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EFFECTS OF ON-CALL WORK ON PROFESSIONAL SOCIAL WORKERS

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EFFECTS OF ON-CALL WORK ON PROFESSIONAL

SOCIAL WORKERS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Evelyn Ocampo

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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

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ABSTRACT

This thesis attempted to examine the effects of on-call work schedules on professional social workers. This was achieved through the use of a demographic survey and qualitative face-to-face and phone interviews. A total of 15 interview questions were explored, the subjects included: the impacts of on-call work on psychological, physiological, emotional well-being and work family balance of professional social workers. Participants were recruited using availability sampling and the sample size consisted of nine participants. The nine interviews were transcribed and analyzed using thematic analysis. The researcher identified common themes related to on-call work schedules. Results found that participants suffered familial disruption as well as impacts on their well-being and support system. There was also a lack of access to patient information and similar difficulties experienced by participants while on-call. Participants also provided suggestions in order to improve on-call experiences. It is recommended that similar studies be conducted on a larger sample size to insure generalizability and a greater understanding of the impacts on-call work has on the social work profession.

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DEDICATION

I dedicate this project to my grandmother Evelina Ocampo Reza, though you are no longer here with us you always believed in me and I am proud to be your first grandchild to complete a college career with both a Bachelor's and Master's Degree in Social Work. You always instilled in us the importance of advancing our educational opportunities because you never had the opportunity to do so.

I also want to dedicate this project to my parents Victor and Martha Ocampo, like my grandmother you too did not have the opportunity to receive a higher education and this motivated me to want to accomplish this degree even more. Thank you for helping me through my educational journey and supporting me for all these years. We are finally done with school because you struggled alongside me and I am forever grateful.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Introduction

This chapter will provide an explanation of the problem the purpose of this study, and its significance to the field of social work. The field of social work is evolving and so are the employment opportunities, along with the ever-growing responsibilities for positions in this field. However, over the years a new trend in employment opportunities for social workers has emerged. Now many full-time positions have an on-call component. Typically,

Organizations employ on-call workers during special events, peak hours or intermittently when business needs warrant. On-call employees are on standby until called to work. These workers are typically hired as part-time or full-time staff with on-call requirements when necessary, although other on-call employees only work when called. (Scott, 2015, para. 7)

This adds to the endless amount of responsibilities social workers already have. In studying the impact on-call work duties have among social workers, measuring the effects, and identifying the negative consequences it is possible to identify more appropriate ways of managing on-call work schedules.

Problem Statement

Long hours, on-call schedules, large caseloads, rapid turnover rates, and work-family balance have been topics of increased consideration within the field of social work for a number of years. Social work is a field that demands commitment and complete awareness on behalf of staff. Often, social workers work high stress positions with little support from others. It is also likely that in many agencies there are only a select few social workers that handle the daily stresses of working on-call. For example, in disciplines such as hospice, medical, child welfare and adult protective services social workers are expected to work their regular eight to five shifts, clock out, and be on-call until the next morning. This does not take into consideration the other responsibilities many social workers have such as parenting, caregiving for an elderly parent, errands and so on. Often after on-call shifts social workers are expected to present for work the following morning and function at full capacity despite the fact that they may have had dozens of phone calls, crisis situations, or even home visits throughout their on-call shift the night before. Many employment opportunities in the social work field today include an on-call component, though the social worker is aware when they apply for the position, they often have no idea what they are signing up for if they have never worked in this field. Often, being on-call can take a toll on families especially for social workers with young children and endless responsibilities at home.

The issue of work-life conflict is of particular concern to social workers because it affects them personally. This is an important issue for agencies/organizations to consider, having overworked staff can negatively impact staff performance and clientele satisfaction. However, there are some larger agencies that have a designated on-call staff and that is their sole responsibility. Smaller agencies do not have this luxury. Many times social workers that work for smaller agencies are the only social worker for their employer and are therefore constantly on-call. This places an enormous amount of pressure on the social worker, because he or she knows that at any moment, he or she can be called into work. This also poses an ethical concern, working such hour's impacts both the social worker and the agency, because if staff is overworked, it will impact the staff's performance and the services being provided to clients.

It is important to understand this problem further because of the impact it has on social workers, agencies, and clients. It is possible that due to work schedules and constant problems caused by being on-call for social workers, some agencies may experience high turnover rate. It is also highly likely that burnout rates among social workers with positions including an on-call component are much higher. Although, work and home are supposed to remain separate, on-call shifts do not allow for this to occur. Especially when social workers are called to work after hours, because it cuts into their home life. Many times important events or quality time with family and loved ones is

neglected thus negatively impacting the social workers personal life and relationships with his/her own family.

