



TURKISH ADAPTATION OF THE GERIATRIC SOCIAL WORK COMPETENCY SCALE IN A GROUP OF SOCIAL WORK BACHELOR STUDENTS

ABSTRACT

Introduction: This study aimed to examine the validity and reliability of the Geriatric Social Work Competency Scale (GSWCS) in a group of social work bachelor students.

Materials and Method: To examine the validity and reliability of the scale, a Turkish version of the form was administered to 196 senior students from social work bachelor programs at Adnan Menderes, Ankara, Hacettepe, and Selçuk Universities. Of the randomly selected sample, 108 students (55.1%) were women and 88 (44.9%) were men, and their mean age was 23.24 years (standard deviation 1.66; range: 21-31 years).

Results: Cronbach's alpha showed an internal consistency of 0.885 for the values subscale, 0.889 for the assessment subscale, 0.900 for the intervention subscale, 0.929 for the service subscale, and 0.966 overall. Principal component analysis was applied to examine the validity of the scale, and uncovered "values," "assessment," "intervention," and "service" as the four dimensions, explaining 45.067%, 56.352%, 53.252%, and 61.238% of the total variability, respectively. The total variability explained by all four dimensions was 59.27%.

Conclusion: The current study with a group of social work bachelor students showed that GSWCS was a valid and reliable scale for the Turkish population.

Key Words: Social Work; Aging; Reproducibility of Results.

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GERİATRİK SOSYAL HİZMET YETKİNLİK ÖLÇEĞİ'NİN BİR GRUP SOSYAL HİZMET LİSANS ÖĞRENCİSİ ÜZERİNDE TÜRKÇE UYARLAMA ÇALIŞMASI

Öz

Giriş: Bu çalışma Geriatrik Sosyal Hizmet Yetkinlik Ölçeği'nin geçerliğini ve güvenilirliğini bir grup sosyal hizmet lisans öğrencisi üzerinde incelemeyi amaçlamaktadır.

Gereç ve Yöntem: Ölçeğin güvenilirliği ve geçerliğinin belirlenmesi için Türkçe formu, Adnan Menderes, Ankara, Hacettepe ve Selçuk üniversiteleri sosyal hizmet bölümlerinin son sınıfta okuyan 196 öğrenciyi uygulandı. Araştırma kapsamına evrenden seçkisiz olarak alınan son sınıf öğrencilerinin 108'i (%55,1) kadın, 88'i (%44,9) erkektir. Öğrencilerin yaş ortalaması 23,24 (1,6) olup, yaşları 21 ile 31 arasında değişmektedir.

Bulgular: Yüz doksan altı üniversite öğrencisi üzerinde uygulanan ölçeğin Cronbach Alpha güvenilirlik değeri değerler alt ölçeği için 0,885, değerlendirme alt ölçeği için 0,889, müdahale alt ölçeği için 0,900, hizmet alt ölçeği için 0,929 ve geriatrik sosyal hizmet yetkinlik ölçeğinin tamamı için 0,966 olarak belirlendi. Geçerlik için yapılan temel bileşenler analizi sonuçları, ölçeğin dört boyutu olduğunu; değerlerle, değerlendirmeye, müdahaleyle ve hizmetle ilgili faktöre ait toplam değişkenliği açıklama yüzdesi sırasıyla %45,067, %56,352, %53,252, %61,238 ve toplamda %59,27 olduğunu göstermektedir.

Sonuç: Bir grup üniversite öğrencisi ile yapılan bu çalışma Geriatrik Sosyal Hizmet Yetkinlik Ölçeği'nin Türk toplumu geçerli ve güvenilir olduğunu ortaya koymaktadır.

Anahtar Sözcükler: Geriatrik Sosyal Hizmet; Yetkinlik; Yaşlılık; Geçerlik; Güvenirlik.

