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A STUDY OF REHABILITATION WORKERS' PERCEIVED  
COMPETENCIES, ATTITUDES, AND TIME SPENT ON  
VOCATIONAL PLACEMENT TASKS AT THE  
NATIONAL INSURANCE INSTITUTE IN ISRAEL

presented by

GEORGE ADEL MATTA

has been accepted towards fulfillment  
of the requirements for

Ph.D degree in Educational Admin.  
Adult & Continuing Educ.

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COMPETENCIES, ATTITUDES, AND TIME SPENT ON  
VOCATIONAL PLACEMENT TASKS AT THE  
NATIONAL INSURANCE INSTITUTE IN ISRAEL**

**By**

**George Adel Matta**

**A DISSERTATION**

**submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**DOCTOR OF PHILOSOPHY**

**Department of Educational Administration**

**1985**



77490

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ABSTRACT

The purpose of this study was to survey rehabilitation workers' perceived competencies, attitudes, and time spent on vocational placement, and their impact on placement rates. The data were obtained from questionnaires which were completed by all accredited rehabilitation workers ( $N = 74$ ) at the National Insurance Institute (NII) in Israel.

Descriptive statistics including mean, proportion, and standard deviation were used to present rehabilitation workers' socio-demographic data, placement rates, perceived competencies, attitudes, and time spent on vocational placement. A simple correlation coefficient measure and multiple correlation procedures served as the main statistical tools to test the research hypotheses.

The main results indicated that NII rehabilitation workers are not inclined to regard vocational placement tasks as a major part of their job, and they do not sustain a distinctive positive attitude toward vocational placement tasks. Rehabilitation workers spend only 10.5% of their weekly time on vocational placement activities compared to 32.5% on counseling and guidance. On the other hand, NII workers report that they need only minimal training in vocational placement competencies.

Analyses show significant correlation between rehabilitation workers' perceived competencies, attitudes, and time spent on vocational placement tasks and their placement rates. A review of literature identified a number of studies which examined rehabilitation workers' characteristics and functions in vocational placement and their relationship to placement rates. The results of this study are consistent with most past research results and conclusions. Further research was recommended to investigate long-term training in vocational placement and its impact on perceived competencies, attitudes, time spent on vocational placement activities, and placement rates.

## **DEDICATION**

**To the memory of my dear father,  
Adel Elias Matta**

**To my loved wife Janet  
and my beloved children,  
Lana, Amir, and Nada**

## ACKNOWLEDGEMENTS

This effort was made possible through the love, support, encouragement, and professional guidance of many people. I especially wish to thank Dr. Cas Heilman, my supervisor and dissertation chair, for his professional guidance and invaluable encouragement and support.

I owe special thanks to my doctoral committee members, Drs. Rochelle Habeck, William Frey, Don Galvin, and Richard Gardner, who nurtured my interest in this field and inspired patience and dedication to a high standard in my studies.

Gratitude is extended to Dr. Shunit Reiter at Haifa University for her professional guidance and use of facilities.

Sincere thanks are cordially extended to Mrs. Bracha Ben-Zvi, Mrs. Nera Shamai, and Mr. Murdechi Razi for their assistance and provision of information from the National Insurance Institute in Israel. Further indebtedness to the rehabilitation workers and directors of rehabilitation district offices at the National Insurance Institute.

The author is further indebted to all friends at the University Center for International Rehabilitation, especially to Drs. Jamil Smadi and Modhu Kulkarni.

I am very grateful to Ms. Barbara Reeves for her professional typing of this manuscript.

Above all, the author expresses his deepest love to his wife Janet whose understanding, patience, encouragement, and support have meant so much during his graduate program. I owe special thanks to my children Lana, Amir, and Nada who have contributed greatly to me with their love and lives.

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## CHAPTER I

### INTRODUCTION AND BACKGROUND INFORMATION

Israel's current social policy toward disabled people evolved out of the charitable instincts of a few volunteers. However, it was not long before government and professionals in this field began to play a more active role in the provision of various social services.

Public policies are characterized by a categorical approach to the disabled. The distinction made among groups of the disabled had its source both in value orientations toward the various groups and in historical factors (veterans, work injuries, and general disabilities). There is less categorical differentiation in rehabilitation service, although here, too, there are groups that have preferential access to those services (Habib, Factor, & Mor, 1980).

Rehabilitation services are provided by (a) voluntary organizations that provide services to selected groups of the disabled, (b) the Defense Ministry that provides rehabilitation services to disabled veterans, (c) the Ministry of Welfare and Labor that provides rehabilitation services to specific disabled groups (blind, deaf, and the mentally retarded) and operates various rehabilitation centers for all disabled people, (d) Ministry of Health, (e) Kupat Holim (medical insurance), (f) Hameshakem (operates sheltered workshops), and (g) the National Insurance Institute (NII) which is considered the main comprehensive social service in Israel.

The last provider, the NII, is a governmental service that administers the majority of disability benefit programs and provides comprehensive rehabilitation services. This institute was created by a compulsory law in 1953.

It requires every citizen above 13 years of age to contribute a definite percentage of his/her income. Therefore, the dominant form of support for the disabled is through a program of universal social insurance.

Israel has strongly emphasized the development of rehabilitation services. During the last decade, rehabilitation practices have experienced a rapid growth. As a result of new rehabilitation laws and regulations, a tremendous number of disabled people became eligible for rehabilitation services. Accordingly, the number of rehabilitation counseling graduates increased to meet the complex needs of the handicapped population. The number of rehabilitation workers in all services is approximately 500 workers.

In Israel, disabled people have a prevalent public image of a small disadvantaged and deserving group. This public sympathy has been translated over the years into an ever-growing body of entitlements. The pace of this growth accelerated and was paralleled by an increased number of disability benefits' recipients (Habib, Factor, & Mor, 1980). The disability benefits and rehabilitation programs include:

1. disabled veterans: this program is operated by the Ministry of Defense through its Rehabilitation Division to ensure income security and rehabilitation services for people disabled while serving the state of Israel (Ministry of Defense, 1982);
2. work injury: the National Insurance Work-Injury Program covers those injured as a result of employment accidents or occupational diseases. Benefit eligibility is determined by a medical scale and a work capacity impairment evaluation. This eligibility may entitled disabled persons for disability benefits, free medical treatment, and rehabilitation services (Ben-Zvi, 1981);
3. hostile action program: the program includes civilians who are injured as a result of military or hostile action. Their eligibility is determined according to medical scale. They are provided disability benefits, free medical treatment, and rehabilitation services (Ben-Zvi, 1981); and

4. **general disability:** this program includes all other disabled persons. their eligibility is determined by a medical scale and by a determined proportion of reduction in their earning capacity. They may be entitled to disability benefits and rehabilitation services (Ben-Zvi, 1981). Habib, Factor, and Mor (1980) point out the goals of the government of Israel for these public programs for disabled persons:
  - a. to ensure income redistribution to guarantee a minimum income,
  - b. to encourage individuals to undertake risky activities that are deemed socially desirable in Israel, and
  - c. to maintain disabled persons in the community and to promote independent living.

The rehabilitation department of the Labor and Welfare Ministry provides rehabilitation services only to three specialized disability groups—the blind, the deaf, and the mentally retarded, while the National Insurance Institute (NII) provides rehabilitation services to all other disability groups in Israel except disabled veterans who are treated by the Defense Ministry. The NII pays disability benefits to approximately 60,000 disabled persons (NII, 1983).

Recently, policy makers and rehabilitation professionals strongly emphasized comprehensive rehabilitation services rather than disability benefits. The rehabilitation agencies provide medical evaluation and physical restoration, psychological and vocational evaluation, counseling, maintenance, education and skills training, the purchase of tools and equipment, job placement, and follow-up activities. Rosenfield (1981) and Ben-Zvi (1983) report that the major goal of these rehabilitation services in Israel is to bring disabled persons into the open labor market.

Despite the importance of job placement, rehabilitation services in Israel suffer from a lack of systematic legislation to support job placement. Employers in private and public sectors have no incentive or obligation to hire disabled

persons. An exception is a law that obligates employers to set aside five percent of their work force for disabled veterans (Florian, 1981).

Currently, placement services are being offered directly by a rehabilitation counselor, the Bureau of Employment Services, or a placement worker. These three placement agents tend to use the techniques of selective placement and job try-out to place disabled persons in the open labor market or in sheltered workshops.

Recently, increasing attention has been given to job placement in Israel. Ben-Zvi (1981) defined the goals and objectives of the vocational rehabilitation service:

. . . to facilitate the integration of the rehabilitee in suitable employment by providing planned services such as counseling, guidance, training, preparation, and placement. For this purpose, we make use of professional interventions which assist the rehabilitee to develop skills and proficiencies and to increase his capability, with the aim of undoing or reducing the harm caused by his disability which is preventing him from availing himself of opportunities. (p. 7)

#### Statement of the Problem

Israel has successfully met many of the challenges involved in the rehabilitation of its handicapped people. Despite the developed system of rehabilitation legislation that put the emphasis on job placement, the availability of funds for rehabilitation services, increasing numbers of graduates from social work and rehabilitation programs, and a clear policy regarding the goals and objectives of rehabilitation services, job placement rates of handicapped individuals in the labor market are still unsatisfactory (Gordon, 1983; Ben-Zvi, 1981).

Unemployment of handicapped persons in Israel is considered more than an individual economic problem. High unemployment rates among the handicapped may create a significant social and psychosocial problem. Work is the area to

which the human being aspires to belong, and through his/her service, s/he acquires membership in a society. A handicapped individual who is employed is a person active in a collective. Employment serves as the most significant medium of collective participation and frees the handicapped person from the no-exit situation into which s/he has deteriorated because of a handicap (Shapira, 1974; Rosenfield, 1981; Ben-Zvi, 1983).

During the last decade and as a result of a substantial economic recession which brought on high rates of unemployment, especially among handicapped persons, policy makers and rehabilitation professionals in Israel became concerned about rehabilitation services and began to analyze their effectiveness and outcomes. Ben-Zvi (1981) reports on the dissatisfaction with a rehabilitation process which results in few placements in the open labor market. Accordingly, there is a need for "modern methods" to increase rehabilitation productivity.

An evaluation of the rehabilitation process may include a myriad of rehabilitation variables. These can be classified into three major categories: (a) the client system, to include type and degree of disability, educational background, skills and competencies, and personality variables; (b) the societal system, to include social policy, economic conditions and attitudes toward handicapped people; and (c) the rehabilitation practitioner system, to include professional experiences and competencies and personal attitudes (Wright, 1980).

The above-mentioned variables may overlap and restrain our ability to understand their interaction and their individual effects on the rehabilitation outcomes. Alternatively, one can focus on one variable, such as the rehabilitation worker. This is the contention of the present study: to identify, analyze, and determine the roles and functions of the vocational rehabilitation workers in regard to job placement within the NII in Israel.

### Rehabilitation Workers

The basic assumption underlying this study was that the perceived competencies, attitudes, and time spent by rehabilitation workers in vocational placement in Israel affect their rehabilitation practices and placement outcomes. Correspondingly, educational background and perceived roles and functions by each individual rehabilitation worker are assumed to impact his/her job-related behavior and areas of emphasis in the rehabilitation process.

In respect to educational background, the majority of rehabilitation workers in Israel are social workers who graduated from schools of social work. The curriculum in these schools emphasizes psychological and social aspects of the disabled person's life rather than his/her employability and employment skills. As a result, one may hypothesize that many rehabilitation workers in Israel may lack appropriate employment-related competencies including job analysis, modification and development, employer relations, job-seeking skills training, vocational evaluation, labor market analysis, and job placement.

Ben-Zvi (1981) reports that all workers in the Department of Rehabilitation at the National Insurance Institute have had formal education in social work. These rehabilitation workers participate in inservice training on topics of rehabilitation during the course of their work, and they obtain knowledge on topics such as disease, health, labor studies, and crisis intervention.

In addition, because of the nature of their training and perceived roles and functions, rehabilitation workers in Israel may tend to focus on psychological counseling rather than job placement activities. In fact, Florian (1981) conducted a study in Israel and found that the majority of rehabilitation workers interviewed view the psychological-emotional aspects of the disabled person as the most important factor in determining success or failure of the rehabilitation

process. Accordingly, it is reasonable to assume that most rehabilitation workers place insufficient emphasis on vocational placement.

Despite the many similarities in the purposes and practices of rehabilitation counselors and social workers in the United States, the former are primarily concerned with helping clients to attain satisfactory levels of vocational adjustment (Thomas, Greco, & Kravetz, 1973). Lack of emphasis on vocational placement may cause rehabilitation workers in Israel to invest an insufficient amount of time in employment activities on behalf of handicapped persons. This factor might adversely impact the vocational rehabilitation process and outcomes. Previous research in the United States has demonstrated a significant relationship between greater time spent on placement activities and increased total rehabilitations and decreased cases closed, not rehabilitated (Zadny & James, 1977a).

A study conducted by Smits and Emener (1980) revealed that lack of placement competencies correlate with counselors' decreased amount of time and energy spent on job placement. Lack of skills and inadequate time spent on placement are considered major barriers to success in vocational placement in the United States. Therefore, in order to increase the amount of time spent on placement, counselors may need specific educational and training programs that include job development, employer relations, job analysis, job modification, and labor market trends (Decker & Stanojevich, 1978).

As a result of low rates of placement in competitive employment in the United States, the Department of Health, Education, and Welfare audit report (1978) was sharply critical of counselor services in job placement. It recommended that the Rehabilitation Services Administration (RSA) should require increased counselor efforts in job placement, additional counselor and supervisor training in job placement, and interaction with industry.



Smits and Emener (1980) highlight this trend in vocational rehabilitation. They report, "Remunerative employment of the disabled continues to be the raison d'etre of state vocational rehabilitation agencies, and job placement activities by vocational rehabilitation counselors are still the sine qua non of the vocational rehabilitation process" (p. 147). Moreover, in the United States, the focus on placement has become more intense as program funding and counselor evaluation by state rehabilitation agencies were often contingent on the numbers of placement achieved (Vandergoot, 1981). On the other hand, despite the increasing emphasis on placement activities in Israel and funding of rehabilitation services, evaluations of rehabilitation counselors' performance are not based upon success in achieving vocational placement outcomes.

#### Need and Purpose of the Study

Several needs are evident at the present time. An objective study and evaluation of rehabilitation counselors' attitudes and perceived competencies in vocational placement require attention. Academicians, service professionals, and policy makers have been concerned with vocational rehabilitation practices and outcomes in Israel. It is hoped that this study will discover ways and means for increasing counselor effectiveness in vocational placement.

Bruyere (1979) points out that numerous attempts have been made over recent years in the United States to increase the amount of time and energy rehabilitation counselors devoted to job placement activities. For many years it was logical to assume a lack of knowledge and skill caused counselors to neglect this integral part of the vocational rehabilitation process. However, according to Bruyere, it is now time to question this assumption. Substantial educational training efforts through graduate programs, regional training projects, etc.,

have, in fact, produced a reasonably high level of knowledge and skills in job placement, job analysis, and job modification. Do these counselors who have acquired more skills and knowledge of placement techniques exert more energy of time in placement?