The purpose of this study is to make the field aware that on-call shifts for social workers have a harmful effect on the work-family balance. Typically, every agency has their own policy regarding on-call shifts and each agency is at liberty to assign on-call shifts at their liberty. This study aims to make agencies reconsider overworking social workers by assigning less on-call shifts or potentially hiring an on-call social worker or team for when it is needed. This will allow social workers to have the appropriate rest they deserve and it will also reduce turnover rate as well as burnout in the field.

Effects of on-call work on professional social workers have not been studied at length. It is essential to the health and well-being of the social workers to raise awareness at the negative implications such work schedules can have at a personal and professional level. The profession is becoming more demanding due to the increasing need for round the clock services. Work-family balance must be addressed. The job responsibilities for social workers have increased from case management, to therapy, to crisis intervention, to wrap around services and being available twenty-four hours a day. The need for appropriate balance between work and family is imperative to ensuring psychological, physiological and emotional well-being among professional social workers.

Purpose of the Study

The research aims to measure the impact of on-call work schedules on social workers and how these work schedules impact their personal and professional lives. This issue affects social workers throughout the field. As many researchers have discovered work-related stress along with personal stress can have a detrimental impact on physical and emotional well-being. This places unwarranted demands on the mind and body (Lizano, Hsiao, Mor Barak, & Casper, 2013). Often this can lead to burnout, which is a constant job hazard for social workers. Burnout is characterized by feelings of emotional exhaustion, cynicism, and reduced efficacy in the workplace (Lizano, Hsiao, Mor Barak, & Casper, 2013). However, researchers have not studied much on how social workers, work schedules impact psychological, physiological, and mental well-being. Being expected to work on-call or twenty-four hour shifts can impact a social workers overall well-being, since the field is highly emotionally draining and intense. In any regular work day, social workers are overworked and are often asked to take on large caseloads (Kim & Kao, 2004), which in turn impacts their overall job performance.

This research project consists of qualitative interviews, exploring nine professional social workers accounts of their experience with on-call work schedules and the impacts this has had on their families, personal life, and their overall psychological, physiological and emotional well-being. Once these effects have been identified, professional social workers and their employers

5

can begin to problem solve around these issues. Whether it is through more practical work schedules, hiring on-call staff solely dedicated for after-hours work, or improved work conditions to ensure on-call duties are manageable from remote locations. Understanding the lack of knowledge concerning this issue can help professional social workers advocate for more realistic work schedules. This will allow professional social workers to maintain a balance between work and family life.

Through the knowledge gained from this research employers will be aware of the tremendous stress such duties cause. Employers will learn how a flexible work schedule which includes compressed work weeks, telecommuting, flexible arrival schedules (Lizano, Hsiao, Mor Barak, & Casper, 2013), increasing social support itself, strengthening perceived control, and increasing emotional attention from colleagues leads to better outcomes (Park & Wilson, 2004). This will have a positive impact on social workers productivity, job satisfaction, physical, and psychological well-being and social workers will be able to better serve the client.

According to the Census Bureau, Current Population Survey found as many as 840,000 citizens reported being social workers in 2002. In a study by the Center for Workforce Studies the topic of retention among social workers was explored. The study found that nearly 19 percent of licensed social workers were no longer practicing within the profession (Whitaker et al., 2006). In the same study 30 percent of licensed social workers did not plan to remain

in their current position over the next two years and nearly five percent plan to leave the social work profession for other work (Whitaker et al., 2006). This is an alarming rate. When social workers in a study by Whitaker et al., (2006) study were asked why they intended to leave the job or field, 52% responded because of lifestyle and family concerns. Given this truth, the steps and efforts required to diminish the effects of on-call work on professional social workers is challenging and it is ultimately the responsibility of employers. If employers are willing to listen to their employees and meet their needs, odds are they will have higher retention, better productivity rates, and a less resistant workforce. This will allow for better service availability for clients and a better work environment for social workers with on-call duties. Therefore, the field of social work needs to be more aware about the effects of on-call work on professional social workers.

