AN ABSTRACT OF THE THESIS OF

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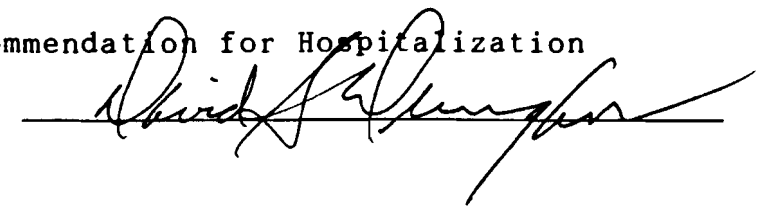
Title: The Relationship Between Clinical Profession and Experience and Recommendation for Hospitalization

Abstract approved: 

This study examined the relationships between clinician profession and experience and recommendation for hospitalization in crisis intervention. The clinicians involved here were social workers and clinical psychologists employed at a midwestern mental health center. The clinicians were further categorized as experienced and inexperienced. Experienced was defined as two or more years of employment in the mental health field. Inexperienced was defined as less than two years of employment in the mental health field. It was predicted that experienced clinicians would recommend hospitalization of emergency patients less often than would inexperienced clinicians. Furthermore, it was expected that experienced social workers would recommend hospitalization for fewer emergency patients than would experienced and inexperienced clinical psychologists or inexperienced social workers. However, the results of this study indicated that as a group social workers recommended hospitalization significantly more often than did clinical psychologists.

It was also determined that experienced social workers recommended hospitalization significantly more often than did experienced and inexperienced clinical psychologists or inexperienced social workers.

Several explanations were offered to account for these findings. It may be that the social workers in this study had become reliant upon hospitalization, especially for the treatment of certain disorders. Secondly, the sample utilized here was drawn from an intact group rather than a random selection. Moreover, the mental health center itself was located in an area with limited community resources. Also, the clinicians employed at this center appeared to function more as a team instead of two distinct professions. Patient diagnosis was found to influence final case disposition. The accessibility of a local psychiatric inpatient unit was considered as a final factor in hospitalization recommendation.

THE RELATIONSHIP BETWEEN CLINICAL PROFESSION AND EXPERIENCE AND RECOMMENDATION FOR HOSPITALIZATION

A Thesis

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CHAPTER 1

INTRODUCTION

Emergency rooms have long offered crisis intervention to individuals suffering from acute psychological distress. Crisis intervention emerged from three distinct forms of emergency care. The first form of crisis intervention, dating from the 1920s, grew out of the traditional emergency services provided by large metropolitan hospitals. Its development stemmed primarily from the "presence of four conditions: 1) an extensively utilized emergency room, 2) a considerable urban population dependent upon the services of the emergency room, 3) an influx of psychologically distressed individuals, and 4) an accessible and qualified staff" (Wellin, Slesinger, & Hollister, 1987, p. 476). The second form of care occurred in large municipal psychiatric hospitals. It involved the creation of after-care services for recently discharged patients. These services provided help to previous inpatients struggling with the transition to outpatient community life. The third form of care was representative of the social movement which eventually culminated with mental health reform. The passage of "the Community Health Act of 1963-64 and, a decade later, the Emergency Medical Services System Act established federal funding for crisis intervention services and also resulted in the consolidation of the three forms of care" (Wellin, Slesinger, & Hollister, 1987, p. 478).

Although emergency intervention programs vary somewhat, the main goal has been to offer individuals experiencing a personal crisis prompt evaluation and assistance. The clinician's task has been to quickly assess the immediate crisis and elect a course of action. In the emergency room, clinicians are required to make concrete judgments based on limited information. This type of aid has frequently been characterized as a limited form of psychotherapy.

Until recently, crisis intervention was deemed as the exclusive domain of medically trained psychiatrists. However, the increasing utilization of emergency rooms has changed the definition of clinician to include clinical psychologists and social workers. Presently, the bulk of crisis intervention services are provided by clinical psychologists and social workers (Wales, 1972).

