracketed but recognized and acknowledged as the research is conducted and analyzed. The ability to be aware of how history influences our presuppositions and prejudices allows the researcher to allow new possibilities in interpretation (Gadamer, 2008/1967).

Role of the Researcher

I, as the researcher, was the primary instrument in this research, along with everything that contributes to my worldview, my beliefs, and my biases (Ravitch & Carl, 2016). It was important to engage in a critically reflexive practice to ensure that any tacit theories are identified which could influence the planning, execution, and evaluation of the research project (Ravitch & Carl, 2016). The research questions arose from presuppositions and prejudices without which the questions would never be asked (Gadamer, 2008/1967). My role as the researcher was to solicit participants, conduct the interviews, analyze the responses, and interpret their meanings.

Potential Biases

In preparing for this study, I spent time reflecting on my experience and how it affected my approach to the research (see Valandra, 2012). This included thinking about what I know already, how I came to know these things, how my own previous experiences contributed to my knowledge, what assumptions and biases I have about the subject, and the reasons I was passionate to learn more about this subject. My choice of profession came from personal life experiences. My resulting professional experiences were pivotal in my choice of this research project. I have worked with older adults for most of my career as a social worker. Many of the population I worked with were PWD and their informal caregivers. My concentration during my master's program was in aging, and this is the principal population that I have chosen to work with in my career. In addition, I have a strong passion for the field of dementia and the caregivers who choose to care for PWD. I have worked with many social workers in workplace settings who did not have any educational background in gerontology during their graduate studies. Some of these social workers have expressed a desire to become more knowledgeable and effective. Some have been content with their current skills. These experiences and my current position as a social worker in a PACE unit led to my interest in learning how other social workers in PACE programs pursue and perceive their effectiveness in their jobs if there is no background in gerontology beforehand. This interest also had an influence on the questions that were asked of the participants. I was mindful as one social worker to another, how I presented the questions and how I responded and interpreted their answers, in keeping with the paradigm of hermeneutic phenomenology. As reflection and reflexivity are important in promoting integrity of the research, I kept a reflective diary to document my thoughts and insights (Meyer & Willis, 2019; Valandra, 2012).

Methodology

The research was conducted using interpretative phenomenological analysis (IPA) as the methodology. IPA as a methodological framework for conducting research is an important avenue to examine and interpret people's experiences as they are shared and interpreted by the research participant themselves (Smith et al., 2009). IPA allows researchers to delve into the experience to better understand the meanings that the participant has put on the experience and interpret the common threads of similar participants' experiences (Smith et al., 2009).

It is necessary to for the researcher to set aside any preconceived notions, judgements, or biases, so that the participants' experiences can be better understood (Moustakas, 1994). A researcher should always be cognizant of how they are affecting the data collection and analysis by their own beliefs and biases (Smith et al., 2009). The researcher is tasked with reflecting on their own assumptions and how they are interpreting the process (Laverty, 2003). Reflexive journaling can assist the researcher with identifying unintentional displays of bias in the interview and analysis, limit the possibility of encounters that are uncomfortable or unproductive, and complement the discourse on the nature and progress of the research (Meyer & Willis, 2019).

Population and Sampling

I gained approval from Walden University's Internal Review Board (IRB) prior to recruiting participants. The approval number is 09-06-22-0737407. A small pool of research participants is typical for IPA studies in anticipation of discovering in the analytical process, the depth of similarities and diversity in the experiences (Smith et al., 2009). The participant pool was comprised of social workers in Southeast United States PACE programs whose casework involved PWD and their caregivers. Programs of All-Inclusive Care for the Elderly (PACE) is a program for adults, aged fifty-five years and older, who are eligible for nursing home care due to their physical or cognitive limitations (Mukamel et al., 2007). The goal of the PACE program is to keep the participants living in the community by providing supportive services such as adult day health, in-home care services, transportation, and respite days for caregivers (Mukamel et al., 2007). The care needs of each participant are addressed by a team of multi-disciplinary professionals, with social workers regarded as a core discipline of the team. The purpose of choosing PACE social workers assures that the pool of potential participants will have had the opportunity to work with PWD and their caregivers.

Procedures for Recruitment

Selection of the participants was done through purposeful homogenous sampling. This began with contacting social workers who were most likely to fit the description of the most appropriate participants. The participants qualified as an appropriate source for providing experience that is relevant to the research and were made aware of the subject matter and purpose of the study (Bromley et al., 2015; Ravitch & Carl, 2016).

The source of finding and recruiting social workers to participate in the research came from a list of PACE organizations operating in the Southeast United States. I advertised the potential research on a PACE social work listserv for potential participants and asked them to contact me through email. I sent a letter that explained the research through email and made follow up telephone calls as needed to potential participants. Once the potential recruit expressed interest in learning more, I sent a letter outlining the specifics of the study and consent forms.

Qualifications for Participation

I searched for participants who are (a) currently working for a PACE organization in the Southeastern United States and had no more than 4 years' experience in their current position, (b) have clients on their caseload that have a diagnosis of dementia, (c) have very limited or no previous positions with older adult clients, and (d) their SW academic focus was something other than the geriatrics/aging concentration. The intention of setting the experience level at four years or less was based on previous personal experience that allowed the participant to recall their learning experience and reflect on areas that they still need to learn. Setting the time at 4 years also took into account that during the covid pandemic, many PACE social workers had to work remotely for a time which may have postponed additional opportunities to learn about their client population. The participants who met these criteria would have had recent experiences of learning a new population that may be unfamiliar to them due to an alternative focus in academics and work experience. This provided data to address the research focus of how social workers perceive and develop their competence to provide interventions to lessen the burden of care related to caring for a person with dementia. The participant was not offered any type of compensation for taking part in the study as this could have been mistaken for inducement and affect impartiality (Resnik, 2015).

In order for the participants to feel at ease providing information regarding their experiences to a stranger, it is important for a researcher to attempt to establish a rapport in the beginning (Alase, 2017; Smith, et al., 2009). In addition, the protection of the participants' rights and confidentiality of their contributions is a core piece to producing a well-constructed study (Bradbury-Jones et al., 2014; Ravitch & Carl, 2016). I followed the foundations specified in the Belmont Report of regard for each person, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). In keeping with recommendations of the Belmont Report, the potential participants received a letter explaining the purpose and nature of the study. The introductory letter included the rights of the participant as well as the relative risks and benefits of the study so that they could make an informed decision about their participation. I treated the participants with respect and dignity in my communications with them (Emmanuel et al., 2016).

Data Saturation/Sample Size and Justification

In qualitative research, the goal is to elicit and make sense of the meaning of a phenomenon for a group of people who have experienced it (Creswell, 2013). Data saturation is the point where additional interviews will no longer provide additional or new data (Ravitch & Carl, 2016). Guest et al., (2020) provided a way to find thematic saturation from qualitative interviews. Their research findings indicated that 6-7 interviews will provide the predominant themes and 11-12 interviews will capture 95% of the themes discovered, which was in line with other literature on this subject (Guest et al., 2020). Therefore, I sought to have between 6-12 participants in the study.

Data Collection

In depth interviews is a traditional method used in qualitative IPA methodology and provides participants with the freedom to share their experiences that avoid pre-selected, restrictive answers. The interview was semi-structured to give the participant a guide toward what the research was looking to discover (Rubin & Rubin, 2012). The interview lasted approximately 30 to 45 minutes (Alase, 2017). Due to the Covid Pandemic, the interviews were conducted via Zoom Meeting application (Zoom Video Communications Inc., 2021). During the interview, I used technological assistance to record the interview including video and auditory devices as primary and backup so that valuable data was not lost during or following the interview. Although this method of interviewing limited the ability to build rapport, adequately observe body language, and is prone to internet connection instability, it is the best method to reach participants who are not geographically convenient (Gray et al., 2020; Ravitch & Carl, 2012). It also assured the safety and comfort of both parties. I also used a traditional method of pen and paper to jot down notes, questions, and impressions during the interview (Alase, 2017). The data consists of the responses provided by the participants during the interview and any follow-up information that was sought for clarification.

The interview itself provided an opportunity for the participant to share their experience and in the process review their feelings and understanding of the experience in a way that they may have not considered before (Seidman, 2006). Bevan (2014) emphasized the important of gaining sufficient data of the phenomena to avoid misrepresentations in data analysis. The interviewer should not assume understanding of concepts or experiences. During the collection of data, I was cognizant of how the information shared by participants may appear differently to different people, a phenomenon known as modes of appearing (Bevan, 2014), and I sought to clarify with the participants their interpretation. It was also important to recognize that how and what we ask can have an impact on their response and their processing of the experience (Grossoehme, 2011). Questions I considered during the process of data collection have been suggested from Valandra (2012) such as (a) what is the motivation of the person to participate? (b) am I noticing anything about the participant's communication pattern? (c) what do they share before and after the formal interview if anything?

Interview Protocol

A script for the interview ensured that information that needed to be shared is remembered, and helps guide the interviewer through the process, especially in the case of a novice researcher (Jacob & Furgerson, 2012). I developed a script for the interview that reminded me of important information I wanted to share at the beginning of the interview, such as the nature of the study, and the details of the informed consent that has been signed by the participant before the interview. I explained that I would be taking notes during the interview as well as how the interview would be recorded. I also expressed appreciation to the participant for participating and asked if they have any questions or concerns before we began. On completion of the interview, I reminded the participants of the confidentiality of their records, the possibility of a follow-up contact if needed to clarify any of their thoughts or responses, and the option to have the research results sent to them.

Instrumentation and Rationale

Instrumentation consisted of a series of open-ended questions devised to gather knowledge that will answer the research question (see Appendix). Semi-structured interviews used specific questions to guide the participants to share information and experiences relevant to the research topic (Ravitch and Carl, 2016). The interview guide included a mixture of questions that address experience, knowledge, feelings, and opinion (Ravitch & Carl, 2016). The questions were loosely ordered in the following manner as recommended by Kobakhidze et al (2021), based on early to recent experiences, according to similarity of topic, and from concrete to abstract. Follow-up questions as well as additional probing questions were also be used to clarify and expand the participants' answers. The goal was to encourage dialogic engagement and avoid the participant anticipating the "next question" (Kobakhidze et al., 2021). Limiting the questions and coming to the interview well prepared allowed me to focus on the content of what is being shared. The interview questions were developed to align with my research question and were trialed with a PACE social worker who has no previous experience with older adults and appropriate modifications made based on her responses and suggestions. An additional social work colleague also provided review and feedback.