Significance to the Field of Social Work

There is no debate that round the clock social work services are invaluable, there are situations in which only a social workers expertise is necessary. Though, working on-call for many disciplines is part of the job description, in social work, working such hours is not only exhaustive but it is emotionally draining as well. This means that employers are able to reach employees 24 hours a day, 7 days a week (Spector et al., 2004). Often, employers do not take into consideration the fact that if an employee spends more time at work than home, then this likely increases the conflict there is

7

between work and family (Bruck, Allen, & Spector, 2002). There are various other aspects of social work that have been researched extensively such as burnout, organizational support, managerial support, workload, and turnover rate. The one aspect that has yet to be researched extensively is the effect of on-call work schedules on professional social workers, both personally and professionally. Typically, on-call work for social workers is needed in hospices, medical settings and county agencies. But employers fail to acknowledge that working such shifts negatively impacts the family relationship. Especially, because working undesirable hours, too many hours, or working during times of family or social obligations such as social events, child and elder care. can lead to social workers job dissatisfaction (Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006). Since there is little empirical research surrounding this topic in the field of social work, the insight gained from the examination of these issues may facilitate increased attention to the impacts of social worker work schedules and the work-life balance. Exploring solutions to this issue from social workers perceptions is significant because this issue is often overlooked, thus, causing job-dissatisfaction among other struggles in the work place. Findings of this study can help to change social work practice by allowing for more employee focused work schedules, and thus improving client services, and job satisfaction among social workers. Through this study the social work profession will become more aware about the effects of on-call work on professional social workers.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Many professions such as aviation, engineering, medicine and social work employ on-call shift scheduling. Being on-call is not an option for many of the professions discussed but instead it is a component of the job (Nicol & Botterill, 2004). The literature review examines effects of on-call work on professional social workers. How it impacts their physical, emotional, psychological, and work-life balance. This literature review will examine what is known about these aspects of social workers lives and the impacts on and relevance to professional social workers well-being. The literature review adds to the minimal knowledge of the subject areas because it adds more knowledge in regards to what is already known and provides more accurate implications of the effects of on-call work through a qualitative study approach.

Physical Well-Being

There is little research regarding on-call work and the impacts on physical well-being in the field of social work. A study conducted by Harrington in (2001) found that one of the most important physiological problem associated with on-call work schedules was that eating and sleeping phases are changed having a negative impact on the worker

Thus affecting the circadian rhythms of many on-call professionals, this impacts job performance and increases the risks for error (Harrigton, 2001). Scandanavian studies found that shift workers have a 40% increased risk of cardiovascular disease, though causes are not well defined (Bogglid, 1999). Gastrointestinal disorders such as dysphasia, heartburn, abdominal pains, and flatulence are also a common occurrence among night-shift workers (Harrigton, 2001). There is increasing evidence to suggest that working such shifts can potentially impact reproductive health. Studies show that working for extended hours may cause a disruption in the menstrual cycle for women, increased stress from work-life conflict are linked to increased risk for spontaneous abortion, low birth weight and premature birth (Spurgeon). Since women dominate the social work field by 80% to 20% men (Whitaker & Arrington, 2008) it is crucial to be aware of the health risks discussed above.

Similarly, a study by Cooper and Marshall (1976) found that work stress due to on-call shift work could cause physiological symptoms such as change in blood pressure and cholesterol levels. Though, physical fitness seems to help workers cope with shift work and focusing on exercise, diet, and sleep management may help social workers cope with working hectic schedules (Harrigton, 2001).

Due to the nature of the work many on-call workers often experience changes in their work patterns, sometimes they are expected to work at night, and take on more than normal hours when called in (Nicol & Botterill, 2004).

This is likely to cause fatigue. A study conducted on anesthetists found that 86% reported fatigue related errors (Gander, Merry, Millar, & Wellers, 2000); another study found that 75% of accidents occurred after residents worked a long night shift (Steele, Ma, Watson, & Thomas, 2000). Though fatigue is a collective complaint among those working irregular hours, it is difficult to measure, but it is often the leading symptom why people leave on-call work (Harrignton, 2000).

Another major finding in various studies is that younger workers are better able to sustain performance during day and night shifts, while older shift workers are more dramatically impacted (Reid, 2003). Though, it may seem that older workers are free of family obligations and they have become accustomed to on-call work through the years, studies found that the aging worker tolerates on-call work less well than younger colleagues. This is due to shorter more fragmented sleep patterns, where older workers find it more difficult to achieve sleep easily (Harrington, 2000).