Since the inception of rehabilitation service in Israel, vocational placement of disabled persons has been a part of the agency's primary responsibility. However, very few studies concerning vocational placement have been conducted in Israel. This study may contribute to a better understanding of the process of vocational rehabilitation which is being called upon to play an increasingly important role in the pursuit of national and personal goals.

The primary purpose of this study was to determine worker-related placement activities and attitudes and to estimate their impact on rehabilitation outcomes. The study will consider perceived competencies, amount of time spent, and self-reported attitudes to draw conclusions related to the interaction and interrelationship among these worker-related placement variables and their impact on rehabilitation results.

Rehabilitation researchers should be concerned with the way in which various aspects of the rehabilitation process come into play, the factors influencing their expression, and the changes produced by them in the development of consequences. For rehabilitation personnel, this means knowing which rehabilitation variables and their interrelationships contribute to a thorough explanation and understanding of the rehabilitation process (Mason, 1975). Such studies as the present one, it is felt, will help counselors and other professionals in Israel to reevaluate their training priorities, roles, and competencies in employment practices on behalf of handicapped people.

### The Study Questions

1. What are the perceived competencies of rehabilitation workers in vocational placement?
2. What are rehabilitation workers' attitudes toward vocational placement as a function of their professional role?
3. How much time do rehabilitation workers spend on vocational placement activities?
4. What are the educational and training needs that are perceived by rehabilitation workers to achieve effective performance in vocational placement?
5. Do counselors who report higher perceived competencies, spend more time, and have more positive attitudes toward vocational placement activities achieve higher placement rates (rehabilitation outcomes)?

### Hypotheses

1. There is a relationship between the rehabilitation workers' perceived competencies in vocational placement and rehabilitation outcomes.
2. There is a relationship between the rehabilitation workers' attitude toward vocational placement and rehabilitation outcomes.
3. There is a relationship between the rehabilitation workers' time spent in vocational placement and rehabilitation outcomes.

### Significance of the Study

There is a dearth of information concerning counselors' attitudes and competencies in vocational placement in Israel. The findings of this study may:

1. provide an assessment of the existing rehabilitation counselors' competencies, attitudes, and time spent in relation to rehabilitation outcomes;
2. serve as a guide for identifying the training needs of rehabilitation workers and supervisors in vocational rehabilitation;
3. yield information that is valuable in planning preservice and inservice training and development programs for prospective and practicing rehabilitation workers; and

4. assist supervisor and policy makers in developing criteria for evaluating personnel and programs.

### Definitions

The following definitions will be used throughout this dissertation.

The National Insurance Institute (NII): the most comprehensive social organization in Israel. It is a governmental service which operates according to state law and covers the whole population of the country. Its main responsibility is to conduct insurance programs including disability benefits, old age pensions, unemployment benefits, children's allowances, rehabilitation services, and others (Reagles, Katz, & Wright, 1974).

Rehabilitation: the restoration of handicapped persons to the fullest physical, mental, social, vocational, and economic usefulness of which they are capable (International Labor Office, 1973).

Rehabilitation worker: a professional worker who provides rehabilitation services in Israel. This job title is comparable to that of rehabilitation counselor in the United States. Rehabilitation workers usually have bachelors' degrees in social work and have participated in training in some rehabilitation topics (Ben-Zvi, 1983).

Vocational rehabilitation: the continuous and coordinated process of rehabilitation which involves the provision of those vocational services (e.g., vocational guidance, vocational training, and selective placement) designed to enable a disabled person to secure and retain suitable employment (Wright, 1980).

Placement: the crucial event in the rehabilitation process. It indicates that a client has accepted a job offer that yields appropriate career enhancement opportunities (Vandergoot, Jacobson, & Worrall, 1979).

Vocational placement: an integral part of the entire rehabilitation plan which focuses on job analysis, labor market or occupational information, job development and solicitation, job restructuring, removal of architectural and transportation barriers, selective placement, job seeking skills training, job modification, follow-up, and career development (Urdane, 1976; Gannaway & Wattenbarger, 1979).

Rehabilitation outcomes (placement rate): the number of cases closed rehabilitated (placed in the open labor market or sheltered workshop) as a percent of all cases closed from the active caseload.

Attitude: thoughts and feelings that impact our behavior (McCormick-Ligen, 1980). Webster (1973) defines attitude as a manner of acting, feeling, or thinking that shows one's disposition, opinion, etc. Attitudes toward job placement are thoughts, feelings, and opinions of a rehabilitation counselor toward placement activities. To what extent counselors should do the placement task and how much s/he is satisfied while performing a task constitute the essential ingredient of a counselor's attitudes toward vocational placement.

Perceived competency: the knowledge, ability, and skills perceived to be needed by rehabilitation counselors in the performance of their functions (Wright, 1980). To what extent the counselor is doing the placement task and how confident s/he is while performing the task constitute the major component of the counselor's perceived competencies in vocational placement.

Time spent: the amount of time (percentage) spent every week by every individual rehabilitation worker on vocational placement. The emphasis is on the amount of time rehabilitation workers report they actually spent on such activities as job development, employer relations, job placement, and follow up.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

The rehabilitation literature refers to the rehabilitation counselor as a key person in the delivery of services to disabled persons. These counselors have been the concern of several published studies, especially concerning vocational rehabilitation and job placement (Mason, 1975; Wright, 1980). Work is emphasized today as one of the most valued roles in our society. We have been taught to view work as an essential key to successful adult integration into community life. If a person cannot fulfill his/her social role as a worker, s/he loses respect for him/herself because s/he cannot meet the expectations of family, friends, and community (Hoyt, 1975; Shaw, 1976).

Accordingly, placement of handicapped persons in suitable jobs is considered the primary objective of vocational rehabilitation. It includes work in competitive labor markets, self employment, and sheltered employment (Bitter, 1979). As a result, the very existence and growth of rehabilitation organizations and facilities rest, to a great extent, on past successes in this area. As long as our society supports and encourages the work ethic, rehabilitation should direct its resources and energies toward this end. To meet these challenges, we will have to devote more of our resources and efforts toward the placement function (Hutchinson & Cogan, 1974).

Job placement is defined as a process of finding employment by matching a given pattern of job knowledge and skills possessed by a client with the requirements of identifiable occupations (Ninth Institute on Rehabilitation Services, 1971). Therefore, rehabilitation professionals responsible for placement

have three distinct duties to perform: (a) identifying the employment opportunities in a community, (b) knowing the prerequisite and requisite skills necessary for various jobs, and (c) matching client knowledge and skills to available jobs. However, prior to initiating placement services, a rehabilitation counselor must be confident of the client's readiness for employment. Developing job readiness involves many interrelated functions including vocational assessment, work adjustment, job skills training, and job seeking skills (McMahon & Spencer, 1979; Matkin, 1982).

Once all services designed to ready the client for employment have been successfully completed, the counselor's primary concern must become rapid placement of the client in a suitable job. To achieve that objective, some clients will require job seeking skills training, others will require direct placement intervention (selective placement) by the counselor on the client's behalf, and some clients will need both. Accordingly, the type of placement activity depends on the needs of the client (Rubin & Roessler, 1978).

In describing effective job placement strategies and techniques, placement could be divided into four major areas:

1. client development: aimed at preparing the individual to enter employment. It may include skills, abilities, and work behaviors that satisfy the employers' requirements (Menton, 1977; Rubin & Roessler, 1978);
2. job development: the counselor's performing a service to both the client and the employer. S/He assembles information about industries, contacts employers, and tries to be a link between the handicapped's skills and abilities and the employer's needs and job requirements (Menton, 1977; Zadny, 1977; Rubin & Roessler, 1978);
3. client placement: the process of matching a particular client to a specific job which can be an involved process. The counselor must be able to evaluate the client's abilities and limitations and the employer's attitudes and requirements. The counselor, versed in job analysis, job restructuring, and the local labor market, is expected to perform as a multifaceted expert who

collaborates with an employer to create an opening and ease the client into productive work (Zadny, 1977; Menton, 1977; Matkin, 1980); and

4. follow-up: the counselor focuses on post-employment activities by providing training or work with co-workers to modify their attitudes and reduce resistance to working with handicapped individuals. These activities are aimed at the client's adjustment to the work situation (Menton, 1977; Wright, 1980).

The results of the placement activities--bringing more handicapped individuals into the labor market--are affected by many factors such as clients' skills, abilities, and the severity of their disabilities; ratio of disability benefits; extent of labor market discrimination against the disabled; labor market condition; employment legislations (affirmative action, quota system); and the rehabilitation counselor's attitudes, competencies, and functions in job placement (Noble, 1982; Dunn, 1980; Matkin, 1980; Bowman & Groves, 1976; Smits & Emener, 1981; Bolton, 1981).

Newman (1978) points out:

Often lack of placement is blamed on the labor market, the severity of the handicapping conditions, the inadequacy of a training program, ignorance on the part of the community, or the stigma attached to the handicapping conditions. All of these factors play a part in the activity of placing severely handicapped persons, but they have always been there and are likely to be there for a long time. They are the factors which demand skill, expertise, and professionalism of the individual performing the placement activity. The problem and solution to placement problems could lie within several critical characteristics of the person charged with placement. (p. 17)

Geist and Calzaretta (1982) emphasize a system approach to placement. This model allows for a comprehensive assessment of both the client's and the counselor's abilities, needs, and resources. This model consists of 10 subsystems: the client, government resources, federal funds, private funding, society, employer, education, counselor, family, and health. The present study will focus on the counselor's system and his/her interaction with the other subsystems.



Accordingly, the literature review will focus on the counselor's behavior in placement.

#### Necessary Competencies in Vocational Placement

In order to be successful, it is assumed that vocational rehabilitation counselors must possess a certain core of competencies that relate directly to the performance of their functions. The dramatic increase in employment opportunities for rehabilitation counselors in the private, for-profit sector and the particular areas of emphasis highlight new required competencies (McMahon, Matkin, Growick, Mahaffey, & Granforte, 1983). Moreover, the nature of the counselors' functions is changing as professionalization progresses and as societal needs change (Harrison, 1978).

As a result of the above mentioned changes, rehabilitation studies reveal lack of consensus concerning rehabilitation counselors' necessary competencies. However, these studies show that placement duties were highly rated as an important part of rehabilitation counselors' roles and functions (Muthard & Solomon, 1969; Wright & Fraser, 1975; Tripp, 1975; Emener & Rubin, 1979, 1980; Harrison & Lee, 1979; Porter, Rubin, & Sink, 1979).

Effective vocational placement activities require a wide range of skills and knowledge. They include special understanding of persons with disabilities and their competencies, knowledge about the world of work, knowledge and experience in business fields such as labor market analysis, job analysis, task modification, vocational training, job adjustment counseling, job seeking skills training, job development, employer development, theories of career development, and follow-up activities (Randle, 1976; Decker & Stanojevich, 1979; Porter, Rubin, & Sink, 1979; Matkin, 1982). Moreover, Newman (1978) points out:

Placement requires energy, motivation a positive attitude, specific knowledge, functional abilities, creativeness, a willingness to make oneself vulnerable to other persons, and a plan. It is a situation in which the employer can say "yes" or "no," and the client can change his mind radically destroying what appeared to be the best laid plans. It therefore demands more of a certain strengths and skills than passive-receptive and/or directive counseling or the signing of an authorization. (p.18)

The primary utility and benefits of vocational placement competencies is to minimize the severity of the client's work disability. Given a permanent set of functional limitations, at least two strategies are immediately apparent. One is to alter the nature of the work environment and to reduce the work barriers. Worksite modification, job restructuring, and job development are relevant here. Another commonly used approach in rehabilitation is to alter the productivity potential which the handicapped person brings to the labor market. It may include vocational training and job seeking skills training (Vandergoot, Jacobson, & Worrall, 1979).

#### Vocational Evaluation

In defining vocational evaluation, the common factor accepted among authors is described by McCracken, Pope, and Scofield (1979) as a process of collection information by placing a client into real or simulated work within a controlled setting. It has two main goals: assessment and prediction of the vocational potential of handicapped individuals. This method requires rehabilitation counselors and evaluators to master a complex process of involving numerous interacting variables. These variables include the substantial handicap to employment resulting from the physical or mental disability and its interaction with specific factors such as age, sex, education, prior vocational training and experience, attitudes, aptitudes, interests, and the labor market conditions in an individual situation.

The counselors' ability to make accurate prediction only on the bases of their interview information is influenced by their levels of skills. It seems that the vocational evaluation would provide information whose utilization would depend on the information processing skills of the counselor. Vocational evaluation can be considered a collection of work-related tests whose results are integrated. A counselor must ascertain how much information this procedure adds to the counselor's knowledge about the client's vocational potential and predictive validity of decisions regarding the client which are based on such information (Rubin & Roessler, 1979). A selection of an occupation, far from being a scientific process, is still very much an art. Success in this endeavor is probably equally dependent upon the skills and knowledge of the rehabilitation professionals and the degree to which the client is a fully informed and active participant (Andrew, 1981).

Vocational evaluation significantly contributes to the placement process. Vaughn and Scott (1973) report that vocational evaluation is an influential tool in the placement process. Information is easily interpreted and quite applicable to the needs of the employer. Such an evaluation decreases the incidence of placement by trial and error. It also can define potential adjustment problems as well as training needs. Accordingly, Andrew (1981) emphasizes that it is extremely difficult, if not impossible, to assess the rehabilitation potential of a person with a handicapping disability, if the person making the assessment has little or no knowledge of the world of work. Therefore, Gannaway and Wattenbarger (1979) point out that the uniqueness of vocational evaluation lies in its use of work-related activities and situations to assess human potential as it realities to the world of work. Effective counseling must surely depend upon a complete evaluation of the person's needs and abilities and the nature of the demands to be encountered among the passible vocational objectives for that

person. Evaluation also depends on the demand structure of job opportunities to guide truly useful recommendations for job placement.

It seems that rehabilitation workers' proficiency in vocational evaluation in Israel will increase their ability to accurately assess and predict handicapped persons' employment potential and eventually assist handicappers in locating and accepting suitable jobs.

### Job Analysis and Job Restructuring

Job analysis is a process through which accurate and complete information about job requirements and the nature of the work environment can be identified. It includes the methods and equipment required to accomplish the job task, physical movements and mental processes required by the worker, degree of physical effort, duration of time, and frequency of work activities. A comparison of information collected through a job analysis process to information describing the functional abilities and limitations of a disabled person, provides the basis from which potential problems can be identified and appropriate accommodations planned (Mainstream, 1980). Korn and Brennan (1978) consider job analysis as a standardized process for describing the tasks that make up a job as well as the knowledge, skills, abilities, and responsibilities required of the worker for successful performance. This information has two aspects: worker requirements and job-person relationship.

