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# LCSW-Perceived Therapeutic Alliance and Job Satisfaction A Correlational Pilot Study

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## Abstract

One-hundred-and-fifty Licensed Clinical Social Workers (LCSWs) were sent surveys measuring demographics, therapeutic alliance, and job satisfaction. Past literature suggests that clinician-perceived therapeutic alliance is related to job satisfaction. Results of this study failed to confirm this. Implications and limitations are discussed.

## Background

Job satisfaction is a set of positive and negative evaluative judgements one makes about their job (Aldridge & Fraser, 2016), associated with, for example, personality (Judge, Heller, & Mount, 2002), age (Yeung, Fung, & Chan, 2013), work pressure (Aldridge & Fraser, 2016), and race (Koh, Shen, & Lee, 2016).

The therapeutic alliance is an agreement on goals, agreement on tasks, and bond between client and clinician (Bordin, 1979). The therapeutic alliance positively predicts client treatment outcome (Martin, Garske, & Davis, 2000). Therapeutic alliance is understudied from the clinician's point-of-view.

Plain Old Therapy (Allen, 2012, 2016) names the development of the therapeutic alliance as reciprocal. Such reciprocity would predict that the therapeutic alliance is also predictive of clinician outcome. While client outcome is usually measured in mental health symptomatology, clinician outcome can be measured in job satisfaction.

## Methods

**Participants:** One-hundred-and-fifty LCSWs from the US were randomly selected and sent surveys via postal mail.

**Measures:** Demographic variables: ethnicity, age, gender, work experience, job title

Therapeutic alliance, measuring agreement on goals, agreement on tasks, and bond: Working Alliance Inventory-Short Form (WAI-S; 12 items, Likert-type; Tracey & Kokotovic, 1989),

Job satisfaction: Job Satisfaction Survey (36 items, Likert-type; Spector, 1985).

In addition to these quantitative measures, participants were asked after completing the WAI-S, "Is there anything that you would add to explain the above questions (if so, what)?"

**Analysis:** Descriptive statistics were computed first. Demographic variables were tested against study variables (job satisfaction and therapeutic alliance) using t-tests and correlation coefficients. Correlation coefficients computed the hypothesized relationships between LCSW-perceived therapeutic alliance (a three-part variable) and job satisfaction.

Answers to the WAI-S follow-up question were coded for having to do with (a) the participant's idea of the therapeutic alliance, or (b) clients' "failure to put in the work."

## Hypothesis

LCSW-perceived therapeutic alliance is positively correlated with LCSW job satisfaction.

## Results

The valid response rate was 12.9% ( $n = 18$ ). Seven surveys were returned because of incorrect addresses. Eleven participants were either ineligible or did not complete at least 80% of the survey.

### Demographic Variables

- The average age of participants was 51.39 ( $SD = 13.04$ ).
- Participants held an average of 21.82 years of work experience ( $SD = 11.19$ ).
- Most participants were female (88.88%,  $n = 16$ ). No participants identified as "other."
- Fifty-percent ( $n = 9$ ) of participants identified as either white or Caucasian. The other 50% were coded as "other." This was because white was the only self-identified ethnicity reported more than once.
- The most common job title was "clinician" (44.44%,  $n = 8$ ). There were several other titles reported.
- All participants reported seeing clients individually. Most (61.11%,  $n = 11$ ) reported also seeing clients in groups.

**Statistical Testing:** Three rounds of t-tests compared gender, ethnicity, and participation in group work to each of the study variables. None of these tests proved significant.

Two rounds of correlation coefficients compared age and work experience to each of the study variables. None of these tests proved significant.

### Study Variables

- Therapeutic alliance overall was quite high ( $M = 5.76$ ,  $SD = .66$ ), as was therapeutic alliance agreement on goals ( $M = 6.31$ ,  $SD = .362$ ), therapeutic alliance agreement on tasks ( $M = 5.61$ ,  $SD = .94$ ), and therapeutic alliance bond ( $M = 5.37$ ,  $SD = .90$ ).
- The average level of job satisfaction was slightly higher than the 3.5 mid-point ( $M = 4.18$ ,  $SD = .826$ ).

**Hypothesis Testing:** The hypothesis that therapeutic alliance overall positively correlates with job satisfaction was not accepted,  $r(16) = .14$ ,  $p = .57$ .

Agreement on goals and job satisfaction showed a small but nonsignificant correlation,  $r(16) = .22$ ,  $p = .38$ . Agreement on tasks and job satisfaction showed virtually no correlation,  $r_s(16) = .05$ ,  $p = .83$ . Bond and job satisfaction showed similar results,  $r(16) = .16$ ,  $p = .516$ .

### Therapeutic Alliance Follow-Up Question

Seven participants responded to the WAI-S follow-up question. Participants either discussed their professional understanding of the therapeutic alliance or their clients' failure to "put in the work." Participants who wrote about their clients tended to write in more specific terms. Contact the author for select participant quotes and a more detailed description.

## Discussion

### Summary

Results did not support the hypothesis that LCSWs who have better relationships with their clients are more satisfied with their jobs. There were no significant findings in this study. This likely has as much to do with flaws in data collection as with objective truth.

### Implications

This was a pilot study, so findings should be interpreted with caution. Future research could conduct the same study over again but with a bigger sample. Exploratory qualitative inquiry may lend understanding to LCSW-perceived therapeutic alliance, given that this variable is understudied.

### Limitations

The sample was homogenous: therapeutic alliance and job satisfaction were generally high; most participants were female. The sample was very small, possibly explaining the lack of diversity.

Ethnicity and job title were self-select variables. This was problematic because there was such a variety in responses. Participants likely varied in their interpretations of these variables.

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For a complete references page, contact the author.

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