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INTRODUCTION

By the mid-21st century, one in five persons are expected to be over 65 years old, creating a shift in demand for social work to the elderly and their families. However, the need for geriatric social workers goes beyond meeting this demographic imperative. Although many professions are called to respond to the growing aging population, the demand for social workers with gerontological knowledge is grounded in the conviction that the profession's values, theoretical perspectives, and skills are essential for enhancing the well-being of older adults and their families (1). The growing number of elderly patients with chronic disabling illnesses, and the increasing need for rehabilitative services to support independent functioning, means that patients and families alike will require more psychological and social assistance to manage their problems effectively. Therefore, the goal of health care for the older adult is not only to provide medicine and nursing, but also to focus on how the older person can manage his or her health while maintaining a high quality of life.

Social workers and other health care professionals with knowledge of the aging process will become ever more essential to addressing the complex needs of older people and their families. Social work in this domain is professionally responsible for key interventions (2) that:

- Enhance the developmental, problem solving, and coping capacities of older people and their families;
- Promote the effective and humane operating of systems that provide resources and services to older people and their families;
- Link older people with systems that provide them with resources, services, and other opportunities;

This encompasses direct practice with older adults and their families, together with macro interventions through specific programs and policies (3). The social work perspective is oriented toward family, social, and community-based models of care and welfare policy.

The Rising Need for Geriatric Competency in Social Services and Social Work Education

Competency-based education (CBE) is an approach for producing a skilled workforce and ensuring that graduates can perform expected behaviors at a professionally acceptable level (4). The lack of social workers with the specialized knowledge and skills necessary to meet the needs of a rapidly growing aging population is well documented (5,6), and the need for

competence in geriatric knowledge and skills is not limited to those social workers who practice exclusively with the elderly (i.e., in elderly counseling centers and rest homes), but applies equally to the majority of social workers. The lack of social workers qualified to work with older adults is actually related, in a large part, to the lack of commonly accepted competencies for geriatric social work practice. Established geriatric social work competencies could shape field training and graduate education programs to prepare practitioners to address the bio-psychosocial needs of an ever-increasing population of elderly clients and their families. Qualified social workers must therefore demonstrate competence in working with individuals and families over a sustained period in an area of particular practice within the relevant legal and organizational framework, as well as the ability to transfer knowledge and skills from one situation to another, irrespective of the case, need, problem, or context (7).

Development of Geriatric Social Work Competencies

The rise in CBE in social work has been attributed to the recognized need for public accountability by leaders within the profession (8). Competency-based approaches provide a transparent blueprint of what students can expect to learn, what teachers will ensure is provided, and what practitioners have a responsibility to master (9). As a direct consequence of CBE, social work researchers and educators have developed strategies for assessing student learning through internships, as a means of assessing learning needs and readiness for practice. However, scant literature was available on the topic of geriatric social work competencies until the start of this century.

The Hartford Partnership Program in Aging Education of the New York Academy of Medicine developed the first version of the Geriatric Social Work Competency Scale (GSWCS) to measure the outcomes of aging-enhanced social work education (1); a focus group of providers and older persons identified a set of core competencies (10). The resulting GSWCS was a 58-item instrument divided into five domains. In the next phase, the GSWCS was developed by Damron-Rodriguez to eliminate double-barreled, and redundant items, and to lessen the time for administration (11). The revised scale contained 40 items grouped into four domains: 1) Values, ethics, and theoretical perspectives; 2) Assessment; 3) Intervention; and 4) Aging services, programs, and policies.

The final version of the scale measured the respondents' perceptions of their skill levels (e.g., self-efficacy) in practice



using a 0-4 item Likert scale (0 = not skilled at all; 4 = expert skill). The scale has been successfully applied in the classroom as learning objectives, and measured in field education as learning outcomes (12,13). The instrument has considerable face validity and has been useful in assessing a range of skill levels along the continuum of both bachelor and graduate levels of social work education (14).

The purpose of this study was to examine the validity and reliability of the GSWCS with a group of social work bachelor students in Turkey.