Job analysis can be related to various activities within the rehabilitation process. When used properly, a job analysis permits a counselor and client to put information obtained about a client through evaluation into a world of work context. It has other implications for relationships with employers. Conducting a systematic job analysis shows an employer that a rehabilitation professional is a vocational expert who will provide a valuable, relevant, and job-ready pool of

applicants. Job analysis can be a job development tool and an activity that strengthens the tie between employers and rehabilitation professionals (Engelkes, 1979). The rehabilitation professional's knowledge about a particular job can be extended to include other, similar jobs in business and industry. Thus, the counselor is able to make judgments and help individuals decide whether their capabilities are appropriate for specific jobs. Accordingly, job analysis assists counselors to bring together the right worker and the right job. It includes (a) a selection of appropriate work setting, (b) a description of the client's job characteristics for the employer, (c) assistance in job-seeking training (how to describe assets to employers), (d) determining the job modification needed and assisting the client in further career planning (Korn & Brennan, 1978; Engelkes, 1979).

Job restructuring is a special application of job analysis. It should be thought of not as changing one job, but, rather, as rearranging the contents of jobs within a system. It focuses on locating and eliminating factors that make a job incompatible with a worker's handicap or altering a method of task accomplishment (Mainstream, 1980; Engelkes, 1979).

Dunn (1974) considers job restructuring as a specific technique useful in any type of job development or job creation activity. It involves examining the relationships of a number of jobs within a production system and, through the application of job analysis, rearranging the contents or tasks performed in these jobs to achieve desired purposes. There are usually two purposes for job restructuring: (a) the development of new employment opportunities for unskilled workers and (b) the development of meaningful promotional opportunities.

It appears that job analysis is essential to job placement. Job analysis assists in improving the relationship between counselors and employers and helps

the counselor place a handicapped individual in a suitable job. Proficiency of rehabilitation workers in Israel in terms of job analysis, may improve their image and relationship with employers, and, finally, increase the placement rate.

### Job Development and Knowledge of the World of Work

The Commission on Accreditation of Rehabilitation Facilities (1984) described job development as a process of:

1. contacting employers to develop and/or identify job opportunities for persons with disabilities;
2. providing onsite job analysis, consultation, and recommendation for worksite and job modification, when appropriate;
3. assisting employers to identify, modify, and/or attitudinal barriers to the employment and advancement of persons with disabilities;
4. educating and/or training prospective employers about various disabilities and resulting vocational implications, assistive devices, job accommodations, facility services, and current disability-related legislation affecting the employer;
5. maintaining communication and coordination with other community agencies and resources;
6. maintaining an organized system of recording job openings including the names of employers, persons referred, action taken, etc.; and
7. providing feedback of information to other facility staff members regarding community employment opportunities and labor market trends. (p. 55)

Job development opportunities for disabled persons require that rehabilitation counselors possess a comprehensive knowledge of the labor market, ability to convince employer, salesmanship, production, collective bargaining, and personnel management (Ferman, 1968; Rubin & Roessler, 1978). Newman (1976) points out that the rehabilitation counselor must know:

. . . the types of industries and businesses in the community, the; work tasks within these places of employment, the physio-chemical environment on which work tasks are situated, the physical and

mental demands of the work tasks, aptitudes required to perform the task, intellectual and academic requirements of the work, cultural influences on the employment in this work, and employment practices of the industries and businesses. (p. 19)

Menton (1977) describes job development as a process of providing skilled professional consultation and serving as a link between the individual who is seeking employment and the employer who needs a qualified worker.

An essential part of job development for a disabled person is the creation of new positions which can be filled by handicapped persons. The basic strategy in job creation is to convince an employer to make changes in occupational or work structure to create "new jobs" or to make changes in hiring practices to make existing jobs available to the disabled (Ferman, 1968; Dunn, 1974).

Further, job development includes various services to employers such as workers' compensation assistance, affirmation action consultation, awareness training, follow-up, and troubled employee assistance (Malinaro, 1977; Vandergoot, 1982; and Crimando, 1982).

Zadny and James (1977d) conducted a study which revealed that increments in the amount of time spent on job development were associated with a greater number of rehabilitations among severely disabled clients and a lower percentage of cases closed as not rehabilitated.

Job development may be considered the most significant competency for vocational rehabilitation counselors. It assists them to build a link with employers and creates new positions at the worksite. It seems that rehabilitation workers in Israel who are more proficient in job development will achieve higher rates of placement.

### Employer Relations

The rehabilitation literature and the vocational rehabilitation service delivery system emphasize a close and mutual relationship between rehabilitation professionals and employers. Humphreys (1980) reports:

The link between vocational rehabilitation and employment will be forged through a major new cooperative effort with business, labor, and industry. Vocational rehabilitation agencies will work on a continuing basis with industry councils in major cities and industrial areas to match jobs and vocational rehabilitation clients, including job modification by employers to accommodate individual needs. (p. 7)

Rehabilitation counselors are required to initiate a systematic relationship with employers and especially the personnel manager who is the key to the successful rehabilitation program. Once these key staff members become comfortable with disabilities and learn how to deal with a disabled person and overcome their own hesitance to social interaction, they can become successful in-house advocates for disabled employees (Reich, 1980).

Rehabilitation counselors should also establish another contact with unions who have taken an aggressive role on issues of industrial health and safety. Unions can work to maintain present members in the work force following the onset of disability by identifying them, providing counseling and referral for needed services, and arranging job accommodation, job restructuring, flexibility of work hours, job transfers, and other cooperative efforts with employers (Enteen, Tramm, & Herman, 1982).

Employers frequently have distorted images about handicapped persons' productivity and profitability. Matkin (1983) summarizes the notable viewpoints of employers toward disabled persons in the following manner:

Increased costs are a barrier to hiring disabled workers, especially when architectural changes are believed by the employer to be necessary. Insurance rates for employee coverage will increase when disabled clients are hired. Attendance among disabled workers will be substandard, job turnover will be higher, and productivity will



be negatively affected. Disabled employees will be less flexible in their ability to perform a variety of jobs, therefore increasing the associated manpower needs and costs of the employer. (pp. 60-61)

Rehabilitation counselors are required to initiate direct contact with employers in order to dispel the myths about disabled persons' skills, motivate employers to hire the handicapped, and attend to employers' needs by providing qualified handicapped persons, job analysis, disability awareness training, and assistance in affirmative action (Galloway, 1982; Matkin, 1983; Teff, 1979; Shrey, 1979).

The employer account strategy is a job placement model that assigns one rehabilitation counselor to one employer. Its major purpose is to sustain reciprocal relationships and to establish a mutually beneficial arrangement between clients and employers. As a result, employers tend to change their attitudes to disabled persons, assist in forecasting job opportunities, and produce leads to other employers (Malinaro, 1977).

Projects with Industry (PWI) is an example of an innovative program that results in higher placement rates. Rehabilitation counselors working together with employers, administrators, educators, and union and community officials can be instrumental in providing training and placement services more quickly and economically to handicapped clients. This approach may be especially necessary at times of unemployment which negatively affect placement opportunities (Matkin, 1980). Vocational rehabilitation counselors who are involved in PWI must create a sustained relationship with employers. To educate employers, union officials, supervisors, and co-workers. PWI creates a meaningful partnership between rehabilitation and industry that offers benefits to the handicapped persons, the rehabilitation services, and the employers (Kaplan & Hammond, 1982).

Zadny and James (1977d) conducted research which revealed a significant correlations between the number of employer contacts and reduction of the number of cases reported as not rehabilitated. Those counselors who reported more involvement with employers experienced better results. Emener and McHargue (1978) surveyed a stratified random sample of 57 employers. These employers reported a preference for vocational rehabilitation counselors' visiting them on the job to discuss client-related matters.

Florian (1978) conducted research on employers' attitudes toward disabled people in Israel. He reported that rehabilitation workers are rarely involved with business and industry, and employers have a distorted image about disabled persons' employment skills. Therefore, handicapped individuals are discriminated against in the hiring process.

As a result of poor cooperation between rehabilitation and industry in Israel, employers are not involved in the process of planning and implementing vocational training programs which are needed in the labor market. Further, rehabilitation professionals lack sufficient knowledge about the worksite and job demands. Zadny (1980) reports that some employers in the United States may become less inclined to consider disabled applicants if agency representatives are unfamiliar with the company's business, make inappropriate referrals, or press for non-existent jobs. Florian (1981) discussed this issue in Israel. He reported:

In order to increase compliance with the law and to encourage hiring of disabled persons who are not war veterans, it was suggested that more information be provided to the employers on the possibilities of employing disabled persons, with emphasis placed on the positive aspects of the disabled workers' true potential. Additional methods that should be applied to encourage employment include appropriate vocational training of disabled persons themselves, and demonstration before the employers of the practical conditions under which successful employment is possible. (p.167)

It seems that steady relationship between rehabilitation workers and business and industry in Israel and provision of professional services to employer will dispel their myths about disabled employment skills and eventually increase job placement rates.

### Job-Seeking Skills Training

At this point in the rehabilitation process, the counselor and client have mutually agreed upon an occupational goal and upon the individual rehabilitation services needed to enable the client to attain this goal. These services may be roughly classified into two broad categories: employability services and placement services (placeability). Where employability refers to the individual's ability to meet the requirements of a job and placeability relates directly to the hiring requirements of employers. An essential aspect of placeability is the way the individual behaves during employment interviews (Dunn, 1974).

Once it is ascertained that the client is job-ready, the next step is assisting the client in job finding. In general, most clients need help in the following areas: (a) how and where to look for work, (b) how to apply for employment, and (c) how to act in the interview situation (Menton, 1977). The skill training programs (client-centered approach/job club) focus on these three areas. Research demonstrates the effectiveness and efficiency of job seeking training in placing handicapped persons in the labor market (Azrin, Flores, & Kaplan, 1977; Azrin & Philip, 1979). Using the client-centered placement approach, the rehabilitation counselor "assumes a temporary teaching role with his/her client, role plays several interview segments with the client, helps the client work out a schedule of company contacts, and provides the support and encouragement which all job seekers need" (Salomone & Usdane, 1977). In fact, client-centered placement requires a very close relationship with client, frequent client-

counselor meetings to plan strategy and bolster the client's ego, and the intimate involvement of the counselor with the client's job search (Zadny & James, 1976).

Ugland (1977) suggests a systematic approach to improving the job seeker's access to appropriate employers through job seeking aids. This technique was intended to increase clients' contact with employers through a door-to-door strategy including industrial lists of various companies, industrial maps, and a job seeker's guide. Salomone and Rubin (1979) and Dunn (1980) discuss various techniques and tactics for securing job leads. These may include paying money for information, alumni connections, providing clients with letters of recommendations, a community job fair, and informal information from friends and relatives.

During the job seeking training sessions, the counselor presents a set of specific activities and skills that the job seekers are to learn including how to answer specific interview questions, how to make telephone calls, how to discover job leads, etc. The counselor is not viewed as a discussion leader but as a knowledgeable source of encouragement and feedback to the job seeker. S/He constantly complements and promotes mutual assistance among group members (Azrin & Besalel, 1980).

It appears that job seeking skills training increases the disabled person involvement in job search and assist him/her to find a suitable job. During the last year, several rehabilitation agencies began to conduct job club programs in Israel. It is hoped to improve the placement rates of handicapped individuals in the labor market.

#### Follow-up

Follow-up activities follow immediately after job placement in order to ensure the handicapped person's adjustment to a new job and to attend to his/her

career development. Wright (1980) reports that follow-up services are provided to prevent future loss of gains made through rehabilitation or to upgrade the rehabilitants' employment potential. Wright emphasizes:

Job sustention is more difficult for the disabled than for the nondisabled working population due to the added problems of functional limitations, degeneration and relapse, prejudice and stigma, inappropriate behavior, incompatible environment, lack of acceptance by co-workers, lack of job seniority, lack of flexibility, and the kinds of socio-economic fluctuations in the nationwide economy. (p. 676)

Accordingly, the counselor's responsibility to the client continues after job placement. The period of follow-up varies with the individual client and not the nature of the disability. Some severely disabled clients may require very little follow-up activity, while others may require extensive follow-up (Cato & Rice, 1982).

The Commission on Accreditation of Rehabilitation Facilities (1984) report that follow-up services should include the following:

1. initial contact within two weeks with the employed person and with the employer,
2. the availability of appropriate personnel for the client and the employer to provide counsel,
3. the maintenance of contact for a reasonable period of time to ensure adequate job adjustment and retention, and
4. the availability of services, including placement, for persons who are unsuccessful in maintaining employment.

Dunn (1974) points out that although the need for services and intervention strategies which assist the disabled person to deal with post-employment, on the job problems is obvious, little has been done to investigate these problems and to design necessary services and interventions. But Cull and Hardy (1977) report that follow-up involves the counselor's ability to work as a middle person between employer and client in order to help the client solve problems related to his/her handicap which may arise after being hired. The counselor must be

diplomatic and resourceful in maintaining the employer's confidence in his/her clients' ability to do the job. This period can offer real public relations' opportunities for the counselor, especially when the employer notes the interests with which the counselor follows his/her client.

The handicapped individual's problems in adjustment to a new job may cause him/her to quit the job or to be fired. Dunn reports the results of a study about a group of disabled persons who were placed into competitive employment. The study revealed that 27% had been fired from one or more jobs one year later.

It appears that provision of systematic follow-up services in Israel will assist the handicapped person's adjustment to a new job, increase job retention, and attend to his/her career development.

#### Rehabilitation Workers' Attitudes Toward Vocational Placement

Workers have thoughts and feelings about their work or aspects of it which influence how they act on the job. We make many of our decisions based upon the conscious thoughts and feelings which we normally label as attitudes and beliefs (McCormick & Ilgen, 1980). This approach is meaningful in rehabilitation counseling, especially in placement activities.

Keith (1976) reported that the transition from preparation for employment to actual employment is sometimes a difficult period for many vocational rehabilitation counselors and their clients. Although some counselors highly prize and specialize in job placement activity by teaching job seeking skills, making employer contacts, manipulating the job environment for the client, and doing follow-up work, other rehabilitation counselors find placement a time-consuming and unrewarding task. They often place a higher priority on other job functions. Some counselors do not feel adequately prepared to provide this

service and will either give it scant attention or leave it to chance with the hope that the client will know what to do and will somehow obtain employment. Other counselors do not include placement activity in their definition of the role of counseling, and they see this "mundane activity" as work for placement specialists or para-professionals. (p. 7).

Salomone and Usdane (1977) report that an inordinate amount of vocational placement intervention, however, on the part of rehabilitation counselors and a lack of job seeking skills on the part of the client together could discourage employers from hiring the handicapped. They add,

. . . it is the counselor who does very little about job placement (except complain about caseload size) who irritates me most. My advice to student counselors is to do something about placement--visit employers, teach clients how to lead self-help groups, lunch with the Kiwanis Club, badger the employment service, trade placement tips, read the obit columns, but do it with a truly contagious enthusiasm and a deep commitment to human service. (p. 91)

In most instances, rehabilitation counselors were reluctant to deal with vocational placement. Granovetter (1979) points out that in practice, there seems to be a good deal of resistance to serving the vocational placement functions on the part of rehabilitation counselors. Hart and Karbott (1964) describe the attitude of many counselors upon their arrival from the university to their place of employment:

. . . when it is suggested that they visit employers and see jobs, their answers so often mean, though they may use other words, "I am a counselor and I use my counseling, and I do not have the time to visit employers. Somebody else should do that." (p. 10)

Minton (1977) points out that job development receives the least attention from counselors. This may be because many counselors feel that going out to talk with employers about hiring handicapped people is somewhat unprofessional. They may compare this activity to a salesperson trying to push his/her wares. A more positive view of the role of the counselor in job development means

providing skilled professional consultation and serving as a link between the individual who is seeking employment and the employer who needs a qualified worker.