Data Analysis

The interviews were transcribed verbatim using an authorized transcription software, read, and reviewed. Significant statements and themes were identified. Creswell (2013) suggests that researchers produce a textual description of the participant's experience, that is, what they described. Next, the researcher should write a structural description of how the experience happened (Creswell, 2013). By analyzing both components the researcher will have a better contextual feel for the experience. IPA research is used to explore the experience as it is lived, the importance it has for the participant and how it has impacted them (Smith et al., 2009).

The researcher in IPA should be aware that designating themes by frequencies of words expressed can be the result of assumptions made on the current popularity of words. A familiar expression does not prove it has truth or that it applies to the current situation. Likewise, a rarely used word or phrase may prove to have more truth in the experience of the participant (Crowther and Thomson, 2020). Gadamer, a protégé of Heidegger, believed that the stories humans relate hold multiple meanings, depending on the context of who, what, when, and where (Agrey, 2014). The researcher should be aware of their own interpretation and how it may be influencing the appearance of themes that appear to come up in the analysis (Smith et al., 2009).

IPA is dedicated to analyzing the data with open-mindedness, so the researcher should be aware of their own preconceptions and recognize these during the construction and execution of the interview, as well as the analysis of the data (Smith et al., 2009). Rodham and her associates (2015) shared an experience of what transpired when different researchers interviewed, listened to the recordings, or read the transcript. They discovered that the experience of seeing and listening during the interview, the loss of the visual in simply listening to the recording and the further loss of hearing the words spoken in reading the transcript resulted in different perceptions of the material. Each method had the effect of clarifying and obscuring discoveries in the material (Rodham et al., 2015). As a sole researcher, it was important to follow their advice to adopt a curious and reflexive manner, not only during the gathering of data but also towards my reactions to the data as well, in each step of analysis (Rodham et al., 2015).

Issues with Trustworthiness

In qualitative research, validity refers to the quality of the results as true to the experiences related by the participants or in other words, how trustworthy is the research (Ravitch & Carl, 2016). Although validity cannot be guaranteed in any qualitative research (Onwuegbuzie & Leech, 2007), this study strove towards validity by pursuing credibility, transferability, dependability, and confirmability. Credibility may be established by seeking rich descriptions of the experience, seeking clarification and confirmation by the participants, and dialogic engagement during the various stages of data collection and analysis with peers or advisors. Transferability is the idea that the research is context-relevant and may be generalized only in a broader context. Once again, the goal is thick, rich descriptions with the intention of allowing the readers to decide if it compares to other or broader contexts. Dependability refers to the appropriateness of the research design to answer the research question as well as the reasoning for the use of the chosen design. Confirmability, which is used instead of objectivity, asserts that the results can be confirmed. This is achieved by researcher reflexivity and reflection measures.

IPA researchers need to identify their biases ahead of conducting the research to identify any influence in the interview structure and questions, in the way the researcher appears and responds during the interview and the manner in which follow-up questions are asked (Alase, 2017; Smith et al., 2009). As part of the reflexivity and reflection process, I was mindful of my personal thoughts such as what did I know about what I was asking, what shaped my opinions and biases, and how were my experiences and expectations influencing my interpretation of the data (Valandra, 2012).

This reflexive method was accomplished by keeping a journal or memos to record identified or possible biases throughout the process (Alase, 2017; Ravitch & Carl 2016). Researchers must be reflexive while they are reflecting on the perspectives and experiences that influence our meaning-making (Sandelowski & Barroso, 2002).

IPA may not have the rigor that a more traditional qualitative study promotes because of the belief in the influence of fore structures on how an experience in interpreted (Horrigan-Kelly et al., 2016). Hermeneutic phenomenology does not claim that one interpretation is the final one (Crowther et al., 2017). There may always be more perspectives to find and understand.

Ethical Procedures

Before participants were recruited for the study, I submitted a request to the Institutional Review Board (IRB) to comply with ethical procedures of providing respect, beneficence, and justice for the participants as discussed in The Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). During the course of seeking participants and gathering data I made sure that the prospective participants were provided with the nature and purpose of the study, their right to withdraw, how to obtain a report of the results, and how their confidentiality would be maintained. Their name, place of work or any other identifying information was not used in the final report. This information was relayed to them through an informed consent form they were required to sign and email to me as well as verbally agree to before the interview.

To ensure confidentiality, data from participants was stored a password protected computer except for any handwritten notes made during the interviews or in the reflective process. This written information is kept locked up when not in use. Upon completion of the study, data was downloaded to a flash drive and all data related to the participants, including informed consents and any identifying information is kept locked in a secure location in my home and will be for 5 years. After this time, the data will be destroyed in a way that will maintain the confidentiality of the participants. Instructions will be left for my executor as to the destruction of the material in the event of my untimely death.

Summary

This chapter reviewed the methodology plan for the study which was to better understand the social workers' perceptions of their competence to work with PWD and their caregivers. The use of a qualitative phenomenological approach along with the history of its progression in research was presented. The IPA methodology was explained as well as the plan to gather data through semi-structured interviews. Other aspects that contributed to the outcome of the study were discussed, including my role as researcher, potential biases, and ethical concerns. The plan for analysis of the data with the measures to increase validity and reliability of the results was also discussed. Measures to ensure participant confidentiality and storage of data were addressed, and potential limitations and challenges rounded up the chapter.

Chapter 4: Results

The purpose of this qualitative study was to understand how social workers develop and perceive competence in their ability to provide effective interventions to PWD and their caregivers. The research question addressed how social workers perceive and develop their competence to provide interventions to lessen the burden of care related to caring for a person with dementia. This chapter includes the data collection process, analysis techniques, and study findings.

Data Collection

Data were collected from Zoom interviews with six social workers who currently work with older adults with dementia in PACE organizations (POs). Participants were recruited initially through the National Pace Association's quarterly social work consortium Zoom meeting. The National Pace Association website was also used to make a list of all PACE organizations in the Southeastern states of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. I called each of these POs and attempted to speak to a social work supervisor or manager to whom I explained why I was calling. I requested an email to send written information about the research project. From the social work representatives I was able to speak with and send information to, six participants who fit the criteria were recruited. The data collection period took place from October 27 through December 16, 2022.

I provided the volunteers with an informed consent form. They were instructed to either sign the form and return it by email or to reply with an email stating "I consent."

Semistructured interviews were conducted via Zoom at a time convenient for the participant. The interviews were recorded through the Zoom app. The audio for each interview was also recorded on a secondary device.

Data Analysis

Data transcription was conducted by Otter Ai transcription program. I read the transcription while listening to audio recordings in order to proofread and correct the transcription. The written transcripts were read through again to highlight pertinent responses. A third reading was completed, and relevant excerpts were copied and pasted to a separate document corresponding to the questions that were asked. The Quality Data Analysis program, QDA Miner Lite, was used to assist with finding relevant phrases and ideas expressed in the interview responses. During the process of transcribing, coding, and analysis, a reflexive journal was used to keep potential biases in check, promote and maintain awareness, and help promote research integrity.

Results

The findings are presented according to factors that address how these social workers perceive their competence and how it was developed. This includes whether these social work participants would have chosen a specialization in aging, how these social work participants feel about working with older adults, their training to do so, and their perceptions of their own competence and additional education they desire post-graduation.

The Choice to Work with Older Adults

The CSWE (2018) determined that only 42% of social work graduate programs have a specialization in aging. The social workers interviewed did not have the opportunity to specialize in working with older adults in their graduate programs. When asked about whether they might have chosen this path, past personal and professional experience appeared to be associated with whether the participant would have chosen geriatrics as a concentration in college had it been offered. Three of the participants had previous experience with older adults, including PWD, not related to their postgraduate social work career. Two of the participants indicated they would have chosen aging as a concentration had it been offered. One participant purposely chose family and children, but postgraduate they had a strong interest in geriatrics so when the opportunity came to work with the older population, they took it. Ppt #2 explained that they had come into contact with older adults through working at social services in the benefit office and again at a homeless shelter. Ppt #3 described many experiences with older adults and PWD, going back to childhood. Then Ppt #3 had work experience with older adults in the retail business, some of whom they remained in contact with for many years. They always wanted to work with older adults, but it was not available. Ppt #5 had a 15-year work experience as a CNA in nursing homes as well as helping to care for several older family members with dementia. They shared that after all the experience, “I wanted to go back to geriatrics, but I also wanted to kind of throw some criminal justice in there and work in the mental health court.” Ppt #5 reflected “The majority of my life has kind of prepared me for social work in geriatrics. That's the population I relate to the most, I have the most fun with."

Ppt #1, who had minimal contact with older adults, explained that they did not seek out a particular population, they just wanted more options for career longevity. Ppt #6, who had no personal or work experience with older adults, chose a mental health concentration but due to an internship at a nursing home, which they enjoyed, they have now gravitated from a job in mental health to work at PACE with older adults. Ppt #4, who also had minimal past and personal experience with older adults or PWD, shared,

> I did take like a geriatric, gerontology class … I think I just needed a course. And that was one that was left and I didn't like it. Um, so this was actually something I had to challenge myself to, especially being a social worker.

There are several studies that posit additional knowledge about and increased exposure to older adults generates interest in gerontological social work (Choi & Park, 2017; Coffey et al., 2015; Cummings & Adler, 2007; Gammonly et al., 2014; Schroepfer et al., 2019). This appears to align with the participants of the study. Three of the participants with prior exposure to older adults through other work experiences or personal experiences shared their preference for working with the older adult population. The other three participants indicated that they currently enjoyed their current work environment and planned to stay.

Current Experience Working with Persons with Dementia

The participants described how they feel being around PWD in various ways. The three participants who had some past experience with PWD shared feelings of empathy and patience, due to the many different ways that dementia is expressed and seen. Ppt #5 expressed that she feels happiness when she is around them unless something is going on and then she shows her concern for them so that it is obvious even if they cannot understand her words.