An important part of crisis intervention has been patient disposition (Apsler & Bassuk, 1983). In this context, the term disposition refers to the possible outcomes available to the patient in the emergency room. Two potential alternatives are inpatient hospitalization and outpatient referral. Inpatient hospitalization has been the most restrictive and expensive of either option. More importantly, the profound and far-reaching effects of psychiatric hospitalization may forever change the fate of the patient. However, when hospitalization has been recommended there are usually two general purposes: 1) to

control severely disturbed individuals, and 2) to provide an extensive mental evaluation. Likewise, when hospitalization has been contraindicated there are normally two broad reasons: 1) to prevent healthy individuals from being deprived of their freedom, and 2) to avoid costly and unnecessary treatment (Tolbert, 1989).

Statement of Problem

Numerous factors have been shown to affect final case disposition and these factors can be grouped into five categories: 1) patient variables, 2) family variables, 3) community variables, 4) hospital variables, and 5) clinician variables (Tolbert, 1989). Past studies have attempted to define the influential characteristics of each category.

The literature has yielded contradictory findings regarding many of the variables noted above. In a number of instances, it was unclear which variable interactions, if any, were more significant than others. But, it was beyond the scope of the present study to examine all these factors. Rather, the intent of this study was to investigate the variables of clinician profession and experience on final patient disposition in an emergency room setting. The impact of clinician profession and experience upon patient disposition may reveal the existence of a professional bias between social workers and clinical psychologists.

Statement of Purpose

The purpose of this study is to determine the existence of professional bias in crisis intervention services. Specifically the present study is designed to analyze the effects of two clinician variables, profession and experience, on patient disposition in the emergency room. The level of patient disposition examined was recommendation for hospitalization. This study is undertaken to document any patterns in final disposition of emergency room cases between clinical psychologists and social workers.

Furthermore, the study is an effort to record the current trends in hospitalization rates of patients experiencing psychological crises. The intent here is to examine the effects of clinician experience on hospitalization rates of emergency patients. Clinicians are categorized as either experienced or inexperienced. Hospitalization rates will then be analyzed as a measure of clinician experience.

Statement of Significance

The multitude of variables affecting patient disposition has attested to the need for a systematic analysis of the factors. Prior research has shown ambitious attempts to examine a host of variables in a single study. This methodology has resulted in a state of ambiguity regarding the exact variables involved and the degree of variable interaction in case disposition. For

all the past research, very little concrete progress has been made in understanding the true nature of the decision-making process. As such, the present study has importance as a method of measuring the extent of professional bias in crisis situations. Through an examination of emergency mental health records, patterns of clinician decision-making can be detected. These patterns can then be further analyzed to establish the clinicians' profession and experience. Finally, patient disposition can be investigated as it relates to clinician profession and experience.

Literature Review

As stated earlier, the factors shown to affect case disposition include: 1) patient variables, 2) family variables, 3) community variables, 4) hospital variables, and 5) clinician variables. The influential characteristics of each variable are briefly summarized. Pertinent studies are then detailed to illustrate the importance of these variables in determining final dispositions of emergency room patients.

Highly salient patient variables include the severity of pathology, the presence of suicidal/homicidal ideation, the existence of prior psychiatric hospitalization, and the current diagnosis of the patient (Gillig, Hillard, Deddens, Bell, & Combs, 1990). Demographic factors involved in disposition are gender, age, marital status, race, and socioeconomic status of the patient (Gale, Beck, &

Springer, 1978; Goodman, Streiner, Woodward, & Santa-Barbara, 1976; Gross, Herbert, Knatterud, & Donner, 1969). Other characteristics viewed as important are coping style, educational level, and social adjustment.

The family variables consist of the availability of familial support systems and the presence of family members in the emergency room. A close relative's account of the patient's behavior is often solicited by the clinician prior to final disposition. The incidence of hospitalization for patients accompanied to the emergency room by family members was significantly related to the opinions of these attendant individuals (Gillig et al., 1990; Tolbert, 1989).

Community variables constitute possible outpatient referral resources such as social agencies and service organizations. However, community variables have incorporated local, religious, and governmental policies concerning the psychiatric hospitalization of individuals. Recommendations for hospitalization from community sources, especially the court system and the police, are also recognized as important community variables (Marson, McGovern, & Pomp, 1988).

Hospital variables consist of patient load, available beds, accessible staff, and institutional policies. Furthermore, the very existence of the hospital in the community has suggested a hope of treatment and health to residents. Community expectations have served to mold

hospital policies by discouraging frivolous hospital admissions. The variety and quality of inpatient treatment programs offered by a hospital as compared to outpatient treatment programs provided by the community are also important factors.