Frequently, these placement activities an employer contacts were regarded as a "second class" aspect of the rehabilitation process (Lamb & Mackota, 1975). Typically, a rehabilitation counselor has in the past viewed job development and knowledge of the business process in his/her community as being outside of his/her area of interest; in fact, many have viewed this facet of rehabilitation as being somehow unprofessional. Within the counseling role, these tasks were considered less desirable than others, least professional, and most disturbing to the counselor. Therefore, placement activities are frequently seen as "dirty work" (Sussman, 1965; Hadly, 1979).

It seems easy to isolate placement from other counselor responsibilities. But such isolation is self-defeating since it can prevent the counselor from developing an accurate picture of the client in relation to the real world of work during the evaluation and planning stage of the rehabilitation process (Roessler & Rubin, 1979). Rehabilitation counselors' attitudes toward placement also affect clients. If counselors do not genuinely feel that they should be responsible for or should do certain things with and/or for clients in the placement process, this overt or covert attitude may be perceived by clients and may do direct harm to their rehabilitation (Emener, 1976). Dunn (1974) addresses the widespread negative attitudes of rehabilitation counselors toward engaging in placement activities and the futility of forcing them to do so. A study conducted by Scarzelli (1975) reveals that rehabilitation counselors felt that it might be more efficient and practical to relinquish job placement and follow-up to support personnel and para-professionals. Flanagan (1974) believes that counselors' lack of interest in job placement reflects a lack of fundamental skills in this area. He



refers to many counselors as a group of subversives who insist that counselors only counsel and exclude most activities relevant to job placement.

Throughout graduate training programs, the model of professionalism before rehabilitation counselor training is that of the educator or the professor. For the most part, the educator is essentially a psychologist or a guidance counselor and clearly not a placement worker (Usdane, 1976). Therefore, their trainees long to be therapists. Galvin (1977) reports:

. . . as one of those early students, I can attest to the fact that most of us aspired to the therapeutic role and only passively tolerated those instructors who discussed career development, vocational choice theories, and most demeaning of all--job placement. (p. 198)

One of the difficulties in getting rehabilitation counselors interested in placement is their view of it as being a less prestigious activity than other job tasks such as counseling (Starkey, 1969). Usdane (1976) suggested that this may result from the failure of rehabilitation counselor training programs to place sufficient emphasis on the counselor's placement role. Galvin (1977) has reinforced the accuracy of Usdane's perceptions:

Counselors are not as effective at or as comfortable with job placement as they could be because the universities and agencies haven't armed them with the skills and support systems necessary to do the job. Due to all these factors, including in some cases personality aversions to the task, counselors experience much failure and frustration. (p. 205)

Accordingly, a comprehensive change in educational and training programs to put more emphasis on vocational placement may improve the rehabilitation counselors' attitudes and competencies in job placement activities. However, Dunn (1974) reports that efforts to increase the placement competencies of counselors through short-term training programs have had little effect on increasing placement activities. Short-term training programs focus upon competency development and skill building and typically do not get at the

attitudes of participants. Accordingly, long-term training may have the advantage of improving rehabilitation workers' attitudes toward placement activities and affect rehabilitation outcomes.

The literature review reveals that negative counselor's attitudes toward job placement adversely impacts the rehabilitation process and outcomes. It seems that more positive attitudes of rehabilitation workers in Israel toward vocational placement will improve their involvement in employment activities and increase placement rates and that skill and confidence enhance attitudes.

#### Time Spent on Placement Activities

Professionals in vocational rehabilitation have been aware of the need to study counselors' utilization of time. Selling (1966) conducted a study and found that counselors spent about 20% of their time on face-to-face client contact, another 20% in conferences, 25% on planning and arranging rehabilitation services, about 33% on paper work, and only a small percentage on placement. Katz, Reagles, and Wright (1973) conducted a study to compare rehabilitation counselor time utilization for medically-disabled and culturally-disadvantaged clients. The results revealed that rehabilitation counselors spent about nine percent of their time on placement activities. Muthard and Salomone's (1969) study revealed that counseling and guidance activities were the predominant areas in which rehabilitation counselors spend their time. Although placement is regarded as a relatively important duty, the summary data on counselor activity shows that it generally commands a small amount of the rehabilitation counselor's time. Since counselors and administrators were found to hold placement as a key goal for existing rehabilitation agencies, it is important to consider new ways to meet this goal. Dunn (1976) pinpoints four major barriers

to increasing the extent to which rehabilitation counselors engage in placement activities:

1. pervading negative attitudes toward placement activities held by rehabilitation counselors,
2. time constraints on rehabilitation counselors,
3. lack of a reward or incentive system for quality of placements, and
4. diverse technical knowledge and skills required for adequate performance for the placement function. (p. 97)

However, Dunn believes that if we want to increase the amount of time spent on placement, we have to take time away from other counselor activities. Alternatively, we could use a counselor aide as a solution to the time problem. Usdane (1974) reports that the current functional job demands of a state rehabilitation counselor are multiple. His/Her coordinator activities, those of counseling, evaluation, and community relationships, have all contrived to make it difficult for him/her to spend much time on job development, job solicitation, job placement, and post-employment counseling areas.

Parham and Harris' (1978) study reveals that counselors spend 7.5% of their time on placement activities. Fraser and Clowers' (1978) study reveals that counselors devote only 6.4% of their time on placement activities. Rubin and Emener's (1979) study revealed that rehabilitation counselors devote 20.6% of the time to counseling and guidance; 38.5% to recording, reporting, and clerical work; 11.9% to other service arrangements; and 7.5% to placement of specific clients. Emener and Rubin (1980) conducted a national survey in which rehabilitation counselors tended to report having insufficient time to carry out placement activities with about one-third of their clients, especially those activities which call for the counselor's direct contact with employers.

Smits and Emener's (1980) study revealed that counselors spend 8.4% of the time on placement activities, but counselors reported that they should spend 16.3% of their time on those activities. These results indicate that insufficient counselor involvement in job placement is more than an education/training problem. Agency policies, priorities, and personnel practices are major contributors to the problem.

Zadny and James (1977c) conducted a study in which they reported:

Policies stipulating the counselor spend a certain amount of time outside the office also seem to be beneficial. The number of hours prescribed is positively correlated with total rehabilitations and with the number of severely disabled clients rehabilitated. The amount of time counselors report they actually spent out of their offices is negatively correlated with the incidence of cases closed as not rehabilitated. (p. 4)

Whether the index is hours, mileage, or the amount of travel devoted to placement and job development, the pattern is quite stable; activity outside the office is consistently related to a decrease in the rate of cases closed as not rehabilitated (Zadny & James, 1977d).

It seems that time spent on placement activities is influenced by training, agency policy, counselor attitudes, and time constraints. An emphasis on these areas in Israel is hoped to increase the time spent on job placement and, finally, to improve rehabilitation outcomes.

### Rehabilitation Workers' Training

Staff training and development are essential to any successful organization. The field of rehabilitation counseling has long acknowledged the importance of the ongoing enhancement of the skills of the line professional through training. Professional training and development are assumed to ensure that disabled individuals receive the highest quality of service possible (Bruyere & Elliot, 1979).

Continuing education programs for rehabilitation counselors should be based on a needs assessment survey. Decker & Stanojevich (1979) conducted a survey in which they asked counselors and placement specialists to share their opinions on the major barriers to placement and the types of training needed. A rank order of the major barriers is listed here:

1. state of the economy,
2. employer prejudice against the handicapped,
3. lack of placement skills and techniques by counselors,
4. counselors' negative attitude toward placement, and
5. lack of time and staff to do placement.

The training suggested by the respondents is ranked as the following:

1. public relations;
2. career and job development;
3. job analysis and placement;
4. knowledge of business, labor, and industry needs; and
5. sales techniques.

Accordingly, Decker and Stanojevich summarize that a curriculum for counselor preparation can be designed to meet specific job functions such as job development, employer relations, job analysis, and worksite modification, labor market trends, and selling.

Galvin (1977) reports on the results of a comprehensive needs study of rehabilitation service providers. The information gathered strongly indicates the need for both long-term and short-term training to increase the skill levels of counselors and other rehabilitation workers. As indicated, job development and placement skills were of special concern and were felt by many to be significant areas of deficiency. Galvin recommends the provision of extensive and expert inservice training in job placement.

McFarlane and Sullivan (1979) surveyed 330 rehabilitation counselors on training "received" as well as "desired." The most frequently offered training over a two year period were on the topics of state/federal regulations and placement; on the other hand, counseling theory and practice and case management were toward the bottom of the list. The three areas receiving the highest ratings for training needs were counseling techniques, placement, and the psychological aspects of disability.

In the past, rehabilitation counselor education programs have not emphasized job placement (Scorzelli, 1975). However, in response to the recent interest in job placement and the identification of relevant skills, a major change in rehabilitation counselor training has been made (Udane, 1977).

Placement training for rehabilitation counselors ideally should occur as part of the core curriculum for graduate training and be complimented by post-employment training. Graduate and undergraduate programs in rehabilitation counselor training can provide core information and techniques specifically related to job placement such as career development theory, vocational exploration techniques, job development, job analysis and restructuring, use of labor market information in making career choices, and teaching clients job-seeking skills (Bruyere, 1974). Until placement work is given professional recognition and training on the graduate level equal to that of rehabilitation counseling and work evaluation, the severely handicapped individual will continue to lack professional assistance in attaining the dignity of an appropriate job (Udane, 1974).

Increasing emphasis on placement through training and service delivery programs is evident. As a result, new roles and titles have emerged, such as employment counselor, manpower specialist, employment specialist, placement

consultant, and placement specialist (Hutchinson & Cogan, 1974; Wright, 1980; Crimando, 1982; Vandergoot, 1982).

The establishment of a Master's degree in vocational placement at several universities has guided placement specialists to turn toward professionalism, establishing scientific principles, pre-professional training, knowledge, group consciousness, and codes of ethics (Crimando, 1982). This development created a disagreement among experts in rehabilitation concerning the role and function of rehabilitation counselors in job placement. Some of these authors believe that placement duties should be performed by placement specialists. At the same time, almost all the authors reported that the final responsibility for placement should remain with the counselor (Dunn, 1974, 1980; Usdane, 1974; Hutchinson & Cogan, 1974; Crimando, 1982; Vandergoot, 1982).

The growth and survival of the counseling profession is dependent on the ability of the profession to adapt realistically to society's changing needs and goals. It is imperative that rehabilitation counselor education programs critically review their curricula in the context of application and utilization in the field (Knapper, 1978; James & Emener, 1983).

It appears that counselors' training has a crucial impact on the vocational placement process and outcomes. Development of Master's degree programs in rehabilitation counseling in Israel and a provision of long-term inservice training focusing on employment competencies would include public relations, job development, and employer relations would likely improve vocational placement practices and outcomes.

## CHAPTER III

### RESEARCH DESIGN AND METHODOLOGY

#### Introduction

This study will survey all accredited rehabilitation workers at the National Insurance Institute (NII) regarding their perceived competencies, attitudes, and time spent on vocational placement. This present study also examined the relationship among the independent variables--rehabilitation workers' perceived competencies, attitudes, and time spent on placement activities--and the dependent variable--rehabilitation outcomes (placement rates).

#### Study Questions

1. What are the perceived competencies of rehabilitation workers in vocational placement?
2. What are rehabilitation workers' attitudes toward vocational placement as a function of their professional role?
3. How much time do rehabilitation workers spend on vocational placement activities?
4. What are the educational and training needs that are perceived by rehabilitation workers to achieve effective performance in vocational placement?
5. Do counselors who reported higher perceived competencies spend more time and have more positive attitudes toward vocational placement activities, achieve higher placement rates?

#### Null Hypotheses

1. There is no relationship between rehabilitation workers' perceived competencies in vocational placement and placement rates.
2. There is no relationship between the rehabilitation workers' attitude toward vocational placement and placement rates.



3. There is no relationships between rehabilitation workers' time spent in vocational placement and placement rates.

### Study Population

The population of the study included all accredited (authorized) rehabilitation workers in the NII in Israel. This population is finite and was identified individually. The total number of the professional rehabilitation staff at NII is approximately 96 accredited rehabilitation workers, 20 nonaccredited (temporary) rehabilitation workers, and 30 supervisors and district directors who work in 17 offices all over the country. Every district office employs 4-12 rehabilitation workers and supervisors. The rehabilitation management is located in the main office in Jerusalem and in 17 other district offices all over the country.

The majority of the rehabilitation workers hold Bachelor's degrees in social work. A small portion have Bachelor's degrees in psychology or sociology, and another small number have Master's degrees in any of the above-mentioned areas and in rehabilitation counseling. In general, all rehabilitation workers have had one or more rehabilitation counseling courses, and they participate in short-term or long-term inservice training programs on topics of rehabilitation during the course of their work.

The rehabilitation worker who is accredited has seniority of at least one year, attended a long-term inservice training program, passed an examination in the laws and regulations of the NII, and obtained a satisfactory professional evaluation from his/her direct supervisor.

A total of 74 accredited rehabilitation counselors participated in this study. Six accredited rehabilitation workers refused to participate in this study, and 16 accredited workers who were on vacation or leave of absence of two months or more during the last year were excluded from this research.

Table 1 provides a description of the age range of the respondents. The majority (77%) were young people in their late 20s and early 30s. Only four percent of the workers were 40 years of age or above.

**Table 1**  
**Age Distribution of Respondents**

<u>Years</u>	<u>N</u>	<u>%</u>
25 - 30	26	35
31 - 35	31	42
36 - 40	14	19
41 - 45	3	4
TOTALS:	74	100

Females make up the majority (84%) of the rehabilitation workers in this study (see Table 2). More than half the respondents (61%) had experience of five to nine years in rehabilitation counseling (see Table 3).

**Table 2**  
**Sex Distribution of Respondents**

<u>Sex</u>	<u>N</u>	<u>%</u>
Male	12	16
Female	62	84

**Table 3**  
**Years of Experience in Rehabilitation Counseling**

<u>Years</u>	<u>N</u>	<u>%</u>
1 - 4	16	22
5 - 9	45	61
10 - 14	13	17

The education level of respondents was primarily Bachelor's degrees and Bachelor's degrees with additional training (97.4%), with only 2.6% holding Master's and post-Master's degrees (see Table 4). Table 5 displays the educational background of the respondents. The majority graduated in social work (89%), and only 1.3% graduated from rehabilitation counseling.

Table 4  
Academic Degrees of Respondents

<u>Degree</u>	<u>N</u>	<u>%</u>
B.A.	45	61
B.A. +	27	36.4
M.A.	1	1.3
M.A. +	1	1.3

Table 5  
Fields of Study of Respondents

<u>Field</u>	<u>N</u>	<u>%</u>
Social work	55	74.3*
Social work and sociology	9	12.2
Social work and psychology	2	2.7
Sociology	4	5.4
Psychology	3	4.1
Rehabilitation counseling	1	1.3

\*89% of the respondents graduated from social work and sociology or psychology

### Instrumentation

To identify rehabilitation counselors' perceived competencies, attitudes, and time spent on placement activities, a three-part questionnaire was used as

the primary tool for collecting the necessary data (see Appendix A for a copy of the questionnaire). Sax (1968) described the questionnaire as a "means of eliciting the feelings, beliefs, experiences, and attitudes of some sample of individuals" (p. 234). The present study focused on the rehabilitation workers' beliefs, experiences, and attitudes toward job placement.