MATERIALS AND METHOD

Participants

We recruited 196 final-year students who agreed to participate in the study from social work bachelor programs of Adnan Menderes, Ankara, Hacettepe, and Selçuk universities. To be included, participants were required to be in the final year of social work education and to have volunteered. A Turkish version of the scale was administered to the students, who were informed about the study and asked to sign an informed consent form prior to its start. The study was approved by the Research Ethics Board of Ankara University.

GSWCS

The GSWCS, developed by Damron-Rodriguez (11), includes 40 items across 4 domains of 10 items each, covering (a) values, ethics, and theory; (b) assessment; (c) intervention; and (d) aging services, programs, and policies. Individual items are rated according to a five-point Likert scale (0 = not skilled at all; 4 = expert skill). The scale can be self-administered by the student, administered by the field instructor, or completed by both the student and the instructor for comparison. The instrument is reported to have strong face validity (15). Recent data from nearly 500 social work students indicates that the instrument has high reliability (16).

Data Analysis

All analyses were conducted using IBM SPSS Statistics for Windows, Version 20.0. Variables were expressed as arithmetic means (X) and standard deviations (SDs). The minimum significance level was set at $p < 0.05$. Construct validity was evaluated by principal component analysis and factor analysis. The Cronbach's alpha was used to measure internal consistency, specifically the degree to which an item related to the domain and the overall measurement of geriatric social

Table 1— Reliability Analysis for the GSWCS.

Subscales	Number of Items	Cronbach's Alpha
Values	10	0.885
Assessment	10	0.889
Intervention	10	0.900
Service	10	0.929
Total	40	0.966

work competency as defined by the scale as a whole. Spearman's rank correlation coefficient was used to assess the item scores with the scores of the total scale by measuring how well the relationship between the four factors of the scale could be described using a monotonic function. We also conducted a language equivalence study in which item correlations were controlled by the researchers. The Pearson correlation between composite scores of the Turkish form and the English form were calculated. Confirmatory factor analysis (CFA) and explanatory factor analysis (EFA) were used for the structure validity of the scale.

RESULTS

We included 196 senior students with an average age of 23.24 ± 1.66 years (range=21-31), of which 88 (44.9%) were women and 108 (55.1%) were men.

Reliability

The Cronbach alpha coefficient of the GSWCS was 0.885 for the values subscale, 0.889 for the assessment subscale, 0.900 for the intervention subscale, 0.929 for the service subscale, and 0.966 overall. This indicated a higher internal consistency than was expected (Table 1).

Item-test correlations and factor analyses of the GSWCS are summarized in Table 2. Item-test correlations ranged from 0.426 to 0.675 for the values domain, 0.434 to 0.739 for the assessment domain, 0.617 to 0.715 for the intervention domain, and 0.620 to 0.768 for the services domain, which were strong. CFA was carried out for all of the items of the scale, and because the goodness-of-fit indices were satisfactory, we accepted the reliability of latent factors (i.e., sub-questions).

Validity

Five academic social workers with excellent Turkish and English language skills translated the scale from English to



Table 2— Item-test Correlations and Factor Analyses of the GSWCS.