The participants who had minimal experience with PWD shared their feelings of compassion, although Ppt #1 also revealed, "There's a little bit of panic there just because of the unpredictability of things." Ppt #4 admitted her doubts when she began her job: "When I first started, I felt like I wasn't experienced enough to handle this complex population." Ppt #6 shared she felt "A lot of compassion … I just feel the need to be as supportive as I can." The feelings of compassion, empathy, and patience, expressed by these social workers reinforce why this profession is best suited to address the burden and stress often felt by caregivers of PWD. Not only can social worker model appropriate approaches when working with PWD, they can demonstrate the characteristics that will be most helpful to caregivers who are struggling with the caregiver role. This ability to work with caregivers to reduce their stress is beneficial to improve the quality of life for the PWD and all involved (Isaia, et al, 2011).

The participants also shared what it is like to work with the caregivers of their clients at PACE. Ppt #2 reflected, "you know, they're overwhelmed themselves … And they, consistently they need you to have that, show them, provide them with the empathy and support that they still need to make it day by day." Ppt #1 explained, "my priority is always the dignity and worth of the person and affirming whatever choices they make whether I think that they're good choices for them or not."

Ppt #5, in referencing their work with caregivers for PWD who are declining, observed,

> They're just now trying to come to grips with the reality. And it's not, it's not an easy road. So, there's a lot of hand holding and a lot of grief before there's death. That has to be dealt with. A lot of "just hate to be rude". Rude isn't the word, but just a lot of a blunt fact. You know, I'm supportive, empathetic, but this is really what it is right now. There's no sugarcoating it, because there's no time to sugarcoat it, you know, this, this is what we are left with and what we have to accept and what we need to work with.

Similarly, and Ppt #6 noted,

> Watching someone that you love, like for the children of the participants, for example, this is your parent, this is someone that raised you, you know, it's a very sensitive situation to be in because you remember who they used to be. And now you're seeing this new person that can't care for themselves, they're completely dependent on you for their needs…I say delicate and sensitive interchangeably, but it's a tough situation to be in and that's kind of what I mean by delicate, it's just very challenging.

When referring to some of the challenges they faced in the job, three of the participants expressed feeling unprepared for their roles post-graduation. Ppt # 4 said,

> I'm a new grad with no experience, it was just like, where do I start? Where do I begin? How can I help this person? How do I know if these behaviors are dementia related versus, you know, because it's hard to tell, you can look at a person who looks normal, but if you don't know their clinical background, and you're having conversations with them, you can make a grave mistake discussing things and, you know, see if they have the capacity to sign things…When I first started, I felt like I wasn't experienced enough to handle this complex population. When I first started working, working independently was not really an option for me. I mean, you know, you have your master's degree, but it takes that hands on experience, to really follow through. And that was a challenge for me, it was high anxiety, but a lot of feeling of, am I even worthy to work with this population?

Ppt # 6 expressed,

> You just do the best you can honestly. I definitely think that not having a specialized program when I was in school, and kind of helping you navigate certain roadblocks. Also, kind of impairs my ability to do my job, because, like I said, my program, it wasn't in depth. Like, there wasn't a concentration for this population, there wasn't more than one class that really focused in intensely on this population. And so, it's kind of just like, you don't have a choice, but to learn how to do the job on the job. And even that's mental. You have become, you know, until you've adjusted to your new role, and you kind of learn the ropes and you learn the terminology and you learn the resources. But that comes with time.

Finally, Ppt #3 said,

> And sometimes I think they think that as social workers got all this training on how to do all this stuff, and I think, you know, I got ethics and theory, and I think it's kind of scary that they think I know a whole lot more than I do. Because we got nothing, you know, I mean, yeah, we get involved in hospital discharge, and we didn't, that was never discussed and even the terminology. We got none and then you know, and then you're playing real estate agent trying to find a first-floor affordable apartment in 2022. You know, that's almost impossible. Got no training on that, you just know that social work degree has to be broad…and it's just so broad that they have to make it broad. And I know that's what the internship is for. But you're kind of limited in what you know, what you do. So, a lot, most of it, it's kind of just on the job. Sink or swim, jump in there and do it. I think liking people helps a lot.

Challenges Faced in Their Roles

The participants were asked to describe some of the challenges they face with their clients and their caregivers. The lack of resources needed to meet the needs of the clients was mentioned as a common problem. Most of the participants brought up challenges they faced with the caregivers of PWD not understanding or accepting the diagnosis. In some cases, this caused increased negative behaviors from the PWD because the caregiver had unrealistic expectations or could not accept that more supervision was needed. Ppt #4 expressed it best,

> You are talking to someone who used to know this person who no longer is existing, but just there in body. So sometimes it's hard for them to process this information as [the disease] progresses… and it causes a lot of caregiver stress and burnout. And oftentimes, no matter how much you educate them, it's just, it's just not registering that this is no longer who they are.

The lack of knowledge surrounding geriatrics and dementia was also mentioned as a challenge for some of the participants. Ppt #6 explained,

> I definitely think that not having a specialized program when I was in school, and kind of helping you navigate certain roadblocks, also, kind of impairs my ability to do my job, because my program…wasn't in depth. Like, there wasn't a concentration for this population, there wasn't more than one class that really focused in intensely on this population…you don't have a choice, but to learn how to do the job on the job. And even that's mental.

The participants also mentioned difficulties with the personalities of some of the caregivers. Ppt #5 described a caregiver who threatened to sue, recorded conversations, and is always asking for medical records. However, this caregiver recently admitted that talking with the social worker was therapeutic:

> Just to hear those words, let me know that no matter how ornery, no matter how defensive she gets, she actually hears me when I talk to her, and she may not always act accordingly… I think she just has a lot of guilt, and she feels like she needs to fight this unwinnable battle for her mom. Yeah, she's pretty difficult, and

> time consuming, and hand holding, and a lot of a lot of listening. A lot of yelling from the team when I bring her requests back.

The challenges of working with an interdisciplinary team was also highlighted by several participants. It was noted that some staff who do not understand dementia do not believe challenging behaviors are part of the dementia progression. Ppt #3 shared "it seems like expectations are too high for what we do. From people from other disciplines that they just have no concept. And even from supervisors. That's challenging." When discussing their interactions with clinical staff, Ppt #4 reflected "They look from a clinical perspective, I look from a social perspective, and sometimes depending on the situation, they just don't align." Ppt #5 observed "the most difficult part of social services at Pace would be having the team that I'm working with recognize that I'm the advocate for the client, and not the not the enforcer for the team." This role as advocate for the clients was present in the responses the participants gave as they talked about competence.

Perceptions of Competence

As discussed in the literature review regarding the concept of competence, judgement, ingenuity, insight and other qualities that make up how we perceive competence are difficult to evaluate and interpret (Lum, 2004). Competence is personal, depending on the disposition of the professional, who focuses inwardly for the motivation to develop their knowledge and expertise (Crane & Hartwell, 2018; Potolea & Toma, 2019; Rook & Torbert, 1998; 2005). When asked if they feel competent to be effective in their current role, 5 of the participants said yes and one responded, “most of the time”. This participant (Ppt #3) qualified their answer by saying, “I’m the kind of person that I always like to know what I’m getting into. And I don’t feel competent or confident until I get to know them.” This Ppt gave an example of a difficult case that was being reassigned to them:

> And I did not feel confident. I did not feel competent. But after I met them and got to working with them, and I thought this is going to be okay, I can do this. And it had kind of been overblown, I think, to all this drama, about how they were a train wreck case.

In describing competence, there were themes of ability, knowledge, capability and integrity. Brown (1993) discussed the notion of meta-competencies that involve capacities such as judgment, adaptability, creativity, and insight. Potolea and Toma (2019) describe the subjective nature of metacompetence as the ability to discern which knowledge, skills, perspectives, and ethical approaches are needed to meet the demands of the situation. These aptitudes were found in various expressions of the experiences shared by the participants. Ppt #4 said,

> When you’re working with participants with dementia, a lot of critical thinking and problem solving comes with that and what that looks like. You never know what you’re walking into when you go into work… you might have a participant with some behavioral problems that may change day to day and the fact that I can come in as a social worker and alleviate it, provide a solution, whether it’s

> temporary or long term, I can provide a solution using my critical thinking skills to problem solve. I found that out working with this population, you need problem solving critical thinking skills.

This same participant described competence as meaning “I’m able to take the information, retain it, and apply it.” Ppt #3 defined competence as the ability to “do what you need to do, to do your job well, just do it ethically. “

Another participant (Ppt #2) reflected, “Competence is…someone who’s capable, able, willing, and can make their own decisions.” This participant emphasized that they felt their competence came not so much from their work experience and education but from their knowledge and experience with older generations throughout their life as well as personal challenges they had gone through making it easier to relate to older adults. “I can relate some of the things that, the challenges that they have gone through, because I’ve been through them. And so, that makes it easier for me to talk with them and know how to talk to them.” Although Ppt #5 focused more on competence as “tested proven knowledge on a subject, a topic, or an action”, this participant also spoke to the metacompetencies previously mentioned:

> The best you can do is the best you can do. You exhaust every avenue…There’s a difference between a want and a need. And I feel like one’s needs should be able to be met in some form or fashion. I’ve saw a need for a home, lady’s getting evicted. She didn’t tell us to the day of, emergency respite is needed right now. And if we can’t find it, well, then we send them to the hospital then, you know,

> they can’t just be homeless. That’s a need. So, I may not always be able to get you what you want, but your needs should always be covered.

In the review of existing studies, it was demonstrated that a person’s belief in their own abilities in a clinical setting is strongly connected to their perception of competence or self-efficacy. However, measuring confidence directly can be challenging. Bogo and colleagues (2017) proposed a concept that professional confidence is a combination of several factors, including a solid knowledge foundation, effective interpersonal skills, and the ability to manage emotions. Essentially, being competent implies having the confidence that you can confront unfamiliar situations and find solutions for them. This was best described by Ppt #4:

> Even I think in relation to the caregivers, they present with a lot of issues as well and I think, alleviating that, some of that burnout and stress, like I said earlier problem solving, educating them, I’m able now to educate them because I’ve ran into a lot of caregivers who told me that their family member were just given a diagnosis and was never educated. That means the caregivers were never educated. So now when they’re calling me about these problems that they’re having in the home, you know, the sundowning you know, how to alleviate those, you know, those problems, I feel like I’m competent on how to handle this population.