The clinician variables revolve largely around the profession and experience of the clinician. Past research has indicated that psychiatrists have higher hospitalization rates than do either social workers or clinical psychologists (Nurius, 1983-84). A number of studies have demonstrated that social workers hospitalize significantly fewer patients than did either psychiatrists or clinical psychologists (Marson et al., 1988; Mendel & Rapport, 1969; Tolbert, 1989). There seemed to be two overriding reasons for social workers' lower hospitalization rates. By virtue of his/her training, social workers are able to: 1) develop family support systems and 2) procure community resources. Experience has emerged as a second crucial factor in case disposition. Numerous studies have shown that experienced clinicians hospitalize fewer patients than do inexperienced clinicians (Friedman, Feinsilver, Davis, Margolis, David, & Kesselman, 1981; Mendel & Rapport, 1969; Nurius, 1983-84; Tolbert, 1989). Clinicians with three or more years of experience have the lowest hospital admission rates when compared to clinicians with less experience (Marson et al., 1988; Meyerson, Moss, Belville, & Smith, 1979). It has been

suggested that inexperienced clinicians lack confidence in his/her decision-making abilities, and prefer to choose the safer option of hospitalization.

Gross et al. (1969) analyzed the dispositions of 2279 patients in an emergency room staffed by a social worker, psychiatric residents, and nurses. The data showed that 717 of the patients were hospitalized and the remaining 1562 patients were referred for outpatient treatment. The patient variables of diagnosis, race, and gender were observed to affect disposition. However, the authors suggested that the response set of the clinician was partially responsible for patient disposition.

In 1963, Schwartz and Errera evaluated the case dispositions of 777 patients in an emergency room staffed by second- and third-year psychiatric residents. The authors found that 40% of the patients seen were hospitalized. According to this study, the factors that contributed to a final disposition of hospitalization included the patient variables of diagnosis, race, socioeconomic status, and age. It was noted that some residents hospitalized 32% of the patients diagnosed as psychotic, while other residents hospitalized 86% of the psychotic patients. However, the residents received no further classification, making it impossible to determine if second-year residents had higher admission rates than third-year residents or if some combination of second- and

third-year residents were responsible for higher hospitalization rates of psychotic patients.

In a study by Jones, Kahn, and Langsley (1965), a sample of 105 patients were evaluated for admission to a psychiatric hospital by a staff that included psychiatrists and psychologists. A total of 64 patients were hospitalized; whereas, 41 patients were referred for outpatient treatment. The variables that predicted this high incidence of hospital admission included presenting pathology, social adjustment, and prior hospitalization.

Tischler (1966) studied the dispositions of 143 patients in an emergency room that was staffed by ten second- and third-year psychiatric residents. The patients were classified into three groups according to final disposition: 1) H-group, was comprised of 43 hospitalized patients, 2) NHF-group, included the 51 nonhospitalized patients who were offered follow-up treatment with the interviewing resident, and 3) NHD-group, was composed of 44 nonhospitalized patients who were given other outpatient alternatives. Five patients did not receive a classification due to incomplete paperwork. Final dispositions were largely attributed to patient variables and to a lesser degree family variables. Symptomatology was found to be closely associated with hospitalization.

A study conducted by Blais and Georges (1969) over an eight month period examined the disposition of 408 cases in an Canadian emergency room. The patients were presumably

seen by psychiatrists. The results showed a high incidence of hospitalization rates with 164 or 40.1% of the patients admitted to the psychiatric facility. Outpatient referral accounted for the remaining 244 or 59.9% of the patients. Hospitalization was observed to be influenced by patient demographic and family variables. This study emphasized the importance of preventive measures in reducing future psychiatric hospital populations.

A study compiled by Munoz, Tuason, and Dick (1970) of 4244 patients seen in an emergency room revealed that 18% of the patients required hospitalization. The emergency room was staffed by a psychiatrist, residents, social workers, nurses, and aides. It was stated that pathology and diagnosis were two of several unspecified variables related to hospitalization. The impact of clinician variables was not addressed by the authors of this study.

In a summary of psychiatric emergency services, Zonana, Henisz, and Levine (1973) found the utilization of emergency services had tripled between the years of 1960 and 1970. Hospitalization rates had declined slightly over the same period of time from 40% to 35%. Other changes observed by the authors included increases in the number of middle class individuals and in the racial diversity of the population seen in the emergency room.