Items	Rs	Factor Loadings
I. Values, Ethics, and Theoretical Perspectives		
1. Assess and address values and biases regarding aging.	0.503	0.586
2. Respect and promote older adult clients' right to dignity and self-determination.	0.574	0.626
3. Apply ethical principles to decisions on behalf of all older clients with special attention to those who have limited decisional capacity.	0.562	0.591
4. Respect diversity among older adult clients, families, and professionals.	0.426	0.736
5. Address the cultural, spiritual, and ethnic values and beliefs of older adults and families.	0.510	0.661
6. Relate concepts and theories of aging to social work practice.	0.603	0.489
7. Relate social work perspectives and related theories to practice with older adults.	0.640	0.626
8. Identify issues related to losses, changes, and transitions over their life cycle in designing interventions.	0.663	0.689
9. Support persons and families dealing with end-of-life issues related to dying, death, and bereavement.	0.675	0.574
10. Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice.	0.674	0.676
II. Assessment		
1. Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems.	0.679	0.630
2. Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult.	0.725	0.644
3. Conduct a comprehensive geriatric assessment (biopsychosocial evaluation).	0.434	0.296
4. Ascertain health status and assess physical functioning of older clients.	0.709	0.610
5. Assess cognitive functioning and mental health status of older clients.	0.683	0.603
6. Assess social functioning and social support of older clients.	0.739	0.695
7. Assess caregivers' needs and level of stress.	0.649	0.595
8. Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults.	0.579	0.574
9. Develop clear, timely, and appropriate service plans with measurable objectives for older adults.	0.727	0.686
10. Reevaluate and adjust service plans for older adults on a continuing basis.	0.734	0.664
III. Intervention		
1. Establish rapport and maintain an effective working relationship with older adults and family members.	0.617	0.567
2. Enhance the coping capacities and mental health of older persons through a variety of therapy modalities.	0.650	0.719
3. Utilize group interventions with older adults and their families.	0.698	0.660
4. Mediate situations with angry or hostile older adults and/or family members.	0.645	0.608
5. Assist caregivers to reduce their stress levels and maintain their own mental and physical health.	0.699	0.554
6. Provide social work case management to link elders and their families to resources and services.	0.663	0.621
7. Use educational strategies to provide older persons and their families with information related to wellness and disease management.	0.626	0.501
8. Apply skills in termination in work with older adults and their families.	0.695	0.574
9. Advocate on behalf of clients with agencies and other professionals to help elders obtain quality services.	0.715	0.630
10. Adhere to laws and public policies related to older adults.	0.678	0.669
IV. Aging Services, Programs, and Policies		
1. Provide outreach to older adults and their families to ensure appropriate use of the service continuum.	0.691	0.655
2. Adapt organizational policy, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.	0.643	0.686
3. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.	0.636	0.662
4. Include older adults in planning and designing programs.	0.623	0.648
5. Develop program budgets that take into account diverse sources of financial support for the older population.	0.620	0.562
6. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults.	0.685	0.620

(Continued)



Table 2— Item-test Correlations and Factor Analyses of the GSWCS. (Continued)

Items	Rs	Factor Loadings
7. Apply evaluation and research findings to improve practice and program outcomes.	0.683	0.597
8. Advocate and organize with the service providers, community organizations, policymakers, and the public to meet the needs and issues of a growing aging population.	0.768	0.729
9. Identify the availability of resources and resource systems for older adults and their families.	0.658	0.610
10. Assess and address any negative impacts of social and health care policies on practice with historically disadvantaged populations.	0.635	0.697

Rs: Spearman's rank correlation coefficient.

Turkish and assessed the language validity of the scale. The original English and the Turkish translation were distributed to two groups of final-year students (20 per group) of the English Language and Literature Department. One group retranslated the English text into Turkish and the other group back-translated the scale from Turkish to English. The correlation between translations was 0.94 ($p=0.000$).

Factor Analysis Procedure

To determine the number of factors in the GSWCS, EFA was conducted on data obtained from the scale. Bartlett's test of sphericity was used to assess the requirement for factor analysis. The probability associated with Bartlett's test of sphericity was less than 0.00, indicating that the correlations in the inter-correlation matrix were significantly different from zero. The data analyzed for this research showed that Bartlett's test ($X^2: 4061.233$; $p: 0.000$) was suitable for the factor analysis. After determining whether EFA was appropriate, EFA of principal component analysis was used (Table 3). The total variance explained the eigenvalues associated with each factor (linear components). Eigenvalues in the values, ethics, and theoretical perspectives, the assessment, the intervention, and the aging services, programs, and policies dimensions were 18.027, 5.635, 5.325, and 6.124, respec-

tively; the total variances explained for the four dimensions were 45.067, 56.352, 53.252, and 61.238, respectively. These findings show the essential four-dimensional structure of the GSWCS.