Half of the participants believed their feeling of competence was based on their previous experiences with PWD. Ppt #5 expressed “…experience has prepared me more than PACE training has prepared me in a sense so I can say my life experiences and things I've learned working with families as their caregiver…" This was also echoed by two other participants. Ppt # 2 said, "So, I feel confident, competent, because one thing, I know that a lot of my knowledge comes from older generations." Ppt #5 noted,

Yes, just because I look at it as case management and I have extensive experience in case management, it's just that because of the delicacy of the population and the differences and some of the conditions that they are faced with, there are times where I feel a little bit incompetent, because I'm not able to identify the necessary resources, well not identify, because I'm not familiar immediately with the necessary resources or the available resource. And just leaning on my case management skills, I find what I need. And so overall, I'd say I do feel benefits because I have that background.

Crane & Hartwell (2018) and Potolea & Toma (2019) spoke of holistic competence that becomes personal through character, temperament and motivation. Echoing these thoughts, Ppt #1 described their own competence in the following way:

> I think I care which it feels like a big deal. Because that's not always the case. Also think that I have the credentials, I have, you know, the background and the training, and I'm familiar with our ethical standards. And I am the type of person that would not be doing this job if I didn't think that I was qualified to do it. I came into this job with a growth mindset knowing that I'll be okay, as long as there's still things for me to learn.

Ppt #6 said,

> It is a delicate situation, these diagnosis and …the behaviors that they have, … you have to be able to manage that and help caregivers to adjust and manage as well….I would like to add like integrity behind that like because you can know how to do something you can have the capability to get it done but doing it with integrity is important as well.

Another aspect of holistic competence is reflexivity, which was reflected in this statement by Ppt #3:

> Just to be familiar with all the different backgrounds, to be educated on different cultures and different things that pertain to different cultures and to be able to take that in consideration as you do your job and be able to check yourself.

Cultural Competence

Cultural competence was not specifically covered in the literature review although it is an integral component of the Education Policy and Accreditation Standards (EPAS) to demonstrate cultural humility and cultural responsiveness (CSWE, 2015). Cultural competence with older adults as cultural competence with any population, is a melding of awareness, knowledge, sensitivity, and the ability to communicate effectively in response to the unique aspects of each person's individual culture (Schim & Doorenbos, 2010). The participants were asked how they would define cultural competence with older adults. There was a range of responses. Some of the participants' answers were along the lines of being aware of different backgrounds and cultures, issues of diversity, race and sexual orientation. Others had thought about the impact of the stage of life and cohort differences. Ppt #6 mentioned "being aware of the differences in the generations, the difference in communication, the difference in thought process…you have to be aware of what could be considered rude, what could be considered offensive." Ppt #4 offered, "you really have to understand the stages of age progression, to be culturally competent…. I feel like you have to understand and meet people where they're at and that age, that stage of aging, you have to understand what that looks like." Ppt #1 mentioned the example that some things, like certain vocabulary, might have been acceptable when the older person was growing up and now it no longer is, they don't get offended when working with an older adult. They added that active listening and showing respect for people in their context and capacity is a part of cultural competence:

> So, I understand that the folks that I work with have different have had different educational experiences, different backgrounds, may perceive things differently, have different values than me. And so, you know, elevating their experience as their own feels like a top priority for me.

Resources Available at the Place of Employment and Need for Training

The participants did not have extensive training on working with older adults or with PWD in their graduate program, so besides previous personal experience, the participants were asked about the training and resources available to them at their PACE organizations. Overall, there were no structured training programs for the new social workers. Only one participant mentioned that their organization offered courses about working with older adults and caregivers. One participant had been told there were training programs available, but they had not been set up yet. One participant stated the organization was short staffed, so they were seeing people on their caseload on day one. Most relied on coworkers to learn informally about dementia and how to manage different behaviors. Three of the participants had the opportunity to take a sensory simulation workshop that demonstrated some of the deficits experienced by PWD as well as other older adults. All three reported that this was a valuable experience to aid their understanding.

The two participants that had the least amount of experience with older adults and stated they were least confident in their knowledge of dementia were the ones that mentioned needing more training in dementia. Areas of interest were types, progression, how dementia affects physical processes like digestion, targeted interventions to support caregivers, behavior manifestations, and behavior management training. These topics, however, were prompted by specific inquiries from this interviewer about how much training they had in these areas and how comfortable they were with the concepts. It is unknown if they would have listed specifics otherwise.

The third participant with little experience with older adults mentioned wanting to learn more about health care planning and how to talk with older adults about preparation in these areas so they could be more comfortable. The three participants who had more personal experience with older adults and expressed more confidence with their knowledge of dementia listed a variety of subjects which were as follows: trauma training, grief processes, stress related issues in older adults, end of life issues, recognizing signs of abuse, education on medications and more “clinical information”, criminal law regarding older adults who have developed dementia and elder law in general.

Summary

In this chapter, the recruitment methods, data collection and analysis procedures and the results of the interviews with the six participants who volunteered for this project. The results were presented to highlight aspects of the research question: How do social workers perceive and develop their competence to provide interventions to lessen the burden of care related to caring for a person with dementia? The results were categorized as follows: the choice to work with older adults, current experience working with PWD, challenges faced in their roles, perceived competence, cultural competence, and resources available at the place of employment and areas of focus for more training. The next chapter will discuss the recommendations for social work education and practice, application to professional ethics, limitations of the findings, recommendations for future research and implications for social change.

Chapter 5: Conclusions, Implications, Suggestions

The purpose of this qualitative study is to understand how social workers develop and perceive competence in their ability to provide effective interventions to PWD and their caregivers. The incidence of dementia in older adults is increasing. PWD require caregiving, either informal or formal, in the form of in-home care or facilities. Most schools of social work do not provide adequate education and training in this area; however, approximately 73% of social workers are seeing older clients in their practice (Alzheimer's Association, 2020). This study provides insight in the training needs of postgraduate social workers who have older adults with dementia in their practice.

Summary of Key Findings

All the participants chose to work with older adults when given the opportunity after graduation. They did not indicate it was from a lack of alternate choices. Although none of the participants had the opportunity in college to specialize in geriatrics, half of the participants had significant personal experience with older adults who had dementia which influenced their choice of employment. Once in their current positions, some of the participants reflected on their lack of preparation for the job of working with older adults with dementia and areas of knowledge still needed. The lack of adequate knowledge in the field of geriatrics was also demonstrated in the reflections of the participants regarding cultural competence with older adults. There was a general lack of understanding pertaining to life stages and cohort differences. In their PACE organizations, there were no structured training programs on dementia or working with older adults. Most relied on learning informally.

In terms of perceived competence, all the participants indicated they felt competent to do their job. Themes of ability, capability, and integrity were mentioned, which support the concept of metacompetence attributes previously discussed in the literature (Brown, 1993; Potolea & Toma, 2019). The participants also expressed compassion, empathy, patience, and reflexivity, which mirror the themes of holistic competence discussed by previous researchers (Crane & Hartwell, 2018; and Potolea & Toma, 2019). These attributes also reinforce the notion that social workers are best suited to address the difficult journey of dementia with older adults and their caregivers.

Interpretation of the Findings

Application to Professional Ethics in Social Work Practice

This study touches on several principles and values from the NASW Code of Ethics, including competence and social justice, as well as dignity and worth of the person and the importance of human relationships. The value of competence and its corresponding principle is “social workers practice within their areas of competence and develop and enhance their professional expertise” (NASW, 2017a, Principles section). This study explored how a group of social workers who work with older adults view their competence to do so.

Another principle and value related to this study is social justice. According to the NASW Code of Ethics, “social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people” (NASW, 2017a, Principles section). The social justice concern of this study is the lack of training opportunities cited by the social workers before and after they began working with older adults, especially those with dementia. In addition, the needs of older adults who rely on caregivers and the lack of adequate resources to assist with the care will continue to be a major challenge to our society as the incidence of dementia increases (Alzheimer’s Association, 2021). Social workers can be an important advocate at the personal, state, and national level.

Another relevant value and principle is the dignity and worth of the person which addresses how social workers treat the persons in their care, promoting self-determination and being mindful of diversity and individual differences (NASW, 2017a). A corresponding value is the importance of human relationships in which social workers attempt to strengthen and support relationships for the purpose of increasing well-being of those they work with (NASW, 2017a). The social workers in this study addressed the importance of relationships with the clients, the caregivers and family and their coworkers to best serve their clients’ needs.

Under social workers’ ethical responsibilities to clients in the NASW Code of Ethics, the importance of cultural competence is also noted as relevant. It establishes that social workers should strive to gain education on diversity and marginalization with respect to a number of factors, including age and mental ability (NASW, 2017a). Half the participants recognized cultural competence included learning about the culture of what their older clients may have experienced in the past and currently and how this differed from their own. However, even these participants noted they did not receive adequate exposure in this direction.

This limited study demonstrates that there are several important ties to the NASW Code of Ethics. Social workers who have older clients, especially those with dementia, may need to continue to seek ongoing education and training to better be able to serve their clients competently. Social workers can also have an important role in seeking social justice solutions for more support for caregivers who are caring for this population.

How The Findings Extend Social Work Knowledge

The findings support previous research indicating that increased exposure to and familiarity with older adults positively affects an interest in gerontological social work. The findings in this study support the argument for increased availability of courses and specializations focused on geriatrics in social work graduate schools. This study also contributes to the topic of how social workers perceive their competence which has not been a widely studied topic.

This study will have implications for agencies that employ social workers and service the older adult population. The social work supervisors and human resource personnel involved in ongoing agency required education can benefit from the gaps in knowledge expressed by the participants of this study. Continuing education organizations can also benefit from the results of this study by addressing the ongoing educational needs of social workers who have not had adequate training in the field of geriatrics. Adequate training in the needs of older adults, especially those with dementia, will serve to improve the quality of life for older adults and their caregivers (Warshaw & Bragg 2016) and increase job satisfaction for the social workers (Simons & An, 2015).