Part one of the questionnaire collected socio-demographic data regarding all the subjects in the study. This part provided data regarding such characteristics as gender, age, education, and work experience. This part was developed by the researcher.

Part two of the questionnaire contains a list of 10 competency (task), statements representing ten areas in vocational placement, including (1) job readiness, (2) vocational evaluation, (3) occupational information, (4) job seeking skills training, (5) employer relationship, (6) job development, (7) vocational training, (8) job analysis, (9) job modification, and (10) follow-up activities. The above-mentioned ten areas and their corresponding 10 task statements were developed from the review of rehabilitation literature. A list that contained 60 vocational placement tasks was obtained. After omitting overlapping tasks, the list was reduced to 38 tasks (competencies). These tasks were grouped according to their content into the above 10 clusters or areas. Every cluster contained 3-5 tasks. The tasks in each area were synthesized and integrated into one major task.

The task inventory technique developed by Marsh, Madden, and Christal (1961) and modified by Muthard and Salomone (1969) was the primary instrument employed in eliciting perceptions about the proposed tasks (competencies) for rehabilitation workers in vocational placement. This instrument was modified by the researcher. Question four was omitted and exchanged, question six was omitted, and the scales of all questions were unified and reduced to five choices

to evaluate rehabilitation workers' perceived competencies and their attitudes toward vocational placement.

Questions one (To what extent is this task a part of your job?) and three (How confident are you in your ability to perform this task?) addressed the first study question, eliciting from the rehabilitation workers' responses regarding their perceived competencies in vocational placement. The mean scores on questions one and three will be computed and combined to derive the mean score that estimates rehabilitation workers' perceived competencies in vocational placement.

Questions two (To what extent should this task be part of your job?) and four (How satisfying do you find the task?) answered the second study question, eliciting rehabilitation workers' attitudes toward vocational placement activities. The mean scores of question two and four will be computed and combined to estimate rehabilitation workers' attitudes toward vocational placement tasks.

Question five (To what extent do you feel a need for further education and training for effective performance of this task?) elicited responses need to estimate rehabilitation workers' perceived educational and training needs in vocational placement.

Part three of the questionnaire consists of three questions. The first question (Please estimate the percentage of time you spend on each of the following activities) was adapted from Zadny and James (1977b). It answered the third study question and elicited rehabilitation workers' responses to time spent on rehabilitation counseling and placement activities. The second question (Please write down the number of cases you closed during the last six months who were placed in the open labor market or in sheltered workshops) was developed by the researcher. The third question (What is the most important

change you think will substantially increase your involvement in vocational placement?) was also developed by the researcher.

A panel of educational and rehabilitation professionals reviewed the questionnaire, and their notes and directions were taken into consideration before reaching the final draft.

In addition to the questionnaire, an investigation of records was conducted in order to gather information about the number of clients who were rehabilitated by rehabilitation workers in the NII.

A cover letter was attached to the questionnaire in order to clarify the goals of the study. The letter urged subjects to cooperate and to fill out the questionnaire in an accurate manner reflecting their attitudes, perceived competencies, and time spent on vocational placement. The confidentiality of the information was assured.

### Questionnaire Revisions

The questionnaire was developed in the English language and was evaluated by educational and rehabilitation professionals at Michigan State University. A pilot study was conducted using this version by three rehabilitation counselors. Their responses regarding the construct and content of the questions was taken into account.

A translation of the questionnaire from English to Hebrew (the official language of Israel) was made by the researcher. The questionnaire was reviewed by three bilingual Israeli people who evaluated the translation in order to ensure the direction and comprehension of the items. Some difficulties were encountered in translating some rehabilitation terminology and concepts into Hebrew. As a result, some of the statements in Hebrew were followed by an explanation in parentheses in order to ensure comprehension of the questions.

A pilot study was conducted in Israel. The researcher administered the questionnaires to four rehabilitation workers. Information from the pilot regarding the clarity and direction of the items and other suggestions were taken into consideration before obtaining the final Hebrew version. A literal translation to Hebrew sometimes created ambiguous statements which were identified by the subjects. Accordingly, some changes were made in the wording and the construct of sentences.

Another change suggested by the pilot study subjects was to arrange each question in Part Two on a single page. They reported that the previous arrangement of placing two questions on each page was confusing.

#### Data Collection Procedures

In order to obtain consent for the study, a letter was forwarded to the director of the rehabilitation department and to the director of the research department in the main office of the National Insurance Institute. The letter explained the goals of the study, procedures, and potential impact on rehabilitation practices and outcomes. The proposal was attached to this letter. In addition, the researcher followed this letter with a meeting with the two directors in the main office at the NII. An immediate approval was given to the researcher to administer the questionnaires. Later, the directors provided the researcher with all requested information regarding the number of clients who were rehabilitated by each individual rehabilitation worker during a period of six months prior to the period which was reported by the workers themselves. The NII authorities were extremely helpful. The director of the rehabilitation department delivered a letter to all rehabilitation administrators, supervisors, and workers, urging them to cooperate in this research (see Appendix B).

Each of the directors of the district offices was well known to the researcher. This permitted him to have considerable access to the study population. Each district director was contacted by telephone so that the purpose of the study could be reviewed and a meeting with the person's staff could be scheduled for administration of the questionnaires. The researcher met with all rehabilitation workers, administrators, and supervisors in each district office. The purposes of these meetings were to explain the goals of the research and the need for accurate answers and to assist each rehabilitation worker in completing the questionnaire. A conscious effort was made not to influence subjects' responses. The researcher distributed and collected all questionnaires from all subjects personally ( $N = 74$ ) in a total of 16 district offices during the month of May.

#### Data Analysis

The intent of this investigation was to identify and analyze counselor variables--perceived competencies, attitudes, and time spent on placement activities--and their relationships to rehabilitation outcomes.

Descriptive statistics which include mean, median, proportion, and standard deviation were used to describe the socio-demographic information regarding the subjects in the study and to answer the first four research questions.

A simple correlation coefficient measure was used to yield inferential statistics that identified the relationship between the socio-demographic variables and the placement rates and among perceived competencies, attitudes, and time spent with placement rates. For further analysis, a multiple regression analysis was used to identify the correlation between all independent variables and the dependent variable.



Multiple regression is a statistical technique that assisted the researcher to measure how much variation in the dependent variable (placement number) is explained by each independent variable (perceived competencies, attitudes, and time spent on placement activities). Kerlinger and Pedhazur (1973) reported that multiple regression is a method of analyzing the collective and separate contribution of two or more independent variables to the variation of a dependent variable. Borg and Gall (1983) emphasized that multiple regression provides estimates both of the magnitude and statistical significance of the relationship between variables.

According to SPSS (1975), in the simplest application of multiple regression analysis, the researcher is interested in determining the degree of linear dependence (of placement rates) on the three independent variables operating jointly. This problem is analogous to a bivariate correlation analysis. For such a limited purpose, the multiple R and  $R^2$  were preferred because of their straightforward interpretation.

Hypothesis testing procedures, using an F-test with the appropriate degree of freedom, were employed to determine if the weights or impacts for each independent variable were significant. The .05 level was set for these and other statistical tests used in this study. This is the typical level of significance for the alpha error used on most social science studies (Springthall, 1982). It is likewise the level specified in the Statistical Analysis System (SAS) used for this study.

#### Limitations and Delimitations of the Study

The scope of this study was limited to three independent variables--rehabilitation workers' perceived competencies, attitudes, and time spent on vocational placement. The placement rates of rehabilitation counselors are also

likely to be effected by other variables, such as caseload characteristics and size, policy issues, and economic conditions.

The study was limited to data gathered by means of a specially-designed questionnaire which was completed by rehabilitation workers.

The accuracy of the data obtained was further limited by the perceptions of those persons completing the questionnaire and the unintended influences of other uncontrolled variables. Respondents could have been influenced by the extent of their understanding and interpretation of the questions. Any feeling of threat from rehabilitation administrators could have affected rehabilitation workers to inflate scores and, consequently, to change the outcomes of the study. As a result of the researcher's acquaintance with the subjects and district rehabilitation directors, social desirability could also have played a critical role in affecting the results. Furthermore, this study lacks a control group which is usually used in experimental studies. Where controls are lacking in quasi-experiments, in interpreting results one must consider the likelihood of uncontrolled factors accounting for the results (Campbell & Stanley, 1973).

The generalization of the results of this study is limited to the population of the study. The results of the study may be generalized to other populations in other worksites but only when they are found to have similar characteristics and policies to the original population and setting.

## CHAPTER IV

### RESULTS

This chapter presents the major findings of the study. It comprises a description of the tabulation and summary data from the questionnaires, a presentation of the statistics describing the relationship between the independent variables--perceived competencies, attitudes, and time spent in vocational placement--and the dependent variable--number of placements. The researcher, who is a practitioner of the same organization and familiar with the personnel and operation of the program, was initially impressed by the high ratings that rehabilitation workers chose in responding to the study items.

#### Job Placement Reported Results

Rehabilitation workers were asked to report on the number of cases they placed in the open labor market or in sheltered workshops (the dependent variable) during the last six months. The National Insurance Institute (NII) provided the researcher with information regarding the number of clients who were rehabilitated by each rehabilitation worker during a period of six months that preceded the period which was reported by the workers themselves. The number of job placements reported by the rehabilitation workers exceeded by 10% the number of placements reported by the NII.

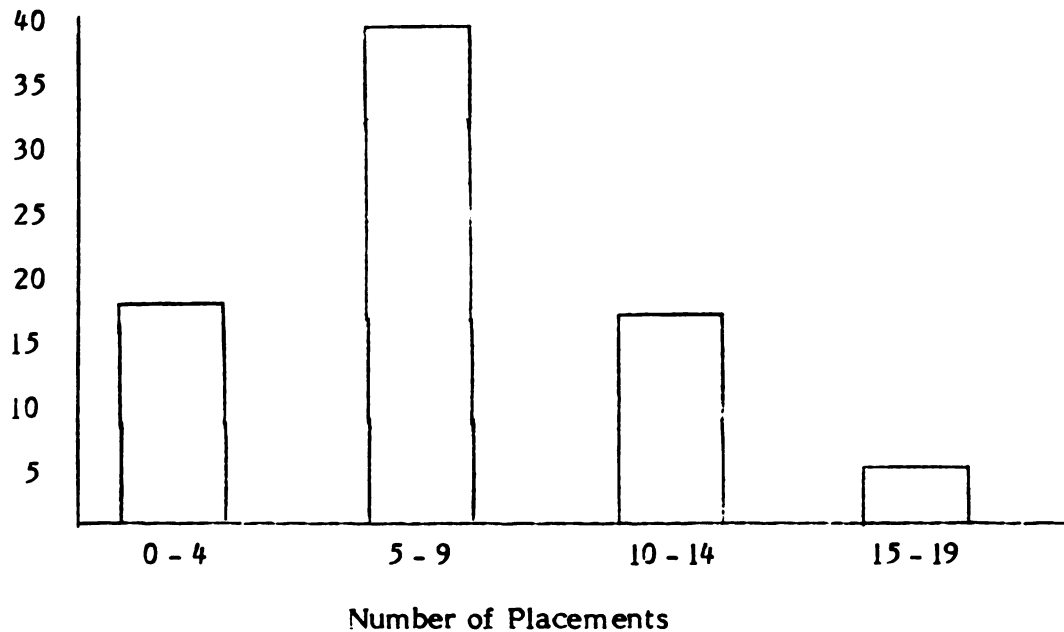
Table 6 shows that of 589 total clients placed during April 1984 to March 1985, 414 handicapped persons (70%) were placed in the open labor market and 175 (30%) were placed in sheltered workshops during the 12 months preceding the study. The figures represent an average placement rate of nearly eight per year.

**Table 6**  
**Total Job Placements Reported by All Rehabilitation Workers within the Last 12 Months (N = 74), April 1984 to March 1985**

<u>Category</u>	<u>Total Placements</u>	<u>Mean</u>	<u>%</u>
Open labor market	414	5.60	70
Sheltered workshops	175	2.37	30
<b>TOTALS:</b>	<b>589</b>	<b>7.97</b>	<b>100</b>

Figure 1 depicts the distribution of rehabilitation workers in each of four placement success groups during the 12 month period. It shows that 16 rehabilitation workers (22%) had 0-4 job placements, 35 (47%) had 5-9 job placements, 18 (21%) had 10-14 job placements, and five rehabilitation workers (7%) had 15-19 job placements.

**Number of  
Rehabilitation  
Workers**



**Figure 1: Distribution of rehabilitation workers in each group of placements during April 1984 through March 1985.**

### Specific Findings Related to Research Questions

In reflecting upon their own vocational placement activities, respondents were asked to evaluate the 10 tasks (competencies) in terms of their own actual experiences, beliefs, attitudes, and training needs in vocational placement (see Chapter III, "Instrumentation"). To assess perceptions of respondents, a Likert-type scale was used to determine five general characteristics of rehabilitation workers' opinions about the tasks. They included (a) the extent to which they felt the task was a part of their job, (b) how confident they were in their ability to perform the task, (c) the extent to which they felt the task should be a part of their job, (d) how satisfying they found the task, and (e) whether they felt further educational or training needs necessary to perform the task.

#### Research Question One

What are the perceived competencies of rehabilitation workers in vocational placement?

The extent of doing and feeling confident in performing the vocational placement tasks indicate the magnitude and degree of respondents' perceived competencies (see Chapter III, "Instrumentation"). Perceived competency is a derived measure computed as the mean scores of ratings for the "extent of doing" and "extent of feeling confident" (questions one and three on the questionnaire). Table 7 reflects those competencies (tasks) rated as being part of a rehabilitation worker's job. The higher the mean score (1 = not a part of my job; 5 = a most significant part of my job), the more substantially is the competency considered by the respondent to be required and performed in his/her job. Five of the 10 tasks, all of which relate to in-house vocational placement activities, received a mean rating slightly higher than three, suggesting that those tasks were a substantial part of their job. One task (#2) received a mean score of 3.86 (a major part). The four remaining tasks that

**Table 7**  
**Mean Ratings of Respondents' Reflections Regarding to What Extent Placement Tasks Are Part of Their Jobs**

**1. To what extent is this task a part of your job?**

1. Not a part of my job
2. A minor part of my job
3. A substantial part of my job
4. A major part of my job
5. A most significant part of my job

	<u>Competency (Task)</u>	<u>Mean</u>	<u>S.D.</u>
1.	Assist the client to acquire standards of acceptable work behavior	3.41	.76
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	3.86	.82
3.	Use sources of occupational information to assist client planning for training and placement	3.42	.70
4.	Visit employers to elicit their cooperation in hiring the handicapped	2.40	.78
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.06	.88
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	2.68	.86
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	2.97	.85
8.	Discuss a client's work skills with an employer in order to procure a job offer	2.79	.93
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	3.36	.80
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	3.47	.83

Mean: 3.14

received a mean rating less than three are all related to contacts and cooperation with employers. The lowest mean rating (2.40) related to the task of visiting employers to elicit their cooperation in hiring the handicapped. This competency (task) was viewed as a minor part of the rehabilitation worker's job. However, it must be noted that only one task (#2) was considered to be a major part of the worker's job. The highest mean score was 3.8 which related to competency #2 (interpreting the vocational evaluation results). The mean score of respondents to all competencies (tasks) was 3.14.