CFA (intercorrelation matrix with 40 items) was used to test the four-dimensional structure of the GSWCS derived from EFA. Goodness-of-fit indices for the GSWCS are depicted in Table 4, and show that the data is compatible with the four-dimensional model.

CFA was conducted using LISREL 8.7 (Scientific Software International, Inc., Lincolnwood, IL, USA) with covariance matrices serving as the input; solutions were generated based on the maximum likelihood. According to CFA, the X^2/SD rate was 2.31, and all indices (RMSEA = 0.052, RMR = 0.057, CFI = 0.97, GFI = 0.92, AGFI = 0.90, NFI = 0.94, and NNFI = 0.97) had an acceptable fit between the four-dimensional model and the observed data. A diagram of the four-dimensional model is shown in Figure 1. Coefficients of the observed data were between 0.29 and 0.78. According to these results, the four-dimensional structure of the GSWCS was validated.

Table 3— Principal Component Analysis Examining the Validity of the GSWCS.

Factors	Eigenvalue	Total Variance Explained %
Values	18.027	45.067
Assessment	5.635	56.352
Intervention	5.325	53.252
Service	6.124	61.238
Total	Bartlett $X^2= 4061.233$	$p = 0.000$

Table 4— Goodness-of-Fit Indices for the GSWCS.

Goodness-of-Fit Indices	Value
$X^2/sd (1701.56/734)$	2.31
GFI	0.92
AGFI	0.90
CFI	0.97
NFI	0.94
NNFI	0.97
RMR	0.057
RMSEA	0.052