The findings will impact my own social work practice as an advanced practitioner. I will seek to put in place a structured plan for new social workers coming into my place of employment at a PACE organization that addresses how to work with PWD and their caregivers. I will be seeking opportunities to teach social work students in the area of geriatrics and specifically, dementia. I will also look for opportunities to mentor social work professionals who are practicing in the field of geriatrics. I will seek to share the results of this study with the National PACE Association with the recommendation to provide more structured training opportunities for new employees.\

Limitations of the Findings

There were several limitations related to the study. First of all, the sample size only consisted of six participants due to a lack of willingness to enter the study. Per conversations with social work managers, there were sufficient social workers who met the criteria, but they chose not to participate. The study only looked at social workers who were working for PACE organizations instead of gathering a sample of any social workers working with older adults. In addition, the study was limited to PACE organizations in the Southeastern United States.

The survey questionnaire, while tested beforehand with a social worker who fit the study’s criteria, did not elicit as much information as desired. Although the questions were open-ended, I found it difficult to ask more questions to expand their thoughts without leading them into the information I wanted the participants to share. In addition, a mixed study may have allowed for more quantitative characteristics of the social workers to be explored to see how they related to the questions posed and give a deeper understanding of who chose to be interviewed.

The potential for researcher bias also exists as I am currently employed in a PACE organization and have worked with several PACE social workers who have no previous experience with older adults. I practiced reflexivity to stay aware of potential biases.

Validity

Validity in qualitative research cannot be absolutely declared but the results can be true to experiences shared by the participants (Ravitch & Carl, 2016). In this study, I endeavored to establish validity by seeking transferability, dependability, confirmability and credibility. To address transferability, I have provided a detailed description of the methodology and the context and outcome of the participant interviews so that the reader may decide if the results can be transferred to their own situation. The results can only be generalized to social workers who have limited professional experience with older adults and who received limited or no training in this area before starting their current job. Even then, with the small sample size, there is no guarantee that similar results will be obtained. As stated previously, although there is a risk of researcher bias, I evaluated each statement for how my own biases and previous experiences was influencing my understanding. Thus, I can state with assurance that the results can be confirmed through reflection measures throughout the study. Credibility was obtained through seeking clarification during the interviews of what the participants shared and seeking feedback and understanding with advisors. The trustworthiness of the results was established through the combination of factors that comprise qualitative research validity.

Recommendations

Recommendations for Social Work Practice

On a practice level, the findings of this study revealed the need for all schools of social work to implement curriculums that focus on the unique needs of older adults, especially those living with chronic illnesses such as dementia. Preferably, universities that provide social work programs will offer a focus in geriatrics in response to the increasing need of social workers in this area. Although the prevalence of social work field education opportunities in the field of geriatrics was beyond the scope of this study, it is desirable to seek these out to meet and satisfy the interest of students in this area.

This study is applicable to the field of social work practice research by identifying training and education needs of social workers who are currently working with older adults and their caregivers. Even those participants who had previous personal experience with older adults and PWD admitted to significant gaps in their knowledge of how to address the complex needs of the older adults in their programs. As noted in the literature review, there are few studies that address the competency or training needs of social workers in regard to the older adult population, especially in the United States. As this study was limited to social workers in one type of program for older adults, additional research could be conducted in other types of programs where social workers encounter older adults and their caregivers. This study was also limited to one area of the United States, and a similar study could be conducted in another region to determine similarities or differences in perceptions of competence and training needs. Research on the specific psychosocial problems of older adults with dementia and their caregivers would also be an additional area for further study and insight.

Social workers who are trained in the needs of older adults can effectively engage in policy advocacy to increase awareness and address shortages. An increase in the number of social workers who are invested in working with older adults may increase the number of advocates at a legislative level. Social work advocates can promote increased funding for community support services such as those funded through the Older Americans Act. The continued push to expand Medicaid services will also allow more older adults to have access to programs such as the PACE programs.

Recommendations for Future Research

I recommend that further research be conducted using a quantitative methodology to gather information about unmet needs, specific interventions used or the lack thereof. A larger sample size could be used that involves a broader population of social workers. A study with PWD and their caregivers who have come in contact with social workers to get their perception of services provided would also be helpful to determine if social workers are effective. A larger sample size will increase generalizability as well as explore and correlate variables such as reduced stress and increased quality of life for the

PWD and their caregivers or for specific educational background and current practice of social workers. Additional research studies could involve the likelihood of burnout related to being educationally unprepared to work with PWD and consequently, unable to assist caregivers to cope with such a devastating disease.

Implications for Social Change Practice

Social workers can be made more aware of possible training needs once they are practicing that are not currently available or within the scope of the academic setting. Once in a work setting, social workers can choose to seek out or advocate for training opportunities related to the older adult population and PWD. Continuing education seminars will be an important tool to further develop the skills of social workers who did not choose or did not have access to education that focused on geriatrics. As the older adult population continues to increase for the foreseeable future and the incidence of dementia continues to rise, social workers will be part of the healthcare force providing care and support to this diverse, multicultural community.

Research

Continued academic research on the needs of PWD and their caregivers will better inform social workers in the field and may encourage all social work schools to recognize the importance of providing programs with in-depth training in geriatrics. Consequently, it may spur seasoned social workers with experience in geriatrics to provide education through academic settings or in continuing education opportunities.

Policy

Social workers who have experience working with older adults, especially PWD and their caregivers, can become social change agents on a legislative level to promote increased access to support services as well as mandate adequate training for professionals in the field of geriatrics. Social work advocacy is and will continue to be needed at local, state, and federal levels to promote social policies that address the needs of the older adult population and those who provide their care.

Conclusion

This limited qualitative study explored the experiences of social workers who work with older adults and their caregivers. These social workers did not have the opportunity to receive specialized education in this area and expressed their desire to expand their knowledge base. Despite their admitted lack of adequate formal knowledge of the geriatric population, the participants perceived themselves competent to do their job, effectively citing higher order traits that define metacompetence and holistic competence. The principles and values of the social work code of ethics related to competence, social justice, the dignity and worth of the person and the importance of human relationships are important aspects related to the findings. Social workers need more opportunities to gain knowledge of geriatrics, and the impact of chronic illness, specifically, dementia, both academically and on a continuing basis so they can best serve this population. The impact will be felt on the practice level in organizations, in research as social workers seek to better understand how to be effective in the lives of older adults, and on a policy level as social workers advocate for increased resources to address the needs of older adults, PWD, and the caregivers. Given the growing demographic of older adults and the rise in the prevalence of dementia in the United States, social workers will need specialized training n geriatrics. It is hoped that the results of this study will encourage more training opportunities for social workers who will likely see older adults and their caregivers in their practice.

References

Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. (2014). Caregiver burden: A clinical review. *Journal of the American Medical Association*, *311*, 1052–1060. https://doi.org/10.1001/jama.2014.304

Agrey, L. G. (2014). Philosophical hermeneutics: A tradition with promise. *Universal Journal of Educational Research*, *2*(2), 188–192. http://doi.org/10.13189/ujer.2014.020211

Alase, A., (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies*, *5*(2), 9. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Alzheimer's Association. (2020). 2020 Alzheimer's disease facts and figures. *Alzheimers Dement 2020*, *16*(3). https://www.alz.org/media/Documents/alzheimers-facts-and-figures_1.pdfigures

Alzheimer's Association. (2021). 2021 Alzheimer's disease facts and figures. *Alzheimers Dementia*, *17*(3). https://doi.org/10.1002/alz.12328

Alzheimer's Association. (2022). 2022 Alzheimer's disease facts and figures. *Alzheimer's Dementia*. https://doi.org/10.1002/alz.12638

Andrén, S., & Elmståhl, S. (2008). Effective psychosocial intervention for family caregivers lengthens time elapsed before nursing home placement of individuals with dementia: A five-year follow-up study. *International Psychogeriatrics,* *20*(06), 1177–1192. https://doi.org/10.1017/s1041610208007503

Association for Gerontological Education in Social Work. (n.d.). History. https://agesw.org/about-agesw/history/

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, *52*, 1–26. https://doi.org/10.1146/annurev.psych.52.1.1

Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares, & T. Urdan (Eds.), *Adolescence and education: Vol. 5. Self-efficacy beliefs of adolescents* (pp. 307–337). Information Age.

Bandura, A. (2007). Social cognitive theory. In S. Rogelberg (Ed.), *Encyclopedia of Industrial and Organization Psychology* (pp. 730–733). SAGE Publications.

Bates, R. (1992, September). *Barely competent: Against the deskilling of the professions via the cult of competence*. Seminar on Competency and Professional Education, Centre for Research in Professional Education, Faculty of Education, University of Canberra.

Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative Health Research*, *24*, 136–144. https://doi.org/10.1177/1049732313519710

Bogo, M., Katz, E., Regehr, C., Logie, C., Mylopoulos, M., & Tufford, L. (2013). Toward understanding meta-competence: An analysis of students' reflection on their simulated interviews. *Social Work Education*, *32*(2), 259–273. https://doi.org/10.1080/02615479.2012.738662

Bogo, M., Regehr, C., Baird, S., Paterson, J., & Leblanc, V. R. (2017). Cognitive and affective elements of practice confidence in social work students and practitioners. *British Journal of Social Work*, *47*(3), 701–718. https://doi.org/10.1093/bjsw/bcw026

Bonifas, R. P., & Simons, K. (2014). An examination of the factor structure of the Hartford geriatric social work competency scale-ii assessment and intervention subscales. *Educational Gerontology*, *40*(9), 700–712. https://doi.org/10.1080/03601277.2013.875378

Bradbury-Jones, C., Taylor, J., & Herber, O. R. (2014). Vignette development and administration: A framework for protecting research participants. *International Journal of Social Research Methodology*, *17*(4), 427–440. https://doi.org/10.1080/13645579.2012.750833

Bromley, E., Mikesell, L., Jones, F., & Khodyakov, D. (2015). Framing health matters from subject to participant: Ethics and the evolving role of community in health research. *American Journal of Public Health*, *105*, 900–908. http://doi.org/10.2105/AJPH.2014.302403

Brown, R. B. (1993). Meta-competence: A recipe for reframing the competence debate. *Personnel Review*, *22*(6), 25–36. https://doi.org/10.1108/EUM0000000000814

Bureau of Labor Statistics. (n.d.). Employment projections. https://www.bls.gov/emp/#tables

Cahn, P. S., Tuck, I., Knab, M. S., Doherty, R. F., Portney, L. G., & Johnson, A. F.