Table 8 displays the mean ratings of respondents regarding their confidence in their ability to perform placement tasks. These ratings represent the second component of workers' perceived competencies. The higher the mean score the more confident the rehabilitation worker in his/her ability to carry out vocational placement tasks. Three competencies, #2--interpret vocational evaluation results (4.16) and #9--assist clients to acquire job-seeking skills (4.11) and follow up (#10), received a mean rating of 4.06 (mostly confident). Two competencies, #4--visit employers and #6--provide assistance in job modification, received lower mean scores of 3.40 and 3.05 respectively (somewhat confident). The remaining competencies approached a mean score of four (mostly confident). The mean score of all respondents in all competencies was a rather high 3.76.

Perceived competence (combination of what extent and how confident) on each of the 10 tasks is presented in Table 9 (column A). The overall rating is 3.45, suggesting that rehabilitation workers in the NII feel the tasks are a substantial part of their job and that they feel "somewhat" confident to perform those tasks. Interestingly, rehabilitation workers perceive themselves more competent in doing in-office vocational placement activities (tasks #1, 2, 3, 9, 10) rather than out-of-office activities (tasks #4, 5, 6, 7, 8).

**Table 8**  
**Mean Ratings of Respondents' Reflections Regarding Their Confidence to Perform Placement Tasks**

**3. How confident are you in your ability to perform this task?**

1. Not at all confident
2. Not very confident
3. Somewhat confident
4. Mostly confident
5. Completely confident

	<u>Competency (Task)</u>	<u>Mean</u>	<u>S.D.</u>
1.	Assist the client to acquire standards of acceptable work behavior	3.86	.84
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	4.16	.68
3.	Use sources of occupational information to assist client planning for training and placement	3.93	.83
4.	Visit employers to elicit their cooperation in hiring the handicapped	3.40	1.02
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.55	.94
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	3.05	1.05
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	3.77	.85
8.	Discuss a client's work skills with an employer in order to procure a job offer	3.66	.85
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	4.11	.69
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	4.06	.78

**Mean: 3.76**



**Table 9**  
**Mean Ratings of Respondents' Perceived Competencies (To What Extent a Part and How Confident) and Attitudes Toward Vocational Placement Tasks (To What Extent Should and How Satisfying)**

		<u>Column A</u>	<u>Column B</u>
	<u>Competency (Task)</u>	<u>Competencies</u>	<u>Attitude</u>
1.*	Assist the client to acquire standards of acceptable work behavior	3.64	3.55
2.*	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	4.01	3.94
3.*	Use sources of occupational information to assist client planning for training and placement	3.69	3.56
4.**	Visit employers to elicit their cooperation in hiring the handicapped	2.90	3.05
5.**	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.30	3.49
6.**	Provide assistance in job modification and restructuring to accommodate clients' needs	2.87	3.55
7.**	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	3.37	3.36
8.**	Discuss a client's work skills with an employer in order to procure a job offer	3.23	3.17
9.*	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	3.74	3.82
10.*	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	3.77	3.89
		<hr/>	<hr/>
		3.45	3.48
* primarily in-office tasks			
** primarily out-of-office tasks			

### Research Question Two

What are rehabilitation workers' attitudes toward job placement as a function of their professional role?

To what extent placement competencies (tasks) should be a part of rehabilitation workers' job and to what extent they are satisfied in performing these tasks represent their attitudes toward vocational placement (see Chapter III, "Instrumentation"). Thus, attitudes toward vocational placement are derived measures computed from the mean scores of "to what extent should be" and "to what extent feeling satisfied" in performing the tasks.

Table 10 reflects the mean ratings of those tasks that "should be" a part of a rehabilitation worker's job. The higher the mean score, the more pertinent the competency is in the respondent's job. Four competencies (#2, 3, 9, and 10) approached a mean score of four (should be a major part of the respondent's job). The mean score of all respondents on all competencies was 3.40. Only one competency (visit employers to elicit their cooperation) received a mean score below three (2.89). The remaining five competencies received a mean score of slightly more than three, indicating that these tasks are "a substantial part of my job."

Table 11 displays the mean ratings of respondents regarding their "satisfaction" in performing placement tasks. The higher the mean score, the more satisfied are the rehabilitation workers are in performing these tasks. The mean score of all workers on all competencies is 3.61.

It is clear from Table 11 that three competencies (#2, 9, and 10) are the most satisfying tasks. They received a mean score exceeding four (satisfying). Three competencies (#1, 3, and 5) received a mean score approaching four. The remaining four competencies received a mean score slightly above three (neither

**Table 10**  
**Mean Ratings of Respondents' Reflections Regarding to What Extent Placement Tasks Should Be Part of Their Jobs**

**2. To what extent should this task be part of your job?**

1. Not a part of my job
2. A minor part of my job
3. A substantial part of my job
4. A major part of my job
5. A most significant part of my job

	<u>Competency (Task)</u>	<u>Mean</u>	<u>S.D.</u>
1.	Assist the client to acquire standards of acceptable work behavior	3.38	.90
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	3.70	.87
3.	Use sources of occupational information to assist client planning for training and placement	3.52	.74
4.	Visit employers to elicit their cooperation in hiring the handicapped	2.89	1.09
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.41	.87
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	3.20	.84
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	3.32	.89
8.	Discuss a client's work skills with an employer in order to procure a job offer	3.14	.92
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	3.60	.81
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	3.70	.76

Mean: 3.35

**Table 11**  
**Mean Ratings of Respondents' Reflections Regarding Their Satisfaction in**  
**Performing Placement Tasks**

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**4. How satisfying do you find the task?**

1. Not satisfying
2. Not very satisfying
3. Neither satisfying nor unsatisfying
4. Satisfying
5. Very satisfying

	<u>Competency (Task)</u>	<u>Mean</u>	<u>S.D.</u>
1.	Assist the client to acquire standards of acceptable work behavior	3.71	.74
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	4.17	.71
3.	Use sources of occupational information to assist client planning for training and placement	3.60	.85
4.	Visit employers to elicit their cooperation in hiring the handicapped	3.21	1.03
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.57	.81
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	3.50	1.02
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	3.40	1.01
8.	Discuss a client's work skills with an employer in order to procure a job offer	3.20	.90
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	4.04	.87
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	4.08	.67

**Mean: 3.61**

satisfying nor unsatisfying). The lowest scores were given to competencies that deal with employer relationships and visitations.

A combination of the mean scores in Tables 10 and 11 creates a mean score representing rehabilitation workers' attitudes toward job placement (3.48). Table 9 (column B) shows that rehabilitation workers' attitudes toward in-office vocational placement activities rated higher than out-of-office activities.

### Research Question Three

How much time do rehabilitation workers spend on placement activities per week?

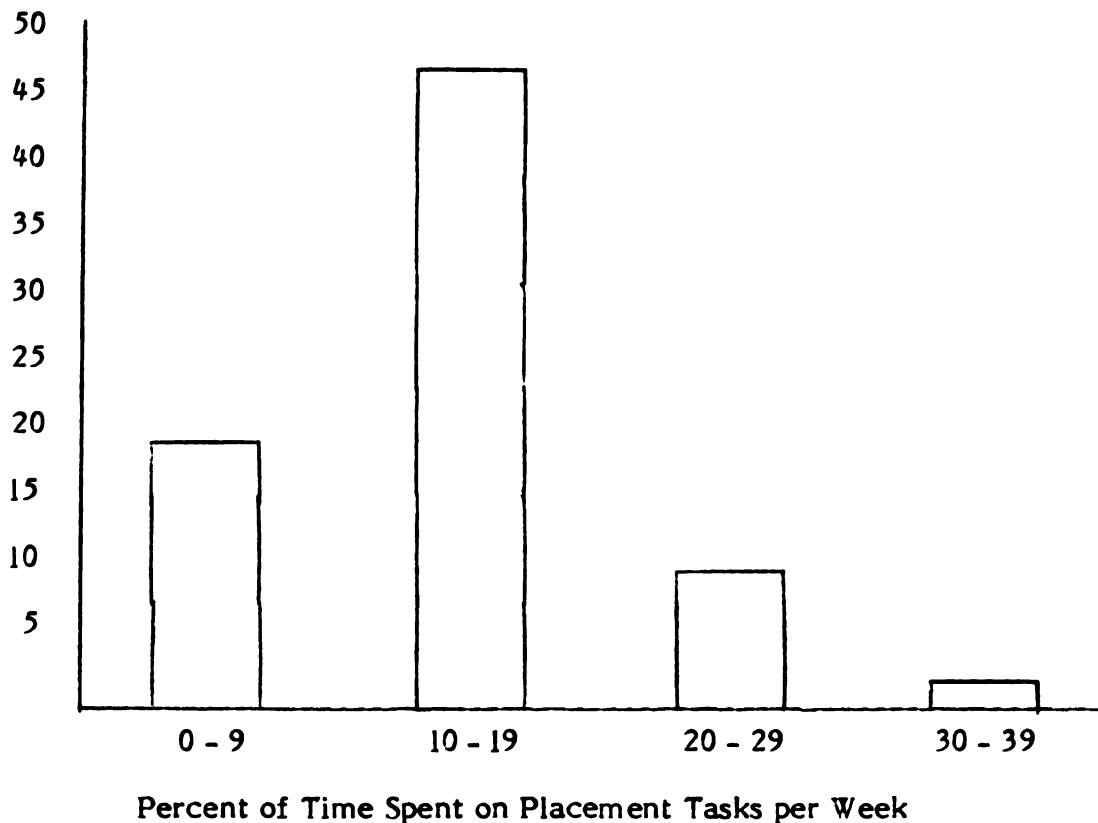
Table 12 shows the mean percentage estimate of time that rehabilitation workers report they spend on placement activities per week. It seems that the counseling and guidance activity is the largest time-consumer (32.5%). Recording, report writing, and clerical work are the second largest time-consuming category (31%). The time reportedly spent on job development and placement of specific clients was 10.5%.

Figure 2 depicts the distribution of time spent on job placement. It shows that 22 respondents (31%) spent a median of five percent of their time on job placement. The largest group that included 42 rehabilitation workers (56%) devoted a median of 15% of their time on job placement, a group of nine respondents (12%) devoted a median of 25% of their time on job placement, and one respondent (two percent) devoted a median of 35% of his/her time to job placement activities.

**Table 12**  
**Percentage of Time Spent on Major Rehabilitation Workers' Activities**

<u>Activity</u>	<u>Mean(%)</u>	<u>S.D.</u>
Counseling and guidance	32.5	11
Recording, report writing, and clerical work	31	12
Arranging and coordinating services	13	6
Community activities	5	5
Job development and placement of specific clients	10.5	6
Conference and inservice training	8	4

Number of  
 Rehabili-  
 tation  
 Workers



**Figure 2: Histogram depicting the percentage of time spent on job development and placement of specific clients (N = 74).**

#### Research Question Four

What are the educational and training needs that were perceived by rehabilitation workers to achieve effective performance in vocational placement?

This scale measured the perceived education and training needed for satisfactory demonstration/performance of each competency (task). The scale ranged from one (no training needed) through three (some training needed, e.g., inservice training) to five (complete training needed, e.g., M.A. in rehabilitation counseling). Accordingly, the higher the mean score, the more formalized education and training perceived as needed.

Table 13 displays the mean ratings of respondents regarding their perceived needs for education and training in placement. Two competencies, #5 and 6 (job analysis and job modification) received the highest scores, 3.11 and 2.93, respectively (some training needed, e.g., short-term inservice training). The remaining eight competencies received an approximate score of two (minimum training needed, e.g., coaching from supervisor or colleague).

#### Post-Hoc Analysis

Analysis of the data regarding counselors' reported confidence in performing vocational placement tasks and their perceived training needs (Table 14) shows that counselors who responded "mostly confident" (a mean score of four) on tasks #1, 7, 8, and 10 perceived a need for minimum training for these tasks. Rehabilitation workers who responded "somewhat confident" (a mean score of three) to tasks #5 and 6 perceived "some training needed" for these tasks. No significant relationship was found between rehabilitation workers' confidence in performing placement tasks and their perceived training needs.

Table 13

Mean Ratings of Respondents' Opinions Regarding Their Training Needs for Effective Performance of Placement Tasks

5. To what extent do you feel a need for further education and training for effective performance of this task?

1. No training needed
2. Minimum training needed (e.g., coaching from supervisor or colleague)
3. Some training needed (e.g., short-term inservice training)
4. Much training needed (e.g., long-term inservice training)
5. Complete training needed (e.g., M.A. in rehabilitation counseling)

<u>Competency (Task)</u>		<u>Mean</u>	<u>S.D.</u>
1.	Assist the client to acquire standards of acceptable work behavior	2.07	1.00
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	2.50	1.17
3.	Use sources of occupational information to assist client planning for training and placement	2.32	.92
4.	Visit employers to elicit their cooperation in hiring the handicapped	2.09	1.07
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.11	.90
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	2.93	.82
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	2.23	1.10
8.	Discuss a client's work skills with an employer in order to procure a job offer	2.08	.96
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)	2.19	1.13
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	1.93	1.01

Mean = 2.13



Table 14

### Mean Ratings of Respondents' Reflections Regarding to What Extent They Are Doing, Feeling Confident about, Should Do, Feel Satisfied about, or Need Training for Placement Tasks

<u>Competency (Task)</u>		<u>* A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
1.	Assist the client to acquire standards of acceptable work behavior	3.41	3.86	3.38	3.71	2.07
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	3.86	4.16	3.70	4.17	2.50
3.	Use sources of occupational information to assist client planning for training and placement	3.42	3.96	3.52	3.60	2.32
4.	Visit employers to elicit their cooperation in hiring the handicapped	2.40	3.40	2.89	3.21	2.09
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job	3.06	3.55	3.41	3.57	3.11
6.	Provide assistance in job modification and restructuring to accommodate clients' needs	2.68	3.05	3.20	3.50	2.93
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs	2.97	3.77	3.32	3.40	2.23
8.	Discuss a client's work skills with an employer in order to procure a job offer	2.79	3.66	3.14	3.20	2.08
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills	3.36	4.11	3.60	4.04	2.19
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction	3.47	4.06	3.70	4.08	1.93

\* KEY:    A = extent of doing  
               B = feeling confident  
               C = should do  
               D = feeling satisfied  
               E = training needs

To further articulate the relationships between placement success and workers' responses to the survey, the researcher had chosen from the study population two groups: a group of 10 rehabilitation workers who had the highest placement rates and a group of 10 rehabilitation workers who had the lowest placement rates. Survey responses in the four categories were compared (Table 15). Workers with the higher placement rates showed a considerable advantage in the mean scores of the perceived competencies, attitudes, and time spent on placement tasks over the lower group. In contrast, the lower group had an advantage over the higher group in the mean scores of time spent on counseling and guidance activities. No other differences were found between the two groups.