Apsler and Bassuk (1983) investigated the variables influencing patient disposition in an attempt to predict hospitalization. The study involved psychiatric residents,

psychology interns, and social work students in an emergency room setting. During a ten-month period, these staff members attended to a total of 631 patients. Of this number, 113 patients were hospitalized and 504 patients were referred for outpatient treatment. Records for the remaining 14 patients were incomplete and consequently eliminated from this study. The hospitalized patients demonstrated greater pathology and received more serious diagnoses. Through the use of multivariate analysis, the authors were able to successfully predict 60% of the hospitalized patients and 96% of the nonhospitalized patients. It was concluded that the patient variables of pathology and diagnosis were important determinants of case disposition. However, the authors surmised that influential clinician variables may have been overlooked in this project.

Segal, Watson, and Nelson (1985) developed the Three Ratings of Involuntary Admissibility (TRIAD) to help clinicians consistently apply the legal criteria for the involuntary hospitalization of patients. The study included a sample of 89 patients and a staff composed of psychiatrists, nurses, social workers, other professionals, paraprofessionals and unlicensed professionals in training. Clinician experience ranged from less than 6 months to 23 years. Overall, TRIAD correctly predicted 82% of patient dispositions. A total of 58 or 65% of the patients were hospitalized. Once again, severity of pathology determined

hospital admission. However, this study failed to analyze the effects of clinician experience on case disposition even though this information was provided by the authors.

A later study by Segal, Watson, and Nelson (1986) also utilized the predictive abilities of TRIAD. In this examination of 101 patients seen on an emergency basis at two separate facilities, TRIAD successfully predicted the final disposition of 78% of the cases. The first facility was staffed by ten psychiatrists and one social worker with experience ranging from 2 to 13 years. The second facility was staffed by 9 psychiatric technicians (LPTs) and 13 physicians. The average length of experience for the LPTs was 4.8 years and 3 years for the physicians. While the focus of this follow-up study still remained on the patient variable of pathology, the authors acknowledged the need for additional research to evaluate clinician skills.

Meyerson et al. (1979) evaluated 1551 case dispositions of nine psychiatrists and 48 residents. Clinician experience ranged from 6 months to 25 years. The clinicians were divided into two groups. The first group of clinicians had less than two years of experience and the second group of clinicians had two or more years of experience. An analysis of the data revealed significantly lower admission rates for the second group of clinicians. The first group of inexperienced clinicians admitted 33% of the 779 patients seen; whereas, the second group of experienced clinicians hospitalized only 16% of the 772

patients seen in the emergency room. An exception to these results was the finding that previous hospitalization led to higher admission rates (28%) for the experienced clinicians. The patient demographic variables of age, gender, race, religion, and education were not associated with hospitalization. The factors found to be important in the decision to admit included severity of pathology, prior psychiatric hospitalization, and clinician experience.

A study by Friedman et al. (1981) examined a number of variables affecting case disposition. In an emergency room staffed by psychiatrists, residents, social workers, and nurses, a total of 188 patient dispositions were reviewed. The reported hospitalization rates were quite high with 111 or 59% of the patients being admitted to a psychiatric facility. It was found that the patient demographics of gender, marital status, race, age, and religion were not significantly related to hospitalization. However, the patient variables of educational level, prior psychiatric hospitalization, social adjustment, coping style, suicidal/homicidal ideation, and diagnosis were all significantly correlated with hospitalization. The presence of family members in the emergency room was highly associated with hospital admission. Clinician experience, as a measure of hospitalization, approached significance with residents admitting 61% of the patients seen in the emergency room.

Mendel and Rapport (1969) examined the case dispositions of 269 patients seeking admission to a psychiatric hospital. The staff was composed of social workers, psychologists, psychiatrists, and residents. A total of 110 or 40.9% of the patients were admitted to the facility, while 159 or 59.1% of the patients were referred for outpatient treatment. Social workers hospitalized 25% of the patients evaluated which was significantly lower than psychologists and psychiatrists. Psychologists admitted 50% of the patients evaluated and psychiatrists hospitalized 37% of the patients interviewed in the emergency room. Clinician experience was also related to case disposition. This project indicated that clinicians with less than one year of experience hospitalized 92% of the patients seen. Clinicians with one or more years of experience admitted 73% of the patients evaluated in the emergency room. Hospitalization was not associated with severity of pathology in this particular study. However, prior psychiatric hospitalization along with the absence of family and community support systems were variables significantly related to the clinician's decision to hospitalize.