(2018). Competent in any context: An integrated model of interprofessional education. *Journal of Interprofessional Care*, *32*(6), 782–785. https://doi.org/10.1080/13561820.2018.1500454

Choi, S., & Park, M. (2017). Student participation in a dementia-outreach research project as community-based experiential learning. *Educational Gerontology*, *43*(4), 186–197. https://doi.org/10.1080/03601277.2016.1273732

Chung, J. C. C., & Lai, C. K. Y. (2003). Addressing the informational needs of healthcare professionals in dementia care: An explorative study in a Chinese society. *Aging and Mental Health*, *7*(4), 287–293. https://doi.org/10.1080/1360786031000120688

Clark, C. (1995, October). Competence and discipline in professional formation. *The British Journal of Social Work*, 25(5) 563–580. https://doi.org/10.1093/oxfordjournals.bjsw.a056216

Coffey, A., Buckley, C., Gaidys, U., Sasoni, J., Arola, M., Deimante-Hartmane, D.,Corvo, E., Auer, S., Peterson-Ewert, C. & Tyrrell, M. (2015). Beliefs of students about growing older and perceptions of working in gerontology. *Nursing Older People*, *27*(1), 33–37. https://doi.org/10.7748/nop.27.1.33.e648

Council on Social Work Education. (2008). 2008 Educational policy and accreditation standards. https://cswe.org/Accreditation/Standards-and-Policies/2008-EPAS

Council on Social Work Education. (2015). 2015 Education policy and accreditation standards. https://cswe.org/Accreditation/Standards-and-Policies/2015-EPAS

Council of Social Work Education. (2016). 2015 statistics on social work education in the United States. 2015-Statistics-on-Social-Work-Education.aspx (cswe.org)

Council of Social Work Education. (2018). 2018 statistics on social work education in the United States. https://www.cswe.org/getattachment/Research-Statistics/2018-Statistics-on-Social-Work-Education-in-the-United-States-ver-2.pdf.aspx

Council of Social Work Education. (2019a). A comparison of in person and online Master of Social Work graduates: Demographic and educational background, the jobs they take, and the populations they serve. https://cswe.org/getattachment/Centers-Initiatives/Initiatives/National-Workforce-Initiative/Online-vs-Inperson-Workforce-Data-Brief-2018-(1).pdf.aspx

Council on Social Work Education. (2019b). History of the development of gerontological social work competencies. https://www.cswe.org/Centers-Initiatives/Centers/Gero-Ed-Center/Educational-Resources/Gero-Competencies/Competencies-History

Council on Social Work Education. (2020). 2019 statistics on social work education in the United States. https://www.cswe.org/Research-Statistics/Research-Briefs-and-Publications/2019-Annual-Statistics-on-Social-Work-

Crane, B., & Hartwell, C. J. (2018). Developing employees’ mental complexity: Transformational leadership as a catalyst in employee development. *Human Resource Development Review*, *17*(3), 234–257. https://doi.org/10.1177/1534484318781439

Creswell, J. W. (2013). Qualitative inquiry and research design choosing among five approaches (3rd Ed).: Sage Publications.

Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research*, *27*(6), 826–835. https://doi.org/10.1177/1049732316656161

Crowther, S. & Thomson, G. (2020). From description to interpretive leap: Using philosophical notions to unpack and surface meaning in hermeneutic phenomenology research. *International Journal of Qualitative Methods*, 19, 1–11. https://doi.org/10.1177/1609406920969264

Curl, A. L., Tompkins, C. J., Rosen, A. L., & Zlotnik, J. L. (2010). A case study of professional change: The impact of the national gerontological social work competencies survey. *Gerontology and Geriatrics Education*, *31*(3), 256–273. https://doi.org/10.1080/02701960.2010.503135

Cummings, S. M., & Adler, G. (2007). Predictors of social workers employment in gerontological work. *Educational Gerontology*, *33*(11), 925–938. https://doi.org/10.1080/03601270701364578

Damron-Rodriguez, J., Frank, J. C., Maiden, R. J., Abushakrah, J., Jukema, J.S., Pianosi, B. & Sterns, H. L. (2019). Gerontology competencies: Construction, consensus and contribution, *Gerontology & Geriatrics Education*, *40*(4), 409–431. https://doi.org/10.1080/02701960.2019.1647835

Davitt, J. K., & Moone, R. P. (2017, April 3). Social workers uniquely positioned to create and support healthcare systems for older adults with complex chronic conditions. *Journal of Gerontological Social Work*. *60*(3), 173–177. https://doi.org/10.1080/01634372.2016.1272078

De Vriend, P., Cornelis, E., Desmet, V., Vanbosseghem, R., Van de Velde, D. (2018). Quality in dementia care: A cross sectional study on the Bio-Psycho-Social competencies of health care professionals. *PLoS ONE 13*(2). https://doi.org/10.1371/journal.pone.0191440

Dreyfus, H. and Wrathall, M. (2005). Martin Heidegger: An Introduction to His Thought, Work, and Life. In A Companion to Heidegger (eds H.L. Dreyfus and M.A. Wrathall). https://doi.org/10.1002/9780470996492.ch1

Drisko, J. W. (2015). Holistic competence and its assessment. *Smith College Studies in Social Work*, *85*(2), 110–127. https://doi.org/10.1080/00377317.2015.1017396

Eliasson, G., & Gmbh, V. (1997). Competence in health care * -. *Health Care*, (June 2004), 172–190.

Emanuel, E., Abdoler, E., & Stunkel, L. (2016). Research ethics: How to treat people who participate in research. *Methodological Issues and Strategies in Clinical Research*, 4, 513–523. https://doi.org/10.1037/14805-031

Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, *287*(2), 226–235.

Ferguson, A. (2015). The future of gerontological social work: What we know and what we don’t know about student interest in the field. *Journal of Evidence-Informed*

Social Work, *12*(2), 184–197. https://doi.org/10.1080/15433714.2013.808601

Fook, J., Ryan, M., & Hawkins, L. (1997). Towards a theory of social work expertise. *British Journal of Social Work*, *27*(3), 399–417. https://doi.org/10.1093/oxfordjournals.bjsw.a011220

Gadamer, H.-G. (2008). Philosophical hermeneutics (D. E. Linge, Trans.). University of California Press. (Original work published 1967).

Gallagher, J. M., Bonifas, R. P., & Warner, E. (2020). Geriatric social work competency scale ii: Testing the hypothesized factor structure. *Journal of Social Work Education*, *56*(2), 260–272. https://doi.org/10.1080/10437797.2019.1656568

Gammonley, D., Mann, M., Fleishman, D., Duran, L., Lawrence, S., & Abel, E. (2014). Oral Histories and Service Learning to Promote Geriatric Competence, Comfort, and Career Interest. Journal of Baccalaureate Social Work, 19(1), S-3-S-21. https://doi.org/10.18084/basw.19.1.fr25849k3tr20676

Gaugler, J.E., Jutkowitz, E., Shippee, T.P., & Brasure, M. (2017). Consistency of dementia caregiver intervention classification: An evidence-based synthesis. *Int Psychogeriatr,* 29(1), 19–30.

George Washington University Health Workforce Institute. (2018). Indicators of demand for recent Master's of Social Work graduates: Findings from the 2018 survey of social work graduates, 1–21.

Gitlin, L.N., & Hodgson, N. (2015). Caregivers as therapeutic agents in dementia care: The evidence-base for interventions supporting their role. In J. E Gaugler, & R. L.

Kane (Eds.) *Family Caregiving in the New Normal*. Philadelphia, Pa.: Elsevier, Inc. 305–56.

Goh, P. S. C., Yusuf, Q. & Wong, K. T. (2017). Lived experience: Perceptions of competency of novice teachers. *International Journal of Instruction, 10*(1), 1694–609.

Gonczi, A. (1996). Reconceptualizing competency-based education and training: With particular reference to education for occupations in Australia. *Adult Basic Education,* (August).

Gray, L. M., Wong-Wylie, G., Cook, K., & Rempel, G. R. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *Qualitative Report*, *25*(5), 1292–1301.

Grossoehme, D. H. (2011). Research as a chaplaincy intervention. *Journal of Health Care Chaplaincy. 17*(3–4), 97–99. https://doi.org/10.1080/08854726.2011.616165

Guerrero, D., & De los Ríos, I. (2012). Professional Competences: A Classification of International Models. *Procedia - Social and Behavioral Sciences*, *46*, 1290–1296. https://doi.org/10.1016/j.sbspro.2012.05.290

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS One*, *15*(5), e0232076.