**Table 15**

**Comparison of Mean Scores of Top 10 and Bottom 10 on Their Responses to Four Variables (Based on Placement Rates)**

<u>Variables</u>	<u>Top Group (N=10)</u>	<u>Bottom Group (N=10)</u>	<u>Difference</u>
Perceived competencies	3.6	3.00	.60
Attitudes	3.85	3.05	.80
Time spent on placement	13.50	8.50	5.00
Time spent on counseling and guidance	27.50	33.50	-6.00

#### Research Question Five

Do counselors who report higher perceived competencies more positive attitudes and more time spent on vocational placement achieve higher placement rates?

In order to answer this question, three hypotheses investigating the relationship between each independent variable (perceived competencies,

attitudes, and time spent in placement activities) and the dependent variable (number of placements) was tested.

### Hypothesis #1

There is a relationship between rehabilitation workers' perceived competencies in vocational placement and placement rates.

Null hypothesis #1: There is no significant association between perceived competencies and placement rates.

A Spearman rank correlation coefficient was computed to measure to what extent the two variables are associated. The results show a correlation coefficient value of 0.51 ( $p \leq .0001$ ). Since  $p < .05$ , the null hypothesis is rejected. There is a significant association between rehabilitation workers' perceived competency and placement rates.

### Hypothesis #2

There is a relationship between rehabilitation workers' attitudes toward vocational placement and placement rates.

Null hypothesis #2: There is no significant relationship between respondents' attitudes toward vocational placement and placement rates.

A Spearman rank correlation coefficient was computed to measure to what extent the two variables are related. The results show a correlation coefficient value of .56 ( $p \leq .001$ ). Since  $p < .05$ , the null hypothesis is rejected. There is a significant association between rehabilitation workers' attitudes toward vocational placement and placement rates.

### Hypothesis #3

There is a relationship between rehabilitation workers' time spent in vocational placement and placement rates.

Null hypothesis #3: there is no significant association between time spent on placement activities and placement rates.

A Spearman rank correlation coefficient was computed to measure to what extent the two variables are related. The results show a correlation coefficient value of .27 ( $p \leq .02$ ). Since  $p < .05$ , the null hypothesis is rejected. There is a significant association between rehabilitation workers' time spent on placement activities and placement rates.

Investigating the three hypotheses clearly indicated that rehabilitation workers who report higher perceived competencies, more positive attitudes, and more time spent on vocational placement achieved higher placement rates. Correlations were considered significant if resultant  $f$ -values were larger than the tabled  $f$ -values at  $\alpha = .05$ .

Further analysis of the data showed no significant correlation between placement results and rehabilitation workers' age ( $r = -.05$ ,  $p \leq .61$ ), educational level ( $r = -.17$ ,  $p \leq .13$ ), and years of experiences in rehabilitation counseling ( $r = .17$ ,  $p \leq .18$ ). In addition, the data showed no correlation between training needs and placement rates, perceived competencies, attitudes, time spent on placement activities, years of experience in rehabilitation counseling, or educational degree. Analysis of data showed a mildly negative correlation ( $r = -0.11$ ,  $p = .3$ ) between placement rates and time spent on counseling and guidance.

### Results of Multiple Regression Analysis

A multiple-regression procedure was used to analyze the contribution of the independent variables as the variance of the dependent variable (number of placements within the past year). The results presented in Table 16 show that 37% of the variance is simultaneously accounted for by perceived competencies, attitudes, and time spent in vocational placement ( $R = .61$ ,  $p \leq .0001$ ), which

indicates a significant correlation between the independent and dependent variables.

As mentioned above, a regression procedure was used to determine the relative contribution of the three independent variables to the variability in reported placement success. Table 16 shows that attitudes toward placement tasks has the highest simple correlation ( $r = .56$ ) with placement success, accounting for approximately 32% of the variance. Perceived competency was then added to yield a multiple R of .60, thereby improving the percentage of variance accounted for to .36. Finally, time spent in placement added another .013 to the variance accounted for by the independent variables. The correlation among the three independent variables and placement success is .61. The total amount of variance accounted for ( $R^2$ ) is .373 ( $p \leq .0001$ ).

Table 16  
Variance in Placement Success Accounted for by a Different Combination of the Independent Variables

<u>Number of Variables</u>	<u>Variables</u>	<u>R</u>	<u>R<sup>2</sup></u>
1	Time spent	.28*	.08
1	Perceived competencies	.52*	.28
1	Attitudes	.56*	.32
-----			
2	Perceived competencies and time spent	.55	.31
2	Attitudes and time spent	.58	.34
2	Attitudes and perceived competencies	.60	.36
-----			
3	Attitudes, perceived competencies, and time spent	.61	.373
-----			
*R = r			

Intercorrelation procedures show that perceived competencies are highly correlated with attitudes ( $r = .65, p \leq .0001$ ). Time spent is correlated with attitudes ( $r = .40, p \leq .001$ ), and time spent is correlated with perceived competencies ( $r = .41, p \leq .001$ ).

#### Changes Proposed by Rehabilitation Workers to Increase Their Involvement in Job Placement

Rehabilitation workers were asked to rank order the changes needed (from one as lowest to six as highest) in order to increase their involvement in job placement. The higher the mean score, the more significant the change chosen.

As can be seen in Table 17, "enacting new regulations" received the highest mean score (4.35), "reduced paperwork" received the second highest score (3.86), and "change in agency policy and priorities" and "reduced caseload" received a mean score of 3.51 and 3.50, respectively.

**Table 17**  
Mean Ratings of Changes Proposed by Rehabilitation Workers to Increase Their Involvement in Vocational Placement

<u>Category</u>	<u>Mean</u>	<u>S.D.</u>
Change in agency policy and priorities	3.51	1.60
Reduced caseload	3.50	1.62
Reduced paperwork	3.86	1.53
Participating in long-term training in vocational placement	3.36	1.48
Changing the reward system (paying bonuses and fringe benefits)	2.28	1.63
Enacting new regulations that may encourage employers to hire handicapped people	4.35	1.70

## CHAPTER V

### SUMMARY, DISCUSSION, AND RECOMMENDATIONS

#### Summary

The purpose of this study was to survey all accredited rehabilitation workers at the National Insurance Institute of Israel regarding their perceived competencies, attitudes, and time spent on placement activities as well as to examine the relationship among these variables and rehabilitation outcomes. It was anticipated that the study of these variables would shed light on rehabilitation workers' placement training needs and NII policies. This chapter will summarize and conclude with a discussion of the findings in relation to previous theories and research.

#### Placement Rates

The data show low placement rates in comparison to international statistics. Each rehabilitation worker placed an average of eight disabled persons in the labor market per year, less than one job placement per month. A group of 10 rehabilitation workers who had the highest placement rates (a mean of 15 per year) responded more positively on each of the perceived competencies, attitudes, and time spent on vocational placement compared with a group of the 10 rehabilitation workers who had the lowest placement rates (a mean of two job placements per year). Conversely, the lower group spent more time on counseling and guidance activities. There were minimal differences between the two groups on other variables.

Rehabilitation Workers' Perceived Competencies  
and Their Relationship to Placement Rates

The data suggest that the rehabilitation workers in the NII considered the majority of the placement competencies as a substantial part of their job, and they reported that they felt mostly confident in carrying out these competencies. Only one task was rated as "a major part of my job" (see Table 18). Out-of-office tasks seemed less germane to the functions of rehabilitation workers and were rated lower than in-office tasks. These results may outline rehabilitation workers' inadequacy in vocational placement practices or merely reflect the fact that these aspects of placement are not a significant aspect of their jobs.

An examination of the above competencies that received high ratings indicates that they often require in-house/in-office work within a rehabilitation agency (e.g., "interpret vocational evaluation results and assist a client to acquire standards of acceptable behavior"), while the competencies that received low ratings require frequent visits and relationships with employers (e.g., "visit employers to elicit their cooperation and discuss a client's skills with an employer") (see Tables 7 and 8). These results may add another dimension to the association between rehabilitation workers' perceived competencies and placement rates. The findings of this research show a significant association between rehabilitation workers' perceived competencies and placement rates ( $r = .51$ , Table 16). The results of a multiple regression test show that 28% of the variance in placement rates is accounted for by rehabilitation workers' perceived competencies. These results concur with Bruyere (1979) and Stanley and Emener (1980) who emphasized that adequate knowledge and skills in vocational placement increase rehabilitation workers' involvement in job placement and ultimately affect placement rates.



Table 18  
Distribution of the Ratings (Summary of Tables 7, 8, 10, 11, and 14)

	<u>Competency (Task)</u>	<u>Column A</u> <u>Perc.Comp.</u>				<u>Column B</u> <u>Attitudes</u>			
		<u>Ext.</u>	<u>Conf.</u>			<u>Shd.</u>	<u>Sts.</u>		
		* <u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
1.	Assist the client to acquire standards of acceptable work behavior		X	X			X	X	
2.	Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning	X		X		X		X	
3.	Use sources of occupational information to assist client planning for training and placement		X	X		X		X	
4.	Visit employers to elicit their cooperation in hiring the handicapped		X		X		X		X
5.	Analyze the tasks of a job and the corresponding abilities and training needs for the job		X	X			X	X	
6.	Provide assistance in job modification and restructuring to accommodate clients' needs		X		X		X		X
7.	Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs		X	X			X		X
8.	Discuss a client's work skills with an employer in order to procure a job offer		X	X			X		X
9.	Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills)		X	X		X		X	
10.	Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction		X	X			X		X

\*Key: 1=major; 2=substantial; 3=mostly confident; 4=somewhat confident; 5=major; 6=substantial; 7=satisfying; 8=neither satisfying nor not satisfying

Rehabilitation Workers' Attitudes Toward Job Placement  
and Their Relationship To Placement Rates

The results indicate that rehabilitation workers do not have a distinctive-positive attitude toward vocational placement tasks. Table 18 shows that rehabilitation workers perceive that four tasks should be a major part of their job and six tasks should be a substantial part of their job. Six tasks were reported as "satisfying" and four were reported as "neither satisfying nor not satisfying." It may be possible to relate these results to rehabilitation workers' professional orientation and preference. They may place a higher priority on job functions other than vocational placement. In fact, results of this study show that "counseling and guidance" is the largest category. It consumes 32.5% of a rehabilitation worker's time spent on all activities. We may likely attribute these findings to rehabilitation workers' educational background in social work (89%). Social workers generally emphasize the psychological-emotional aspects of a handicapped individual (Thomas, Greco, & Kravetz, 1973; Florian, 1981). Furthermore, the lack of a clear job duty definition regarding placement activities could be another important factor that may have weakened counselors' emphases on placement tasks.

An examination of the competencies that received the lowest attitude ratings suggest a need to reorient counselors regarding the value of frequent visits and mutual relationships between rehabilitation workers and employers (tasks #4, 6, 7, and 8; Table 9, column B). Respondents in this study prefer to carry out in-house placement activities (tasks #1, 2, 3, 5, and 9; Table 8) rather than visiting worksites and cooperating with employers. Perhaps these results are accounted for by Minton (1977) and Hadly (1979) who suggest that many counselors feel that going out to talk with employers about hiring handicapped people is somewhat unprofessional and, therefore, wish to avoid them.

The results indicate a significant correlation coefficient value of .56 ( $p = .0001$ ) and  $R^2 = 0.32$  between respondents' attitudes and placement rates. A multiple regression analysis showed that attitudes are the strongest independent variable in predicting or explaining the variation of the independent variable (placement rates). Zadny and James' (1979) study revealed that rehabilitation counselors who are placement oriented had better placement records than other counselors.

#### Rehabilitation Workers' Time Spent on Vocational Placement Activities and Their Relationship to Placement Rates

Although placement is regarded as a relatively important duty, the summary data on counselor activities show that it commands a small amount of a rehabilitation counselor's time (10.5%), while counseling and guidance were found to be of predominant importance to a counselor's job, consuming 32.5% of his/her time. These findings are consistent with Harrison's (1978) study revealed that 12% of a counselor's time was spent in job placement. Later, Smits and Emener's (1980) study revealed that counselors spend 8.4% of their time on placement activities.

The findings of this study showed a moderate-association ( $r = .27$ ) between time spent and placement rates. But Zadny and James (1977b) found a high correlation coefficient value of .42 between time spent and rehabilitation outcomes. The multiple regression analysis in the present study indicated that the independent variable (time spent) is very low ( $r^2 = .08$ ) in predicting or explaining the variation of the dependent variable (placement rates).

A comparison between these results and those in previous research reveals that the rehabilitation workers at the NII devote an equal amount of time on placement to their colleagues in the United States. But, by contrast, the amount

of time spent on placement activities in the NII has a very slight effect on placement rates, while time consumed in placement activities in the USA is generally related to more rehabilitations and to lower portions of cases closed as not rehabilitated (Zadny & Jones, 1979). We may attribute this distinction to various factors or contrasting conditions in the two countries. One factor could be related to rehabilitation workers' inadequacy in vocational placement tasks. Another factor could be related to the availability or absence of laws and regulations that aim to reduce discriminatory practices against handicapped individuals and motivate employers to hire them for suitable jobs. Lack of this mechanism in Israel and counselor deficiency in vocational placement competencies may diminish the effects of rehabilitation workers' investment and time spent on placement rates.

### Training Needs

A summary of the responses of rehabilitation workers in this study showed that minimum training is perceived to be needed (coaching from supervisor or colleague) for eight vocational placement tasks (80%). These findings are slightly lower than those revealed by Harrison and Lee (1978) who found that short-term training would be sufficient for most of the competencies. Counselors at the NII perceived a need for short-term inservice training in job analysis, job modification, and job restructuring (tasks #5 and 6).

### Changes Needed to Improve Rehabilitation Workers' Involvement in Vocational Placement

When asked to rank ways for increasing rehabilitation workers' involvement in job placement activities, respondents rated highest those factors that are external to their control. These included enactment of new regulations that encourage employers to hire disabled persons, reducing paperwork, and reducing

rehabilitation workers' caseloads. As suggested in responses to placement tasks, their ranking of long-term training in vocational placement was not regarded as an important factor that could improve their involvement in vocational placement.

### Conclusions

A summary of the data analysis supports the following conclusions.

1. Although the major goal of vocational rehabilitation services at the NII in Israel is to assist disabled people to return to suitable jobs, rehabilitation workers as a group are not inclined to regard the 10 vocational placement tasks as a major part of their jobs.
2. Rehabilitation workers as a group do not perceive themselves as being highly competent in vocational placement tasks. This perception is more notable with those tasks requiring employer visits for job development, job solicitation, and job analysis.
3. The data show a significant correlation between perceived competencies and attitudes toward vocational placement and placement rates. Therefore, an enhancement of rehabilitation workers' vocational placement competencies and attitudes may increase placement rates.
4. Rehabilitation workers as a group are not strongly oriented to vocational placement tasks. They prefer other job functions (psychological counseling) rather than vocational placement tasks, especially those requiring worksite visits and employer relations.
5. Rehabilitation workers tend to spend only a small amount of their time on vocational placement tasks. Rehabilitation workers who spent more time on counseling and guidance achieved lower placement rates. An increase in the amount of time spent on vocational placement tasks may result in an increase in placement rates.
6. Rehabilitation workers do not indicate a high level of acceptance and satisfaction in vocational placement tasks. Accordingly, they do not perceive a substantial need for further education and training in these tasks.
7. Rehabilitation workers regard "external factors" (enacting new regulations and reducing paperwork) as more influential elements to increase their involvement in vocational placement rather than enhancing their competencies by participating in long-term training programs.