<center>Psychological Well-Being</center>

Stress is an expected part of social work practice (Thompson et al., 1994; Moran & Hughes, 2006). It can be defined as a physiological and psychological response to a situation where a person may feel challenged or threatened (Kalliath & Kalliath, 2014). Studies have found that prolonged stress is associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems (Caughey, 1996; Taylor-Brown et al., 1982;

<center>11</center>

Zastrow, 1984). This can have an impact of various aspects of a social workers life after a while energy and defense resources become depleted as level of stress increase (Colligan & Higgins, 2005) and on-call work further intensifies the impact. This can lead to conflicts in the workplace such as absenteeism, high turnover rates, compassion fatigue and more (Cooper & Marshall, 1976). A study conducted in the UK found that General Practitioners ranked working on-call at night as one of most stressful aspects of their work (Cooper & Faragher, 1989; Sutherland & Cooper, 1992).

A study conducted by Chamber et al. (1994) on general practitioners in Staffordire, UK found that working one or more night's on-call per week was predictive of anxiety and depression and working on-call three or more weekdays resulted in feelings of being exhausted and stressed. Though, males and females showed no significant difference. Similarly, a study conducted by Chambers et al. in 1996 on hospital employees regarding anxiety and depression found both anxiety and depression played a role in the amount of on-call duties that the worker assumed. The study found that both anxiety and depression increased due to the frequency and amount of time-spent on-call per month. Similarly, social workers have also reported experiencing high levels of general anxiety and depression (Bennett et al., 1993) and poorer mental well-being (Bradley & Sutherland, 1995) compared to other occupations. Though, there is some indication those social workers in the mental health field experienced lower levels of burnout than hospital or

welfare social workers (Lloyd, King, & Chenoweth, 2002). This may be due to hospital social workers having to follow the medical model and welfare social workers may have fewer resources to meet the needs of clients with multiple social issues (Lloyd, King, & Chenoweth, 2002).

Another important factor impacting social workers psychological wellbeing are work-related factors such as case complications, high work demands, budget constraints, staff shortages, role ambiguity and role conflict (Kalliath & Kalliath, 2014). In a 1995 study Kadushin and Kulys found that social workers experienced conflicting role expectations while other members did not understand the social work role and did not appreciate the work social workers had done. McLean and Andrew (2000) found that this produced stress, which resulted in role conflict, discrepancy about good practice, and lack of recognition. This leads to burnout and job dissatisfaction. According to Maslach et al. (1996) burnout is a syndrome with extents of emotional exhaustion, depersonalization, and reduced feelings of personal achievement. This impacts the social workers life in every aspect, because it inhibits the social worker from serving clients adequately and it also impacts their personal life. Sometimes social workers feel they no longer perform work duties at an appropriate psychological level (Lloyd, King, & Chenoweth, 2002).

Emotional Well-Being

Dillon (1990) suggested that social workers often have little control over the clients they see, the type and length of contact with clients, the range of

duties they will be required to carry out, and the value placed by others on their work. Essentially, the principal responsibility of social work lies in relationships that are formed with clients (Lloyd, King, & Chenoweth, 2002). Therefore, leaving social workers vulnerable to emotional exhaustion. A study conducted by Thompson et al. (1996) found that social work participants presented with high levels of emotional distress, which was further increased with on-call work duties. A study conducted on doctors showed that doctors' moods were considerably lowered when on-call as compared to off-call and being on-call also significantly increases tension and frustration (Nicol & Botterill, 2004). One doctor reported "the uncertainty about the content of an on-call day makes me really unhappy" (Rout, 1995).

Often while on-call, social workers are faced with crisis situations such as violence, discrimination, poverty and this can cause emotional overload for them. This can lead to compassion fatigue, which is a lack of interest or reduced capacity to be empathetic towards clients (Adams et al., 2006). This of course is interrelated to burnout rates and job satisfaction. A study conducted by Himle et al. (1986) established that the strongest predictor of all dimensions of burnout is the challenge of the job along with absence of certain integral job components, such as promotional opportunities and compensation (Martin & Schinke, 1998). Social work is also a highly emotionally draining and intense field. Though there are precautions in place to prevent this, often

social workers are overworked and are often asked to take on large caseloads (Kim & Kao, 2004) thus giving them little time to practice self-care.

Harrison (1998) found that social support acts as moderating factor between burnout and job dissatisfaction along with supportive work environments and supervisors. Himle et al. (1989) found that emotional support by both supervisors and co-workers is associated with lower levels of burnout, work stress and mental health problems. Though, not all employers exhibit this. Another element with negative impacts for social workers is heavy workload when support is low, primarily the number of clients seen in a day, the average hours spent in direct client contact, and the percentage of crisis interventions (Koeske & Koeske, 1989). This is especially true if there is an on-call work component, because social workers are expected to perform at the best of their ability at all times, as to not cause harm to the client. Though this is not always feasible, because substantial exposure to emotionally draining cases places unnecessary demands on the mind and body and this can lead to burnout, feelings of emotional exhaustion, cynicism, and reduced efficacy in the workplace (Lizano, Hsiao, Mor Barak, & Casper, 2013), which has a negative impact on clients and the services social workers provide.