Hager, P., & Gonczi, A. (1996). What is competence? *Medical Teacher*, *18*(1), 15–18. https://doi.org/10.3109/01421599609040255

Hamad, E. O., AlHadi, A. N., Lee, C. J., Savundranayagam, M. Y., Holmes, J. D., Kinsella, E. A., & Johnson, A. M. (2017). Assessment of caregiving constructs: Toward a personal, familial, group, and cultural construction of dementia care through the eyes of personal construct psychology. *Journal of Cross-Cultural Gerontology*, *32*(4), 413–431. https://doi.org/10.1007/s10823-017-9320-x

Heidegger, M. (1962). Being and time. Harper. (Original work published 1927) https://archive.org/details/pdfy-6-meFnHxBTAbkLAv/mode/2up

Holahan, L. F. (2014). Quality-in-doing: Competence and occupation. *Journal of Occupational Science*, *21*(4), 473–487. https://doi.org/10.1080/14427591.2013.815683

Holden, G., Anastas, J., & Meenaghan, T. (2003). Determining attainment of the EPAS foundation program objectives: Evidence for the use of self-efficacy as an outcome. *Journal of Social Work Education*, 39, 425-440. https://doi.org/10.1080/10437797.2003.10779147

Holden, G., Anastas, J., & Meenaghan, T. (2005). EPAS objectives and foundation practice self-efficacy: A replication. *Journal of Social Work Education, 41*(3), 559–570. https://doi.org/10.5175/JSWE.2005.200404118

Holden, G., Barker, K., Kuppens, S., & Rosenberg, G. (2017). A Social Work Education Outcome Measure: The Evaluation Self-Efficacy Scale–II. *SAGE Open*, *7*(3), 1–9. https://doi.org/10.1177/2158244017728323

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International*

Journal of Qualitative Methods. January-December, 1–8. https://doi-org/10.1177/1609406916680634

Hughes, T. B., Black, B. S., Albert, M., Gitlin, L. N., Johnson, D. M., Lyketsos, C. G., & Samus, Q. M. (2014). Correlates of objective and subjective measures of caregiver burden among dementia caregivers: Influence of unmet patient and caregiver dementia-related care needs. *International Psychogeriatrics, 26*, 1875 - 1883. https://doi.org/10.1017/S10416-10214001240

Husserl, E. (2012). Ideas. General introduction to pure phenomenology (W. Gibson, Trans.). Routledge Classics. https://archive.org/details/IdeasPartI

Isaia, G., Astengo, M., Isaia, G. C., Bo, M., Cappa, G., Mondino, S, Nobili, G., Dimonte, V., Nkouka, L. E., & Massaia, M. (2011). Stress in professional caregivers working with patients with dementia: A hypothesis-generating study. *Aging Clinical and Experimental Research*, *23*(5– 6):463–9. https://doi.org/10.3275/7412

Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report*, 17(T&L Art, 6), 1–10. Retrieved from http://www.nova.edu/ssss/QR/QR17/jacob.pdf

Kayser, K., Walker, D., & Demaio, J. (2000). Understanding social workers' sense of competence within the context of organizational change. *Administration in Social Work*, *24*(4), 1–20. https://doi.org/10.1300/J147v24n04_01

Kim, H., Chang, M., Rose, K., & Kim, S. (2012). Predictors of caregiver burden in caregivers of individuals with dementia. *Journal of Advanced Nursing*, *68*(4), 846–855. https://doi.org/10.1111/j.1365-2648.2011.05787.x

Kim, J. S., Kim, E. H., & An, M. (2016). Experience of Dementia-related Anxiety in Middle-aged Female Caregivers for Family Members with Dementia: A Phenomenological Study. *Asian Nursing Research*, *10*(2), 128–135. https://doi.org/10.1016/j.anr.2016.02.001

Kishita, N., Hammond, L., Dietrich, C. M., & Mioshi, E. (2018). Which interventions work for dementia family carers?: An updated systematic review of randomized controlled trials of carer interventions. *International Psychogeriatrics*, *30*(11), 1679–1696. https://doi.org/10.1017/S1041610218000947

Kobakhidze, M. N., Hui, J., Chui, J., & González, A. (2021). Research disruptions, new opportunities: Re-Imagining qualitative interview study during the COVID-19 pandemic. *International Journal of Qualitative Methods*. https://doi.org/10.1177/16094069211051576

Koeske, G. F., Koeske, R. D., & Mallinger, J. (1993). Perceptions of professional competence: Cross-disciplinary ratings of psychologists, social workers, and psychiatrists. *American Journal of Orthopsychiatry*, *63*(1), 45–54. https://doi.org/10.1037/h0079413

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of*

Qualitative Methods, *2*(3), 21–35. https://doi.org/10.1177/160940690300200303

Lum, G. (2004). On the non-discursive nature of competence. *Educational Philosophy and Theory*, *36*(5), 485–496. https://doi.org/10.1111/j.1469-5812.2004.085_1.x

Lun, M. W. A. (2019). Making connections: Students' reflection on aging competency approach in gerontology education. *Educational Gerontology*, *45*(7), 444–453. https://doi.org/10.1080/03601277.2019.1656863

Ma, M., Dorstyn, D., Ward, L., & Prentice, S. (2017). Alzheimer's disease and caregiving: A meta-analytic review comparing the mental health of primary carers to controls. Aging & Mental Health, 22(11), 1395–1405. https://doi.org/10.1080/13607863.2017.1370689

Makulova, A. T., Alimzhanova, G. M., Bekturganova, Z. M., Umirzakova, Z. A., Makulova, L. T. & Karymbayeva, K. M. (2015). Theory and practice of competency-based approach in education. *International Education Studies*, *8*(8), 183–192. http://dx.doi.org/10.5539/ies.v8n8p183

Mann, C. C., Golden, J. H., Cronk, N. J., Gale, J. K., Hogan, T., & Washington, K. T. (2016, August 1). Social workers as behavioral health consultants in the primary care clinic. *Health and Social Work*. National Association of Social Workers. https://doi.org/10.1093/hsw/hlw027

McClelland, D. C. (1973). Testing for competence rather than for "intelligence". *The American Psychologist*, *28*(1), 1–14. https://doi.org/10.1037/h0034092

Meyer, K. & Willis, R. (2019). Looking back to move forward: The value of reflexive journaling for novice researchers. *Journal of Gerontological Social Work*, *62*(5), 578–585. https://doi.org/10.1080/01634372.2018.1559906

Mohajan, H. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, *7*(1), 23–48. http://dx.doi.org/10.26458/jedep.v7i1.571

Mokdad, A. H., Ballestros, K, Echko, M., Glenn, S., Olsen, H. E., Mullany, E., Lee, A., Khan, A. R., Ahmadi, A., Ferrari, A. J., Kasaeian, A., Werdecker, A., Carter, A., Zipkin, B., Sartorius, B., Serdar, B., Sykes, B., L., Troeger, C., Fitzmaurice, C., …Murray, C. J. L. (2018). The state of U.S. health, 1990-2016: Burden of diseases, injuries, and risk factors among U.S. states. U.S. Burden of Disease Collaborators, *JAMA*, *319*(14), 1444–72.

Moustakas, C. (1994). Phenomenological research methods. SAGE Publications, Inc. https://doi.org/10.4135/9781412995658

Mukamel, D. B., Peterson, D. R., Temkin, G. H., Delavan, R., Gross, D., Kunitz, S. J., & Williams, T. F. (2007). Program characteristics and enrollees' outcomes in the Program of All-Inclusive Care for the Elderly (PACE). *Milbank Quarterly*, *85*(3), 499–531. https://doi.org/10.1111/j.1468-0009.2007.00497.x

Mulder, M. (2007). Introduction to the special issue on competence: Competence - the essence and use of the concept in ICVT. *European Journal of Vocational Training*, *40*(1), 1–17.

Nabavi, R. T. (2016). Theories of developmental psychology: Bandura's social learning theory & social cognitive learning theory. *Research Gate*, (January 2012), 1–24.

Naito-Chan, E., Damron-Rodriguez, J., & Simmons, W. J. (2005). Identifying competencies for geriatric social work practice. *Journal of Gerontological Social Work*, *43*(4), 59–78. https://doi.org/10.1300/J083v43n04_05

National Association of Social Workers. (2017a). Code of Ethics: Ethical Principles. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

National Association of Social Workers. (2017b). NASW code of ethics. https://www.socialworkers.org/About/Ethics/Code-of-Ethics

National Association of Social Workers. (2021). 1960 Code of Ethics. https://www.socialworkers.org/about/ethics/code-of-ethics/g/LinkClick.aspx?fileticket=lPpjxmAsCTs%3d&portalid=0

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont report: Ethical principles and guidelines for the protection of human subjects of research. U.S. Department of Health and Human Services. https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html

Nehrig, N., Shifrin, M., Abraham, K., & Chen, C. K. (2019). The benefits and limitations of a behavioral intervention for caregivers of dementia patients: A qualitative study. *Cognitive and Behavioral Practice*, *26*(3), 562–574. https://doi.org/10.1016/j.cbpra.2018.10.004

Norris, N. (1991). The trouble with competence. *Cambridge Journal of Education*, *21*(3), 331–341. https://doi.org/10.1080/0305764910210307

Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron? *Quality & Quantity*, 41, 233–249. http://dx.doi.org/10.1007/s11135-006-9000-3

Parker, J. (2006, September). Developing perceptions of competence during practice learning. *British Journal of Social Work*. https://doi.org/10.1093/bjsw/bch347

Pistrang, N., & Barker, C. (2012). Varieties of qualitative research: A pragmatic approach to selecting methods. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological.* (pp. 5–18). Washington, DC: American Psychological Association. https://doi-org/10.1037/13620-001

Potolea, D., & Toma, S. (2019). “Competence” concept and its implications on teacher education. *Journal of Educational Sciences & Psychology*, *9*(2), 1–9. https://ezproxy.uniandes.edu.co:8443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=141440539&lang=es&site=ehost-live

Prahalad, C.K. and Hamel, G. (1990). “The core competence of the corporation”, *Harvard Business Review*, 68, 79–91.

Ravitch, S., & Carl, N. M. (2016). Qualitative research: Bridging the conceptual, theoretical, and methodological. Sage Publications.

Reamer, F. G. (1998). The evolution of social work ethics. *Social Work, 43*(6), 488–500. https://doi.org/10.1093/sw/43.6.488

Resnik, D. B. (2015). Bioethical issues in providing financial incentives to research participants. *Medicolegal and Bioethics*, 5, 35–41. https://doi.org/10.2147/MB.S70416

Rich, J. V. (2019). Do professions represent competence for entry-to-practice in similar ways? An exploration of competence frameworks through document analysis. *International Journal for the Scholarship of Teaching and Learning*, *13*(3). https://doi.org/10.20429/ijsotl.2019.130305

Robbins, L. A., & Rieder, C. H. (2002). The John A. Hartford Foundation geriatric social initiative. *Journal of Gerontological Social Work*, *39*(1–2), 71–90. https://doi.org/10.1300/J083v39n01_08

Rodham, K., Fox, F., & Doran, N. (2015). Exploring analytical trustworthiness and the process of reaching consensus in interpretative phenomenological analysis: Lost in transcription. *International Journal of Social Research Methodology*, *18*(1), 59–71. http://dx.doi.org/10.1080/13645579.2013.852368

Rook, D. & Torbert, W. (1998). Organizational transformation as a function of CEOs' developmental stage. *Organization Development Journal*. 16, 11–28.