8. Counselors with the highest placement rates spent substantially more time on placement activities than counselors with the lowest placement rates. This latter group of counselors spent significantly more time on counseling and guidance. Given that other counseling tasks were equivalent between the groups, the data suggest that counseling and guidance tasks are the major trade-off with placement tasks.

### Discussion

The major stated goal of the rehabilitation department at the NII is to place disabled persons in suitable jobs. One must question why this goal is not satisfactorily achieved. There is no administrative requirement for accountability and cost-benefit services which likely affects rehabilitation workers' perceptions about the importance of their specific functions and responsibilities. A lack of clearly stated NII policy, goals, and objectives may have a considerable impact on the extent of involvement rehabilitation workers have in vocational placement and their perceived training needs. The study supports this view (see conclusions #2, 4, 5, and 8).

The majority of rehabilitation workers at the NII are social workers by training. Professionally, they value psychological counseling more than vocational placement tasks. Therefore, they are likely to prefer continuing education and inservice training in psychological counseling matters rather than vocational placement tasks. In fact, the results point out that rehabilitation workers reported a minimum need for training in placement tasks. Conversely, statistical comparison among counselors with high and low placement rates indicates that enhancing rehabilitation workers' competencies and attitudes toward vocational placement and increasing the time they spend on vocational placement may improve placement success.

### Limitations

Consideration should be given to the limitations of this study. One of these limitations is the inability to control many variables that may affect placement rates (disability benefits, employment conditions, severity of disability, etc.). This study lacks a control group which is usually used in experimental studies. Therefore, in interpreting the results, one must consider the likelihood of the above-mentioned uncontrolled factors that could also account for the results.

The nature of the measurement scale in this study should be considered another limitation. This study used a self-report instrument. Therefore, the accuracy of the data obtained was further limited by the perceptions of the rehabilitation workers who completed the questionnaire. As noted in Chapter III, the researcher has the impression that the respondents inflated the scores on the various items. A concern for how the results may be interpreted or used by rehabilitation administrators and a social desirability in favor of the researcher could have caused the rehabilitation workers not to reflect their real responses, thus inflating the scores.

The number of placements achieved by rehabilitation workers range from 0 to 19 per year. This restricted range must be considered an additional limitation of this study. This limitation likely had an effect on the statistical treatment of the data, resulting in diminishing correlations between placement rates and attitudes and perceived competencies. Furthermore, if the data are accepted with those limitations in mind, placement rates in the NII must be considered very low in comparison to international statistics.

### Recommendations

The data analysis and conclusions lead to the following recommendations.

1. The rehabilitation administration at the NII should review their policies and objectives in view of the overall goal of placement in order to
  - a. provide a clear definition of rehabilitation workers' duties with particular emphasis on vocational placement,
  - b. underline rehabilitation workers' accountability for their placement results, and
  - c. initiate new regulations in the NII that will encourage employers to hire disabled persons.
2. The NII should prepare, guide, and sponsor programs which will provide direction and support to rehabilitation workers which will result in
  - a. developing more positive attitudes toward vocational placement tasks,
  - b. advancing competencies in vocational placement, and
  - c. increasing their time spent on placement activities.
3. Additional research should be conducted that will
  - a. study training programs in vocational placement and their impact on rehabilitation workers' competencies and attitudes and the effect on placement rates,
  - b. compare rehabilitation workers' competencies and attitudes among rehabilitation organizations in Israel,
  - c. clarify the relative impact of counselor variables on placement outcomes in order to direct interventions to the variables most likely to influence client outcomes, and
  - d. examine potential policies and practices that will encourage employers to hire disabled persons.



## APPENDICES

## APPENDIX A

## APPENDIX A

### Cover Letter

Dear Rehabilitation Worker:

The director of the rehabilitation department has approved the use of this questionnaire with rehabilitation workers. You were selected to be part of this study.

I am working on my doctoral dissertation to study rehabilitation workers' involvement in vocational placement. This questionnaire is designed to obtain information regarding what rehabilitation counselors are doing or feel should be done in vocational placement. It is extremely important that you answer each question accurately. Your responses will be treated confidentially.

This questionnaire consists of three separate parts. The first part focuses on demographic information.

The second part consists of five questions, located on the upper right-hand portion of each page, and 10 competencies (tasks), which are arranged in a vertical column on the left-hand side. Please answer question one and the corresponding competencies (tasks) before going on to question two, etc.

The third part focuses on time spent on vocational placement and the number of disabled persons who were rehabilitated.

I look forward to sharing the results of this study with you. Thank you for the time and effort you will spend in responding to this questionnaire.

Sincerely,

George Matta  
Doctoral Student  
Michigan State University  
East Lansing, MI 48824  
USA

GM/bar

## QUESTIONNAIRE

## Part One: Personal Information

Date \_\_\_\_\_

1. Name \_\_\_\_\_
2. Sex:      Male \_\_\_\_\_                      Female \_\_\_\_\_
3. Age:
  - a. 25-30 \_\_\_\_\_
  - b. 31-35 \_\_\_\_\_
  - c. 36-40 \_\_\_\_\_
  - d. 41-45 \_\_\_\_\_
  - e. 46-50 \_\_\_\_\_
  - f. 51-55 \_\_\_\_\_
  - g. 56-60 \_\_\_\_\_
  - h. 61-65 \_\_\_\_\_
4. Number of years in rehabilitation counseling
  - a. 1 - 4
  - b. 5 - 9
  - c. 10 - 14
  - d. 15 - 19
  - e. 20 - 24
5. Present academic level:
  - a. B.A. \_\_\_\_\_
  - b. B.A.+ \_\_\_\_\_
  - c. M.A. \_\_\_\_\_
  - d. M.A.+ \_\_\_\_\_
  - e. Ph.D. \_\_\_\_\_

## 6. Field of study:

a. social work \_\_\_\_\_

b. psychology \_\_\_\_\_

c. sociology \_\_\_\_\_

d. rehabilitation counseling \_\_\_\_\_

e. other (please specify) \_\_\_\_\_

1. To what extent is this task a part of your job? \_\_\_\_\_

- a. Not a part of my job
- b. A minor part of my job
- c. A substantial part of my job
- d. A major part of my job
- e. A most significant part of my job

#### Competency (Task)

1. Assist the client to acquire standards of acceptable work behavior \_\_\_\_\_
2. Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning \_\_\_\_\_
3. Use sources of occupational information to assist client planning for training and placement \_\_\_\_\_
4. Visit employers to elicit their cooperation in hiring the handicapped \_\_\_\_\_
5. Analyze the tasks of a job and the corresponding abilities and training needs for the job \_\_\_\_\_
6. Provide assistance in job modification and restructuring to accommodate clients' needs \_\_\_\_\_
7. Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs \_\_\_\_\_
8. Discuss a client's work skills with an employer in order to procure a job offer \_\_\_\_\_
9. Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills) \_\_\_\_\_
10. Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction \_\_\_\_\_

2. To what extent should this task be a part of your job?

- a. Not a part of my job
- b. A minor part of my job
- c. A substantial part of my job
- d. A major part of my job
- e. A most significant part of my job

### Competency (Task)

1. Assist the client to acquire standards of acceptable work behavior \_\_\_\_\_
2. Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning \_\_\_\_\_
3. Use sources of occupational information to assist client planning for training and placement \_\_\_\_\_
4. Visit employers to elicit their cooperation in hiring the handicapped \_\_\_\_\_
5. Analyze the tasks of a job and the corresponding abilities and training needs for the job \_\_\_\_\_
6. Provide assistance in job modification and restructuring to accommodate clients' needs \_\_\_\_\_
7. Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs \_\_\_\_\_
8. Discuss a client's work skills with an employer in order to procure a job offer \_\_\_\_\_
9. Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills) \_\_\_\_\_
10. Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction \_\_\_\_\_

3. How confident are you in your ability to perform this task?

- a. Not at all confident
- b. Not very confident
- c. Somewhat confident
- d. Mostly confident
- e. Completely confident

#### Competency (Task)

1. Assist the client to acquire standards of acceptable work behavior \_\_\_\_\_
2. Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning \_\_\_\_\_
3. Use sources of occupational information to assist client planning for training and placement \_\_\_\_\_
4. Visit employers to elicit their cooperation in hiring the handicapped \_\_\_\_\_
5. Analyze the tasks of a job and the corresponding abilities and training needs for the job \_\_\_\_\_
6. Provide assistance in job modification and restructuring to accommodate clients' needs \_\_\_\_\_
7. Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs \_\_\_\_\_
8. Discuss a client's work skills with an employer in order to procure a job offer \_\_\_\_\_
9. Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills) \_\_\_\_\_
10. Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction \_\_\_\_\_



4. How satisfying do you find the task?

- a. Very unsatisfying
- b. Not very satisfying
- c. Neither satisfying or unsatisfying
- d. Satisfying
- e. Very satisfying

#### Competency (Task)

1. Assist the client to acquire standards of acceptable work behavior \_\_\_\_\_
2. Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning \_\_\_\_\_
3. Use sources of occupational information to assist client planning for training and placement \_\_\_\_\_
4. Visit employers to elicit their cooperation in hiring the handicapped \_\_\_\_\_
5. Analyze the tasks of a job and the corresponding abilities and training needs for the job \_\_\_\_\_
6. Provide assistance in job modification and restructuring to accommodate clients' needs \_\_\_\_\_
7. Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs \_\_\_\_\_
8. Discuss a client's work skills with an employer in order to procure a job offer \_\_\_\_\_
9. Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills) \_\_\_\_\_
10. Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction \_\_\_\_\_

5. To what extent do you feel a need for further education and training for effective performance of this task?

- a. No training needed
- b. Minimum training needed (e.g., coaching from supervisor or colleagues)
- c. Some training needed (e.g., short-term inservice training)
- d. Much training needed (e.g., long-term inservice training)
- e. Complete training needed (e.g., M.A. in rehabilitation counseling)

### Competency (Task)

1. Assist the client to acquire standards of acceptable work behavior \_\_\_\_\_
2. Interpret the vocational evaluation results to assist the client in self-appraisal and realistic vocational planning \_\_\_\_\_
3. Use sources of occupational information to assist client planning for training and placement \_\_\_\_\_
4. Visit employers to elicit their cooperation in hiring the handicapped \_\_\_\_\_
5. Analyze the tasks of a job and the corresponding abilities and training needs for the job \_\_\_\_\_
6. Provide assistance in job modification and restructuring to accommodate clients' needs \_\_\_\_\_
7. Negotiate training agreements with employers (including on-the-job training) and other education programs to meet training needs \_\_\_\_\_
8. Discuss a client's work skills with an employer in order to procure a job offer \_\_\_\_\_
9. Assist clients to acquire job seeking skills (e.g., obtain job leads, fill out applications, and develop interview skills) \_\_\_\_\_
10. Provide post-employment services to assure adequate client performance and adjustment as well as employer satisfaction \_\_\_\_\_

## Part Three: Vocational Placement

1. Please estimate the percentage of time you spend on each of the following activities. Your estimates total to 100%.

Counseling and guidance	_____
Recording, report writing, clerical work	_____
Arranging and coordinating services	_____
Community activities	_____
Job development and placement for specific clients	_____
Conferences and inservice training	_____

2. Please write down the number of cases you closed during the last six months who were placed in the open labor market or in sheltered workshops:

Open labor market	_____
Sheltered workshops	_____

3. What is the single most important change you think will substantially increase your involvement in job placement?

Change in agency policy/priorities	_____
Reduced caseload	_____
Reduced paperwork	_____
Participating in long-term inservice training programs in vocational placement	_____
Changing the reward system (paying bonuses and fringe benefits) to rehabilitation workers to reward them for successful placement activities	_____
Enacting new regulations that may encourage employers to hire handicapped people	_____
Other factors (please specify)	_____

## APPENDIX B

המוסד להיטוח לאומי  
משרד ראשי  
מחלקת השיקום

י"ב בניסן תשמ"ה  
3 באפריל 1985

לכבוד  
פקידי השקום  
באמצעות מרכזי השקום

הנדון: מחקר בנושא השמות בעבודה בתהליך השקום

אני פונה אליכם בבקשה לשתף פעולה במחקר בנושא השמות בעבודה בתהליך השקום. מראש ייאמר שפניה זו מהוה בקשה והמלצה כפי שיפורט לחלן אך אין בה כדי לחייב מי שאינו רוצה ליטול בה חלק.

החוקר הנו עמיתנו לעבודה מר ג'ורג' מתא שהוא מרכז יחידת השקום בנהריה. ג'ורג' הנו עובד בעל ותק של למעלה מ-14 שנות עבודה במחלקת השקום שבמוסדנו. לאחרונה שהה כ-3 שנים בארה"ב שם השלים למודיו לתאר שני ולקראת תאר שלישי בלמודי שקום. עתה חזר אלינו ושוב נוצרו התנאים שיכול היה להקלט בחזרה במקומו ביחידה בנהריה. לשם השלמת התאר השלישי הוא עוסק במחקר בנושא שיש בו ענין רב לעבודתנו בשקום המקצועי. ג'ורג' מנסה לחקור וללמוד על מוערכותם של עובדי השקום בהשמה מקצועית (בעבודה). ההתמקדות שלו היא על תשומת העינין והשפעתן על הצלחת השקום כאשר הוא מגדיר את הצלחת השקום כהשמה בעבודה.

מכאן שהתמקדות המחקר היא בפקיד השקום ועל כן פנייתו היא אליכם.

עברתי על השאלונים שג'ורג' הכין והם נראים בעיני הוגנים ואינם מסבכים או מקשים על פקידי השקום. תכן השאלונים בנוי בעיקר על הנסיון האישי/מקצועי של פקיד השקום.

למותר לציין שכל כללי האתיקה המקצועית יחולו על מחקר זה - דהיינו האינפורמציה שימסרו פקידי השקום תועבר במישרין לג'ורג' ובשום מקרה לא תחשף אינפורמציה פרטנית שהוצאה משאלונים בפני הנהלת מחלקת השקום.

לאור כל האמור לעיל אני פונה אליכם בזאת בבקשה והמלצה חמה לתת ידכם לעמיתנו ג'ורג' מתא ולסייע לו בנכונות והענות למלא השאלונים.

בברכה,  
ברכה בז צב  
מנהלת מחלקת השיקום

העתק: גב' נירה שמאי סמנכ"ל אמ"ת  
גב' דליה גורדון - חוגרת בכירה באמ"ת  
מנהלי הסניפים  
עוזרים ראשים במחלקת השקום מ"ר  
ג'ורג' מתא - מרכז יחידת השיקום - נהריה

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