Work-Family Balance

Greenhaus and Beutell (1985, p. 77) defined work–family conflict as a form of inter-role conflict in which the role pressures from work and family

spheres are discordant to the point that participation in the work (or family) role is made more difficult due to the participation in the alternate role.

Today's technological advancements such as iPads, iPhones, email, video and phone conferencing possibilities, offer workers flexibility, however, they have unintentionally contributed to the capacity and expectation for workers to work anytime and from anywhere (Daly et al., 2008). Therefore, blurring of boundaries between work and family life, as work invades the home, leaving little time to nurture and develop family relationships (Kalliath & Kalliath, 2012). Research in work–family balance, suggests damaging effects on social workers psychological strain, job satisfaction and family satisfaction (see Lambert et al., 2006; Kalliath et al., 2012). As we know often times social workers are incapable of leaving work at the workplace, often times they return home holding on to thoughts or emotions of events or situations that transpired during their work day this impacting their role within their own families. Though social workers may try to keep their professional worries separate from their family life due to the nature of their work makes this difficult (Sheafor & Horejsi, 2008, p. 17).

Likewise, a study titled *Stress Among General Practitioners and their Spouses: a qualitative study* by Usha Rout, found it is the nature of most professions that the boundary between work and non-work is often indistinct, though this often leads to conflict in the work-family balance. In the same study doctors identified lack of time spent at home as a major stressor.

Doctors mentioned on-call and night calls often disturb the family system, often causing strain in the marital relationship. This is due to lack of communication, detachment, and constant interruptions (Rout, 1995).

Since work-family conflict is bi-directional (Greenhaus & Beutell, 1985), it affects various professions especially with on-call schedule components. A study conducted by Kalliath and Kalliath (2012) explored coping strategies adapted by social workers regarding work-family conflict. Some of the key findings included work pressures, going above and beyond, working long hours thus taking time away from home, along with lack of support from colleagues and supervisors which lead to negative implications in regards to work-family conflict. Rout's (1995) study found that doctors experienced similar stressors, such as high stress and high-pressure activities at work, time constraints, being on-call, interruptions and lack of support. Though, very distinct fields, the stressors experienced by both disciples are quite similar.

Working undesirable hours, or too many hours, or working during times of family or social obligations such as social events, child and elder care can lead to social workers job dissatisfaction (Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006). Often social workers are single parents or their partners do not contribute much to the household chores and child care responsibilities (Kalliath & Kalliath, 2012). Working such hours often leads to inability to spend quality time with loved ones. These pressures further impact self-care, work and social workers relationship with their partner (Kalliath &

Kalliath, 2012). Similarly, to social workers, in Rout's (1995) study doctors also reported guilt over having too little time and attention to give their children, likewise, they reported feeling deprived of time for themselves, and intimate time with their partners.

As discussed above women dominate the social work field, a social worker reported it is not easy to have a family, be a parent and also work to be able to provide for her family. She stated it is impossible to do the best work when you have your own problems to take care of and you cannot help but think about them despite the fact you are at work (Kalliath & Kalliath, 2012). The same issues arose in Rout's 1995 study; female doctors found it very difficult to balance their traditional gender roles of spouse and mother while meeting the needs of their professional role. Women with full-time professional jobs are often still expected to take on all the household responsibilities. Though men in the social work profession also experience work-family conflict with the struggle of balancing their work and family commitments (Milke & Petola, 1999; Winslow, 2005), it is to a different extent. Childcare, house-work, shopping, and leaving a partner alone at night can all lead to marital strain and family disruption for any professional (Kalliath & Kalliath, 2012). Whitaker et al., (2006) conducted a study on the intent to leave the job and intent to leave the profession of social work and 52% of participants reported lifestyle and family concerns. This is a significant finding as much of the study examined for this literature review suggests that work and family are the two most important

factors in a person's life; therefore, the incorporation of work and family through the development of work-family friendly policies (e.g., supportive leave policies, job flexibility, unpaid family leave without penalty, secure part-time jobs and need-based support) must be given (Pocock, 2003) priority.