Rook, D., & Torbert, W. R. (2005). Seven transformations of leadership: leaders are made, not born, and how they develop is critical for organizational change. *Harvard Business Review*, *83*(4), 66.

Rubin, H. J. & Rubin, I. S. (2012). Qualitative interviewing the art of hearing data (3rd Ed.). Thousand Oaks, CA: Sage.

Salman, M., Ganie, S. A., & Saleem, I. (2020, August 24). The concept of competence: a thematic review and discussion. *European Journal of Training and Development*. Emerald Group Holdings Ltd. https://doi.org/10.1108/EJTD-10-2019-0171

Salsberg, E., Quigley, L., Mehfoud, N., Acquaviva, K. D., Wyche, K., & Silwa, S. (2017). Profile of the Social Work Workforce. https://hsrc.himmelfarb.gwu.edu/sphhs_policy_workforce_facpubs/16

Salsberg, E., Quigley, L., Richwine, C., Silwa, S., Acquaviva, K., & Wyche, K. (August 2020). Findings from three years of surveys of new social workers. A report to the Council on Social Work Education and the National Association of Social Workers. Fitzhugh Mullan Institute for Health Workforce Equity, The George Washington University. https://cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf

Sanders, S. & Swails, P. (2011). A quest for meaning: Hospice social workers and patients with end-stage dementia. *Social Work*, *56*(2), 129–140. https://pubmed.ncbi.nlm.nih.gov/21553576

Sánchez-Pozo, A. (2017). A Comparison of competences for healthcare professions in Europe. *Pharmacy*, *5*(4), 8. https://doi.org/10.3390/pharmacy5010008

Sandberg, J., & Pinnington, A. H. (2009). Professional competence as ways of being: An existential ontological perspective. *Journal of Management Studies*, *46*(7), 1138–1170. https://doi.org/10.1111/j.1467-6486.2009.00845.x

Sandelowski, M, Barroso, J. (2002). Reading qualitative studies. *International Journal of Qualitative Methods*. March 2002:74–108. http://doi.org/10.1177/160940690200100107

Scharlach, A., Damron-Rodriguez, J. A., Robinson, B., & Feldman, R. (2000). Educating social workers for an aging society: A vision for the 21st century. *Journal of Social Work Education*, *36*(3), 521–538. https://doi.org/10.1080/10437797.2000.10779026

Schneider, R. L (2001). A 20 year retro-history of AGE-SW. The Association for Gerontology Education in Social Work. https://agesw.org/about-agesw/history/

Schroepfer, T., Berg-Weger, M., & Morano, C. (2019, November 17). Training the next generation of gerontological social worker scholars. *Journal of Gerontological Social Work*. Routledge. https://doi.org/10.1080/01634372.2019.1663461

Seidman, I. E. (2006). Interviewing as qualitative research: A guide to researchers in education and the social sciences (3rd ed.). Teachers College Press.

Shaw, I. F., & Holland, S. (2014). *Doing qualitative research in social work*. Sage Publications Ltd.

Simons, K., & An, S. (2015). Job satisfaction among gerontological social workers in Ontario, Canada. *Journal of Gerontological Social Work*, *58*(6), 547–571. https://doi.org/10.1080/01634372.2015.1042129

Simons, K., An, S., & Bonifas, R. (2016). Professional and practice characteristics associated with self-efficacy in assessment and intervention among social workers in aging. *Social Work in Health Care*, *55*(5), 362–380. https://doi.org/10.1080/00981389.2016.1147514

Simons, K., Bonifas, R., & Gammonley, D. (2011). Commitment of licensed social workers to aging practice. *Health and Social Work, 36*(3), 183–195. https://doi.org/10.1093/hsw/36.3.183

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. SAGE.

Smith, S. J., Parveen, S., Sass, C., Drury, M., Oyebode, J. R., & Surr, C. A. (2019). An audit of dementia education and training in UK health and social care: A comparison with national benchmark standards. *BMC Health Services Research*, *19*(1). https://doi.org/10.1186/s12913-019-4510-6

Smythe, A., Jenkins, C., Bentham, P., & Oyebode, J. (2014). Development of a competency framework for a specialist dementia service. *Journal of Mental Health Training, Education and Practice*, *9*(1), 59–68. https://doi.org/10.1108/JMHTEP-08-2012-0024

Strommen, J., Fuller, H., Sanders, G. F., & Elliott, D. M. (2020). Challenges faced by family caregivers: Multiple perspectives on eldercare. *Journal of Applied Gerontology*, *39*(4), 347–356. https://doi.org/10.1177/0733464818813466

Surr, C. A., Gates, C., Irving, D., Oyebode, J., Smith, S. J., Parveen, S., … Dennison, A.

(2017). Effective dementia education and training for the health and social care workforce: A systematic review of the literature. *Review of Educational Research*, *87*(5), 966–1002. https://doi.org/10.3102/0034654317723305

Tak, Y., Song, J., Woo, H., & An, J. (2019, February 1). Realist review: Understanding effectiveness of intervention programs for dementia caregivers. *Asian Nursing Research*. Korean Society of Nursing Science. https://doi.org/10.1016/j.anr.2019.01.002

Tatangelo, G., McCabe, M., Macleod, A., & You, E. (2018). "I just don't focus on my needs." The unmet health needs of partner and offspring caregivers of people with dementia: A qualitative study. *International Journal of Nursing Studies*, *77*, 8–14. https://doi.org/10.1016/j.ijnurstu.2017.09.011

The Gerontological Society of America (2021a). A Brief History of the Academy for Gerontology in Higher Education. https://www.geron.org/images/gsa/AGHE/AGHEHistory.pdf

The Gerontological Society of America (2021b). Academy for Gerontology in Higher Education. https://www.geron.org/academy-for-gerontology-in-higher-education-aghe

U.K. Department of Health. (2009). Living well with dementia: A national dementia strategy. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

U. S. Census Bureau (n.d.a), 2010: ACS 1-Year Estimates Subject Tables https://data.census.gov/cedsci/table?q=Total%20Population&g=0100000US.04000.001&tid=ACSST1Y2010.S0101&hidePreview=true

U. S. Census Bureau (n.d.b). 2019: ACS 1-Year Estimates Subject Tables https://data.census.gov/cedsci/table?q=Total%20Population&g=0100000US.04000.001&tid=ACSST1Y2019.S0101&hidePreview=true

U. S. Dept. of Health and Human Services. (2013). National plan to address Alzheimer’s disease: 2013 Update. https://aspe.hhs.gov/national-plan-address-alzheimers-disease-2013-update

U. S. Dept. of Health and Human Services. (2021). National plan to address Alzheimer’s disease: 2021 Update. https://aspe.hhs.gov/reports/national-plan-2021-update

Valandra, V. (2012). Reflexivity and professional use of self in research: A doctoral student’s journey. *Journal of Ethnographic & Qualitative Research*, 6(4), 204–220.

Van de Velde, D., Eijkelkamp, A., Peersman, W., and De Vriendt, P. (2016). How competent are healthcare professionals in working according to a bio-psycho-social model in healthcare? The current status and validation of a scale. *PLoS One*, *11*(10). https://doi.org/10.1371/journal.pone.0164018 PMID: 27755561

Warshaw, G. A. & Bragg, E. J. (2016). The essential components of quality geriatric care. *Generations, Journal of the American Society on Aging*, *40*(1), 28–37.

Washington, T. R. (2018). Teaching Note—Lessons learned from developing and implementing a dementia caregiving graduate-level service-learning course. *Journal of Social Work Education*, *54*(3), 576–584. https://doi.org/10.1080/10437797.2018.1434428

Wennberg, A., Dye, C., Streetman-Loy, B., & Pham, H. (2015). Alzheimer's patient familial caregivers: A review of burden and interventions. *Health & Social Work*, *40*(4), 316–324. https://doi.org/10.1093/hsw/hlv062

Wilks, S. E., Cain, D. S., Reed-Ashcraft, K. B., & Geiger, J. (2017). Gerontological competencies among MSW students: Evaluation of a gerontology specialization program. *Journal of Gerontological Social Work*, *60*(8), 606–618. https://doi.org/10.1080/01634372.2017.1325811

Xu, J.Q., Murphy, S.L., Kochanek, K.D., & Arias, E. (2020). Mortality in the United States, 2018. NCHS Data Brief, no 355. National Center for Health Statistics.

Zoom Video Communications Inc. (2021). Zoom meetings & Chat. https://zoom.us/meetings

Appendix: Interview Questions

1. What prompted you to seek a job in a PACE program?

2. Did your school have a specialization or concentration for working with older adults?
   If none, did this influence the population you initially chose to work with?

3. How would you describe your academic and/or post graduate learning opportunities that prepared you for this job?

4. What experiences working with older adults did you have before beginning this job?
   If not brought up by participant, ask what experiences have you had with persons with

   dementia and their caregivers?

5. What has been your experience in this job working with family or caregivers of your PACE participants with dementia?
   How about when you work with challenging caregivers or family members?

6. Do you feel confident in your knowledge of dementia, (including types, manifestations, progression, challenges)?

7. Have there been any resources at your PACE program to assist you with gaining more knowledge about participants with dementia and their caregivers?

8. What types of experiences with your PACE participants or their family members have you found challenging?

9. How do these challenges impact your ability to be effective in your work?

10. What feelings or sensations come up for you when you work with persons with

dementia?

11. Do you feel competent to be effective in your work with older adults and their caregivers?
    If yes, and they do not elaborate further, ask - can you indicate what facets of this

work you feel competent in?

How would you describe competence?

12. What would you consider to be culturally competent practice with older adults?

13. Have you had any opportunities to increase your knowledge base of social work with older adults and their caregivers? (inservices, continuing education, on the job training, supervision, shared knowledge of coworkers)

14. What current or potential areas of practice with older adults would you like more training in?

15. Do you have any additional information or question to add before we conclude the interview?

Conclusion:
I will thank the participant for their time and contribution to my research project.
I will ask if I can follow up with them after I transcribe the information to ask for clarification if needed.
I will let the participant know that a summary of the findings upon completion will be provided if desired via email.
A personalized thank you letter will be sent to each participant either with the copy of the results or separately.