These research articles have tended to focus on the interaction between patient variables and case dispositions. Indeed, final disposition has been shown to be heavily influenced by patient pathology and diagnosis. It has also been established that emergency room

disposition is affected by family variables including the availability of familial support systems.

However, other studies have addressed the role of clinician variables on case disposition. It has been demonstrated that clinician experience has a profound impact upon the hospitalization rates of emergency patients. Experienced clinicians have dramatically lower hospitalization rates. Secondly, clinician profession has been found to influence emergency room disposition. Studies have revealed that social workers hospitalized the smallest number emergency patients, whereas psychiatrists hospitalized the most patients seen on an emergency basis. Additional research is necessary to confirm the precise nature of clinician profession and experience as it affects emergency room disposition.

A primary aim of this study was to provide a current analysis of hospitalization recommendations made in crisis interventions. A second goal of the present study was to examine clinical psychologists and social workers exclusively. Additionally, it is believed that the results of this study will show a significant difference between the number of recommendations for hospitalization made by inexperienced clinicians in comparison to experienced clinicians. It is expected that inexperienced clinicians will recommend hospitalization more frequently than do experienced clinicians. Finally, it is predicted that a significant difference will be found between the number of

hospitalization recommendations made by social workers when compared to the recommendations made by the other clinicians involved in this study. It is believed that the results will indicate that experienced social workers recommend hospitalization less often than do either experienced and inexperienced clinical psychologists or inexperienced social workers.

CHAPTER 2

METHOD

This study examined the final disposition of patients seen on an emergency basis by either a clinical psychologist or a social worker. Clinicians were further categorized as experienced or inexperienced. For the purpose of this study, experienced was defined as two or more years working in the mental health profession and inexperienced was defined as less than two years working in the mental health profession.

The target population consisted of clinicians who provide crisis intervention services to patients seen on an emergency basis. Current trends indicate that clinical psychologists and social workers are most often the professionals assigned to emergency services. In the emergency room, the clinician on duty evaluates the patient and determines a disposition. A clinician can make one of two general recommendations, either inpatient treatment or outpatient referral.

Sample

The clinician sample in this study was comprised of the employees of a midwestern mental health center. All of the clinicians were master's level social workers, master's level clinical psychologists, and Ph.D. clinical psychologists. These participants were grouped into four categories: 1) social workers with two or more years of clinical experience; 2) psychologists with two or more years of clinical experience; 3) social workers with less

than two years of clinical experience; and 4) psychologists with less than two years of clinical experience. The clinicians in this study were scheduled for emergency services on a rotation basis.

The emergency records examined encompassed the entire year of 1992, from January 1 to December 31, 1992 (See Appendix A). A total of 811 records were made throughout 1992. Of this number, 135 individuals were subsequently recommended for inpatient treatment by either a clinical psychologist or a social worker. The records of these individuals constituted a convenient, intact sample for the present study.

The clinicians, a total of 21 individuals, were classified according to profession and experience to increase external validity. In this way, hospitalization rates could be examined as a measure of both clinician profession and clinician experience. The group of experienced social workers included five individuals. There were nine members in the experienced clinical psychologists group. Three persons comprised the group of inexperienced social workers. The group of inexperienced psychologists consisted of four individuals.

These strategies were intended to assure a reliable analysis of the available data. Consequently, the results of the present study may readily lend themselves to generalizations regarding the interaction between emergency room clinicians and hospitalization rates as well as the

influence of profession and experience on clinician decision-making.

Design

This study utilized a quasi-experimental, fixed effects design. In an attempt to control internal validity, emergency records from only one specific year, 1992, were used. This particular requirement excluded patients who constituted the general non-emergency population of the mental health center. As a second effort to heighten internal validity, all clinician subjects possessed a master's degree in his/her profession. Three clinical psychologists had earned doctoral degrees prior to this study. Other clinicians, such as interns, were eliminated from the study.