<center>Gaps in Literature</center>

Some studies focused on specific effects of on-call work on specific professions. The literature on the health of on-call work is limited because the professions studied are minimal (Nicol & Botterill, 2004). Most research has been done on general practitioners of medicine and it is reasonable that on-call work varies across occupations (Berger, 2009).

There is also a lack of research regarding the impact of on-call shifts on psychological factors and the difference on impacts regarding gender (Nicol & Botterill, 2004). More thorough research needs to be done on the effects of on-call work based on gender and how stress impacts each gender as well (Oginska, Pokorski, & Oginski, 1993; Gross, 1997; Nylen, Voss, Floderus, 2001). The current research in the area of on-call work and health makes it difficult to establish causality. The range of effects studied on this subject has been inadequate. Most of the research has found health conditions such as cardiovascular disease, reproductive problems, gastrointestinal issues and mortality that need to be further explored (Nicol & Botterill, 2004).

Lastly, findings have not been generalizable because often the samples focus on one particular field, the sample size is too small and often males do

<center>19</center>

not participate in these studies. The effects of on-call work on the social work profession needs to be further explored in order to prevent burn out, high turnover rates, and job dissatisfaction.

Methodological Limitations

Most of the studies conducted on this topic have been based on qualitative data gathered through interviews of members in other professions. The dominating field in this area of research has been doctors (Nicol & Botterill, 2004) and the few studies on this topic in the field of social work have received responses from mostly female child-welfare workers. Thus, making the research un-generalizable to all social workers. Many studies conducted have used availability sampling or random sampling to gather data, but sample size was typically small. More rigorous methodological designs are needed for future research in the area of on-call work (Nicol & Botterill, 2004) in the field of social work. This is a topic that needs to be explored at length in this profession. Since it impacts social workers physiological, psychological, and emotional well-being, but most important work-life balance.

Conflicting Findings

Of the literature reviewed most studies had similar findings, most suggested that being on-call can have negative impacts on workers' sleep patterns, mental health and personal life (Nicol & Botterill, 2004). However, some studies differed on the extent to which being on call impacted individuals

in these areas of their lives. This likely due to the variation among professions in each study reviewed. Another conflicting factor mentioned throughout the literature was risks associated with on-call work. Many studies failed to address in depth the psychological and physiological impacts of such scheduling. Some found more detrimental affects than others. Further research in this area is necessary to provide a clear picture of the risks of this form of work scheduling (Nicol & Botterill, 2004).

Theories Guiding Conceptualization

Role theory assumes that persons are members of social positions and hold expectations for their own behaviors and those of other people. Role theory is the notion of work-family conflict (WFC) as a job stressor parallels the idea of within-role conflict as a stressor (Kahn, Wolfe, Quinn, Snoek, & Rosenthal 1064; Katz & Kohn, 1978). For example, a social worker works full-time, she is a mother of three young children, and has a husband who also works long hours, and is often away on business trips this can lead to added stressors and can result in role conflict. Usually, the mother's role in a household is as the primary caregiver for the children, however, if the social workers work hours are not flexible and she is required to work on-call shifts. This will place a tremendous strain on the social workers role as a mother and a professional. Therefore, if a social worker is not psychologically, physiologically, and emotionally well it will not only impact his or her role as a professional, but this also impacts their role at home.

21

Often employees bring work problems or stressors home and these negatively impact the quality of home life (Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006). This of course affects the social workers ability to fulfill their roles to their fullest potential. Often, some of the conflicts are time-based, because of the amount of time an employee spends at work or the scheduling of work interferes with his/her social or family responsibilities (Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006).

Organizational support theory is another theory guiding this research. This theory suggests that employees trade their time and effort at work in exchange for valued outcomes. This means social workers can have flexible work schedules, esteem, fringe benefits and more. Some researchers have gone as far as to recommend a flexible work schedule which includes compressed work weeks, telecommuting, flexible arrival schedules (Lizano, Hsiao, Mor Barak, & Casper, 2013). Others recommend social support at work, by increasing social support itself, strengthening perceived control, providing solutions to world problems and increasing emotional attention from other people at work, employees report better outcomes (Park & Wilson, 2004), as well as, childcare options and caregiving assistance. All of these support services were reported to positively impact WFC, and therefore, increase job satisfaction and employee loyalty.

Lastly, another guiding theory for this research is Hobfoll's (1989) conservation of resources theory (COR). COR theory suggests that individuals

tend to build and preserve resources they may see essential for coping with

their environment. "These resources can be personal characteristics of an

individual (e.g., sense of humor), time, energy, family and work colleagues that

are valued by the individual and necessary to their survival" (Hobfoll, 1989,

p. 516). Thus, individuals use coping mechanisms as resources. Individuals

typically develop techniques and strategies to deal with stressful situations

(Kovacs, 2007). For example, playing sports, exercising, and so on.