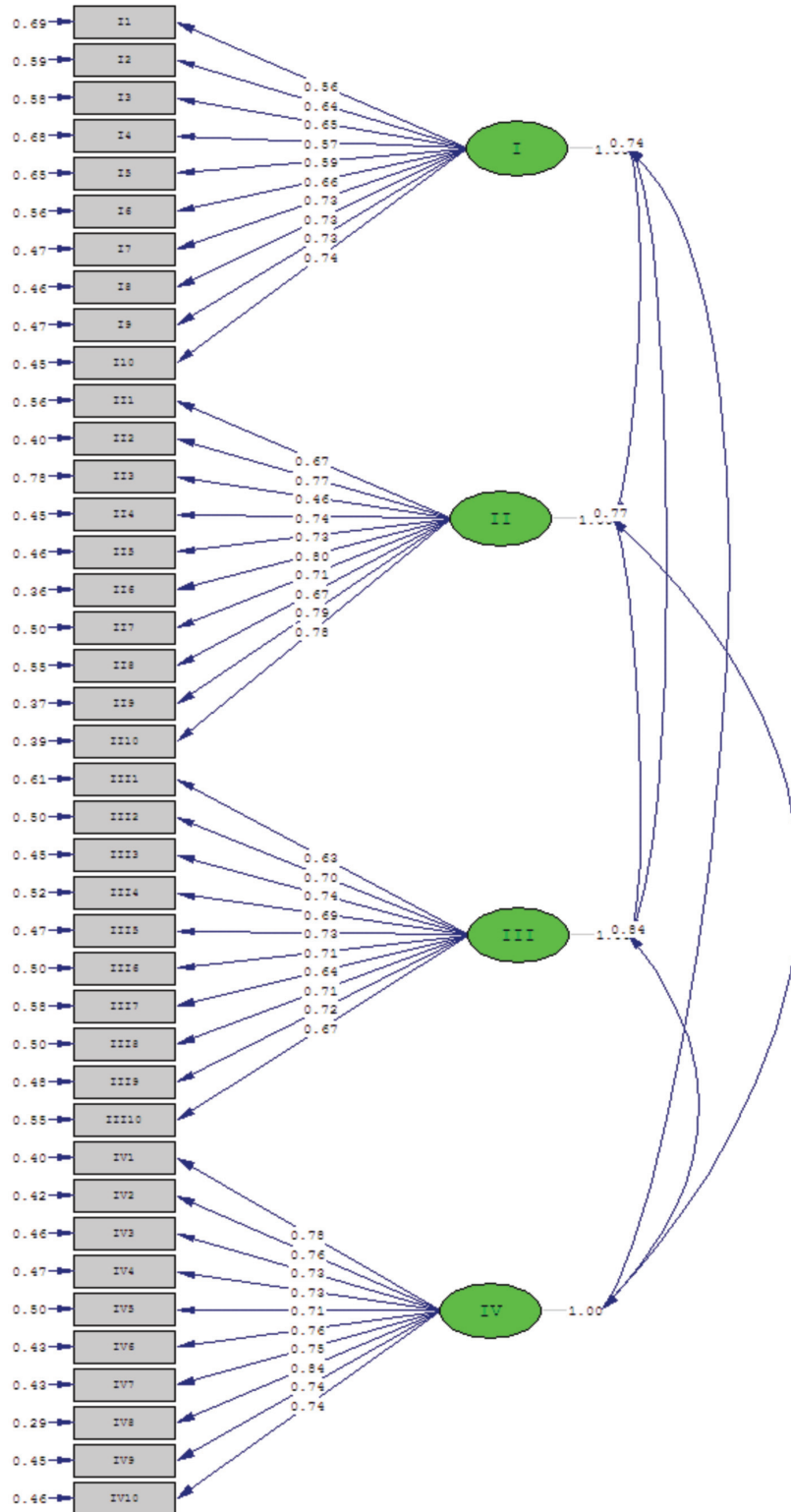


Figure 1— Path Diagram of Four-Dimensional Model (Standardized).



DISCUSSION

In health and social care provision, there is growing recognition that competencies need to be developed that are age-appropriate and effective for meeting the needs of specific populations, such as older clients and their families. In health care organizations that employ a significant number of social workers, staff competence (i.e., knowledge and skills) in delivering age-appropriate services is considered a primary indicator of organizational quality and a key to obtaining accreditation (10).

Competence needs to be measured to demonstrate the effectiveness of both education and, more importantly, interventions in improving the lives of older people. For example, geriatric social work practice has been found to be effective in reducing the risk of institutionalization and caregiver burden, minimizing risk factors through multidisciplinary home evaluations, and improving care through geriatric clinical care management (11,12,17,18).

The current study examined the validity and reliability of a Turkish adaptation of the GSWCS among social work bachelor students from four universities. All of the reliability coefficients of the scale, measured by Cronbach's alpha, indicated high internal consistency. The consistency coefficients of the GSWCS, including the subscales, were also satisfactory, and item-test correlations were strong. Both the CFA for the items in the four-dimensional structure of the GSWCS and the goodness-of-fit indices were in the expected range. Because the goodness-of-fit indices were in the expected range, latent factors were accepted for the sub-questions. The language equivalence of the scale by Pearson correlation coefficient was 0.94 ($p=0.001$). CFA and EFA were both used to assess the structure validity of the scale. Explanatory variance analysis revealed that they explained 26.34% of the total variance.

We were not able to identify any studies that have assessed the validity and reliability of the English or Turkish versions of the GSWCS for social work students in the published literature. Indeed, this appears to be the first study to include final-year social work students. Based on our results, the 40-item GSWCS is a valid and reliable scale. However, an important limitation of the study needs to be addressed. Specifically, we only recruited social work bachelor students in the study, and generalizability limitation caused by use of only undergraduate social work students as respondents. Future research should incorporate graduate students at both master's and doctorate levels to extend the validity of the results.

This study has important implications for social work educators wanting to capture distinct aspects of student competencies in age-related practice. For example, the core assessment and intervention subscales could be employed to measure confidence with fundamental practice in geriatric settings after graduation from social work bachelor and/or master's programs. This would enable the faculty to determine whether students had acquired a basic level of confidence in working with older adults across the spectrum of health and social care settings. Similarly, faculty graduate programs could use the specialized assessment and intervention subscales to assess self-efficacy among master's students graduating with geriatric settings.

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