It is expected that inexperienced clinicians will hospitalize more patients seen on an emergency basis than experienced clinicians. Furthermore, it is predicted that social workers will hospitalize fewer emergency patients than clinical psychologists. Finally, it is anticipated that social workers with two or more years of experience will recommend hospitalization for the smallest number of patients seen in the emergency room of any of the four identified clinician groups. These findings would support the results of past research endeavors. Thus, such findings would corroborate prior generalizations that, as a group, experienced social workers hospitalize the smallest number of emergency patients.

The statistical procedure employed was a 2 x 2 chi-square test. This type of analysis allowed for comparisons between the clinician variables of profession and experience, as well as comparisons between the case dispositions of inpatient and outpatient. It is hoped that this statistical method would reveal an interaction between clinician variables and case dispositions.

Procedure

In examining final dispositions of emergency room patients as a measure of clinician profession and experience, the identified population for this study included doctoral and master's level clinicians. Case dispositions were taken from the emergency records of a midwestern mental health center for the entire year of 1992. Data was gathered regarding patient disposition and clinician profession and experience. Case disposition was defined as inpatient treatment or outpatient referral. Clinician classifications were designated as experienced social workers, experienced clinical psychologists, inexperienced social workers, and inexperienced clinical psychologists. These measures were necessary to insure validity and reliability. Comparisons were made between the four categories of clinicians and the two levels of case disposition. Finally, statistical analysis was computed using the chi-square test of independence.

It was believed that a significant difference would be found between the numbers of hospitalization

recommendations made by inexperienced clinicians when compared to recommendations made by experienced clinicians. This study intended to show that inexperienced clinicians recommend hospitalization more often than do experienced clinicians. A significant difference was also expected to be found between the number of hospitalization recommendations made by social workers when compared to the recommendations made by the other clinicians included in this study. The present study hoped to reveal that experienced social workers recommend hospitalization less often than do either experienced clinical psychologists or inexperienced social workers and clinical psychologists.

CHAPTER 3

RESULTS

Four groups of clinicians were examined in this study of emergency intervention. The four groups consisted of experienced social workers with two or more years in the mental health field, experienced clinical psychologists with two or more years in the mental health field, inexperienced social workers with less than two years in the mental health field, and inexperienced clinical psychologists with less than two years in the mental health field. Hospitalization rates from emergency records were then analyzed for each group. The emergency records used in this study were taken from a midwestern mental health center and encompassed the entire year of 1992. A total of 811 emergency records were compiled for all of 1992. Of this number, 135 individuals were subsequently recommended for hospitalization by a social worker or a clinical psychologist.

A 2 x 2 chi-square was employed to interpret the above data. The chi-square statistic was used as it is a method by which comparisons between observed frequencies and theoretical frequencies may be evaluated. Comparisons were made between the actual frequencies of hospitalization recommendation and the expected frequencies of higher hospitalization recommendations made by clinical psychologists with lower recommendations made by social workers. The chi-square test was further applicable in

this particular study as the data naturally fell into the discrete, quantifiable categories of profession, experience, and hospitalization.

A chi-square analysis of this data revealed that experienced social workers recommended hospitalization in 44 of the 52 emergency cases ministered to by social workers that resulted in a final disposition of hospitalization. This accounted for 85% of the hospitalization recommendations submitted by social workers. Inexperienced social workers recommended hospitalization in 8 or 15% of the crisis intervention cases. Experienced clinical psychologists recommended hospitalization for 55 of the 83 patients seen on emergency by clinical psychologists as a group. This figure constituted 66% of the recommendations for hospitalization suggested by clinical psychologists. Inexperienced clinical psychologists endorsed hospitalization for 28 or 34% of the patients treated on an emergency basis.

These findings showed a significant difference existed in hospitalization recommendations between experienced social workers and experienced clinical psychologists. The results of this study demonstrated that experienced social workers recommended hospitalization more frequently than did experienced clinical psychologists $\chi^2(1, \underline{N}=135) = .03, \underline{p}<.05$.

Further examination of the data reflected a significant difference in hospitalization recommendations

between the two mental health professions $\chi^2(1, N=135) = .02$, $p<.05$. A total of 135 emergency patients were recommended for hospitalization by either social workers or clinical psychologists. Of this number, 52 or 39% cases were recommended for inpatient treatment by social workers. Whereas, clinical psychologists recommended hospitalization in 83 or 61% of the cases. On the surface it may appear that, as a group, clinical psychologists recommended hospitalization more frequently than did social workers. However, a closer inspection showed that proportionally social workers recommended hospitalization more often than did clinical psychologists.