Summary

        In summary, the above literature review on effects of on-call work on

social workers physiological, psychological, emotional, and work-life balance

leads to several key points of information. Social workers with on-call work

components typically experience high levels of stress both personally and

professionally. Second, high levels of stress can cause a negative impact on

employee performance, service delivery, self-care, and job satisfaction.

Finally, social service agencies must adjust or develop solutions to allow for

more employee centered family friendly approach regarding on-call schedules.

With the field of social work having such a high turnover rate due to lack of

work-family balance, developing new approaches for staff scheduling is critical

to prevent harm to employees, agencies and clients.

CHAPTER THREE

METHODS

Introduction

This chapter provides an overview of the research methods that were applied in this study. Specifically explaining the study design, sampling methods, data collection process, instrument's used, procedures, efforts to protect the human subjects, and a description of data analysis.

Study Design

Qualitative interviews were conducted on MSW, BSW, and LCSW social workers to explore the effects of on-call work on professional social workers. Qualitative methods use narratives and these narratives help to "uncover emerging themes, patterns, concepts, insights, and understandings" (Patton, 2002) of the information gathered. Demographic data was also collected in order to use it for statistical purposes. Interviews were conducted to measure the effects on-call work schedules have/had on social workers in their personal and professional lives. Participants were representative of social workers with various educational levels and all participants were interviewed using the same interview instrument. Chapter three describes the participant's demographics, the reliability of the instruments that was used in this study, and the analysis methods that were used to address each of the emerging themes and concepts collected. This study attempted to determine if there is a

negative correlation between on-call work schedules and social workers psychological, physiological, emotional, and familial well-being. The design instruments were used to determine if there are recurring themes, patterns, and concepts among professional social workers with the above mentioned work schedules.

Sampling

This study was conducted using an availability sample consisting of BSW, MSW, and LCSW social workers that are currently employed or have been employed in positions with an on-call schedule or component in various fields such as medical social work, county work, and hospice work these participants were recruited based on this researchers professional relationship with them. The focus in studying this population of social workers was to understand the impacts working such schedules have on social workers personal and professional lives. This study included social workers from distinct practice areas within the field. The total number of interviews this study is based on is 9 participants, their stories helped to gain intimate knowledge regarding on-call work. The goal was to gather as much information as possible through these interviews in order to provide an accurate analysis of the impacts on-call work schedules have on professional social workers. For this study, an availability sample method was used due to accessibility, timing, knowledge, representativeness of the points of view, and location of participants (Grinnell & Unrau, 2014). Additionally, it is also important to note

that the sample used in this study, is not representative of all social work positions with on-call components or schedules.

Data Collection Instruments

For this study, an adapted measurement instrument was used to conduct qualitative interviews. The reason for this approach was to provide a more in depth understanding of the implications on-call work schedules have on professional social workers, their work and home life, and how employers can address these issues in the workplace. Though, according to Grinnell and Unrau, when using a pre-experimental design, a control group is not required (2014). The qualitative interviews were conducted on BSW, MSW, and LCSW professional social workers that currently or previously held positions with an on-call component. The participant's fields ranged from adult protective services, hospice, medical and so on. The type of sampling that is appropriate for this study is availability sample method (Grinnell & Unrau, 2014). The samples size consisted of 9 participants of various ages, ethnic, cultural, and family size backgrounds. The independent variable is the social worker and the dependent variables are effects of on-call work schedules on work-family balance, job performance, job satisfaction, and social workers psychological, physiological and emotional well-being. The participants were contacted via telephone and email at their personal phone numbers and email accounts with their approval, this information was collected through personal contact with this researcher. Participants have a professional relationship with this

researcher and therefore she has access to contact information. The participants and this researcher scheduled a day and time for the interviews to be conducted, at the preferred location of the participant or over the phone whatever was more convenient for the participant. The goal in conducting the interviews in the preferred location of the participants was to promote a level of comfort that made the environment conducive to full disclosure regarding the topics that were addressed. A demographic survey was also conducted in order to gather information about participant's age, gender, ethnicity, marital status, and number of years working in the social work field.