These findings are contrary to those of previous studies. Furthermore, the findings are in direct opposition of the predicted results. Regarding the present study, social workers as a group recommended inpatient treatment more frequently than did clinical psychologists. Thus, experienced social workers recommended hospitalization more often than did clinical psychologists according to the results of this study.

Additional examination of the emergency records indicated that the diagnosis most often correlated with a disposition of hospitalization was a depressive disorder. Clinical psychologists recommended hospitalization for 19 patients diagnosed with a depressive disorder. Similarly, social workers recommended inpatient treatment for 16 emergency individuals diagnosed with a depressive disorder.

It appeared that the serious nature of symptoms associated with depressive disorders were determinants of the decision to recommend hospitalization. This finding suggested that clinicians of either profession view depressive symptoms with equal gravity.

CHAPTER 4

DISCUSSION

The results of this study contradicted those of past research which have indicated that social workers hospitalized the smallest number of emergency patients (Mendel & Rapport, 1969). Furthermore, the findings of the present study disputed earlier research whereby experienced clinicians hospitalized fewer patients than did inexperienced clinicians (Meyerson et al., 1979). The current study also failed to substantiate the author's original assumptions concerning the impact of clinician profession and experience on hospitalization recommendations. First of all, experienced clinicians were expected to recommend inpatient treatment for a smaller number of individuals seen on emergency than would inexperienced clinicians. Secondly, it was believed that social workers would recommend hospitalization of fewer patients than would clinical psychologists. Finally, it was predicted that experienced social workers would recommend hospitalization less often than other clinicians. In this particular study, these assumptions were found to be false. There are several possible explanations for this outcome.

Foremost among these explanations is the role that clinical experience plays in crisis intervention. An inverse relationship is usually found to exist between clinical experience and hospitalization rates (Meyerson et al., 1979). However, the results of the present study

showed that this finding did not hold true for experienced social workers. One reason may be that, over a period of time, the social workers had developed a reliance upon hospitalization. Inpatient treatment may have been viewed by the social workers as the safest option for many unstable individuals. Perhaps the social workers felt that the hospital provided a more supportive, therapeutic environment for some patients. It may also have been that the experienced social workers lacked confidence in his/her ability to manage emergency situations.

A second explanation was the sampling procedure. The emergency records from only a single mental health center were used in this study. Therefore, the sample was drawn from an intact group of individuals rather than a completely random sample.

The mental health center in this study could be described as an urban organization since it is located in a midwestern city, however, the catchment area of the center was largely rural. This distinction may partially explain the findings. By this it is meant that alternatives often available in metropolitan areas and utilized by social workers may be nonexistent in a more rural region. Faced with limited resources, social workers may choose to recommend hospitalization more frequently.

A third important consideration in comprehending the data was that of patient diagnosis. When confronted with an obviously disturbed individual, social workers may tend

to rely on hospitalization. The social isolation of rural areas in combination with an unfavorable diagnosis may also indicate a recommendation of hospitalization. A close examination of the data revealed a diagnosis of a depressive disorder most often lead to a recommendation of hospitalization. This finding suggested the feelings of hopelessness experienced by many depressed individuals may override other available options and thus result in a recommendation for inpatient treatment.

A fourth factor was the center itself. The center in this study had a low clinician turnover. Consequently, the staff had worked closely together for a period of time and had come to function as a relatively cohesive group. This could have fostered the adoption of similar attitudes among social workers and clinical psychologists regarding crisis intervention. Under these circumstances, the number of recommendations for hospitalization made by social workers could approach or perhaps exceed the number of recommendations made by clinical psychologists.

A final intervening factor may have been the accessibility of a local psychiatric inpatient facility. The mental health center scrutinized in this study did in fact have an available hospital unit willing to accommodate mentally unstable patients. The convenience of such a facility may inadvertently encourage hospital admissions by clinicians.

The results of the current study repudiated earlier research. These findings point to the need for additional investigation. Future studies may need to focus on other methods in determining the existence of professional bias. One possible technique may include the use of personal inventories in gathering clinician information. A second means may involve the use of individual interviews to evaluate the presence of professional bias.

The significance of this study lies in its utility for the mental health center from which the data was drawn. On a broad scale, the data may be used in procuring additional federal funds or grants. But on a more practical scale, the results of the present study may be used in estimating future budget allowances for emergency services. If feasible from the research, the center may seek to establish a separate department for only emergency services and eliminate the rotation system now in use. The center may decide to re-evaluate the staffing procedures currently employed. The center may choose to expand the emergency services staff or to change the complexion of the staff. Should the goal be to reduce hospitalizations, the center may decide to schedule clinicians with records of low hospital admissions during hours when past rates have been highest. However, over-reliance upon certain clinicians to deal with emergencies may result in the center placing itself in a vulnerable position should a clinician become unavailable for any reason. On the other hand, the

clinicians may suffer burn-out from the constant stress associated with crisis intervention services. A preferable option may be for the center to enact a training program whereby veteran clinicians work with novice clinicians in handling crisis situations competently.

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Appendix A

Emergency Services Form

EMERGENCY SERVICES

Open ☐ Yes ☐ No ☐ B.C. Date _____ Time _____ ☐ A.M. ☐ P.M. ☐ Off. Hr. ☐ Non-Off. Hr. ☐ Ph. Time Spent _____ ☐ Off. ☐ E.R. Fee _____

Name: _____ Phone: _____

Address: _____ Co: _____

Birthdate: _____ Age: _____ Sex: _____ Race: _____

Previous Psychiatric Treatment: _____

Chief Complaint: _____

Functioning Impaired Via:

Yes	No		Yes	No		Yes	No	
☐	☐	DISORIENTATION TO TIME	☐	☐	TWO OR MORE SUICIDE ATTEMPTS	☐	☐	POOR JUDGMENT
☐	☐	DISORIENTATION TO PERSON	☐	☐	SUICIDE IDEATIONS	☐	☐	POOR IMPULSE CONTROL
☐	☐	DISORIENTATION TO PLACE	☐	☐	HOMICIDAL IDEATIONS	☐	☐	ALCOHOL OR DRUG INTOXICATION
☐	☐	DYSFUNCTIONAL THOUGHT PROCESS	☐	☐	MOOD AND/OR AFFECT	☐	☐	MENTAL OR PHYSICAL ABUSE
☐	☐	HALLUCINATIONS	☐	☐	APPETITE	☐	☐	SEXUAL ASSAULT
☐	☐	DELUSIONS	☐	☐	PATTERN OF SLEEP	☐	☐	IMPAIRMENT RELATED TO ALCOHOL OR DRUG ABUSE
☐	☐	SUICIDE ATTEMPT	☐	☐	MOTOR ACTIVITY			

Available Support Systems: ☐ Family ☐ Friends ☐ Extended Family ☐ Agencies

☐ Other: (Specify) _____

Diagnosis: Axis I _____ IV ___ V ___ (Level of Functioning:) _____

_____ Prog. _____

Comments: (Anticipated Focus During Follow-Up Treatment, Etc.) _____

Recommendations:

☐ Hospitalization ☐ Day Treatment ☐ Transitional Living
☐ Outpatient ☐ Alcohol/Drug Services ☐ S.O.S. Counseling
☐ Medical Evaluation ☐ No Follow-Up Contact ☐ Other (Specify) _____

Disposition:
☐ Recommendations Accepted
☐ Recommendations Rejected

Hospitalization
☐ Voluntary
☐ Involuntary

Name of Hospital: _____

Admitting Physician: _____

Signed: _____

I, Krista L. Rumback, hereby submit this thesis/report to Emporia State University as partial fulfillment of the requirements for an advanced degree. I agree that the Library of the University may make it available for use in accordance with its regulations governing materials of this type. I further agree that quoting, photocopying, or other reproduction of this document is allowed for private study, scholarship (including teaching) and research purposes of a nonprofit nature. No copying which involves potential financial gain will be allowed without written permission of the author.

Krista L Rumback
Signature of Author

5-18-93
Date

The Relationship Between Clinical Profession and Experience and Recommendation for Hospitalization
Title of Thesis/Research Project

Mary Cooper
Signature of Graduate Office Staff Member

May 18, 1993
Date Received