<div align="center">Measurement Tools</div>

The measurement tools that were used were adapted from other instruments that have proven to be reliable. The interview questions (Appendix A) that were used for these interviews were adapted from a variety of reliable instruments. The interview questions examine the impact of on call work schedules and the effects this has on social workers personal and professional's lives. Specifically, social workers perceptions of work-family balance, job performance, job satisfaction, and the impacts working such schedules has on the psychological, emotional and physiological well-being overall. The interview questions also explored how supported social workers felt on a personal and professional level by their families and employers as well as the responsibilities that are expected of them and whether or not they feel equipped to handle situations that arise while being on-call.

The Demographic Survey (Appendix B) consists of six questions, which focus on a specific population of people. The survey explores participant's gender, age, ethnicity, marital status, number of years working in the social work field, and current educational level. This research was used to assess those who were interviewed and how to group participants responses based on themes.

Procedures

As stated above, participants were collected for this study through an availability sample method. All BSW, MSW, and LCSW participants received informed consent forms (Appendix C) prior to participating in these interviews. Participants were contacted via telephone or email through their personal email accounts or phone numbers, and dates, times, and locations were prearranged for the interviews to be conducted. If the interview took place in a meeting, this researcher handed participants a consent form to read and sign. The researcher requested permission of the participants to audio record the interviews on an electronic voice recorder, consent form attached (Appendix D). Once the consent forms were signed, the interviews began. If the interview took place over the phone, participants were emailed the consent forms and demographic survey and interviews did not take place over the phone until these forms were returned. Participants responded to fifteen interview questions and these interviews lasted approximately twelve to twenty-eight minutes. The goal was to interview participants and they will remain

anonymous. Only demographic data was collected at the beginning of the interview, which was used for statistical purposes. Each respondent who volunteered to participate agreed by marking an X on the consent form. Upon completing the interviews participants were provided with a debriefing statement (Appendix E). This researcher conducted all interviews face-to-face or over the phone and the information gathered was transcribed.

Protection of Human Subjects

All participants in this study were voluntary. Each participant was provided with an informed consent form specifying the purpose, risks, and benefits of participating in this research study. To ensure confidentiality, no identifying information or names were included in the findings. An IRB form was submitted to and approved by the Institutional Review Board at California State University San Bernardino before interviews were conducted. All information collected from this study was transcribed and stored on a USB drive that was kept in a password protected lock box. Upon the completion of the interviews, a debriefing statement was provided for the participants (Appendix E).

Data Analysis

This study used a qualitative approach and the purpose was to explore professional social workers perspectives regarding the effects of on-call work schedules. Participant's demographic data was analyzed in regards to

demographics. Nominal measurements were used to analyze gender, ethnicity, marital status, and number of years working in the field. Ratio measurement was used to analyze participant's age.

Qualitative analysis was used to analyze themes and categories that emerge among participant responses. This allows participants to share their perceptions regarding on-call work schedules and the impacts on their psychological, physiological, emotional well-being, and work-family balance. The data was categorized and coded in order to allow data interpretation.

Thematic content analysis was used in this study. This researcher analyzed transcripts, identify themes within the data, and gather examples of those themes from the various participant interviews. All data gathered was sorted by hand and the researcher identified themes and categories that emerged from the data. This is a process that was repeated various times in order for the data to be well refined. The researcher read each transcript once it was transcribed verbatim, made notes in the margins of words, theories, and short phrases that sum up the text. This allowed the researcher to devise a coding framework Next, the researcher collect all the words and phrases from the initial step and develop a more concise list of categories, and grouped categories that belonged together. Thus creating the final coding framework. Once this step is completed, the researcher once again looked through the data gathered and assigned and labeled each category in order to facilitate the discussion of the findings. Then the researcher interpreted the data and

the analysis validated by her research supervisor to prevent bias. Lastly, the researcher wrote up the key findings of the research conducted, which will be discussed later.

Summary

This chapter explained the study's research design, information relating to sampling, how data was collected, it described the instrument that were used, the procedures that were used, and it described how the data gathered was analyzed. The most significant data source are the participant's responses to the above mentioned interview questions. The data gathered through face-to-face interviews and phone interviews, were at specified locations selected by the participants in order to promote security and confidentiality of their responses for this study. Data gathered was transcribed and sorted by hand focusing on specific themes and categorizing the data in order for it to be analyzed.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the study that is derived from nine qualitative interviews. First, it discusses the demographics of the participants. Second, this chapter explores the impacts on-call work schedules have on professional social workers overall well-being. The findings presented in this chapter establish the importance of needing to explore alternatives in regards to on-call work scheduling and flexibility in order to avoid burnout, exhaustion, and work-life conflict among professional social workers. The major themes identified were: familial disruption, risk, well-being, access, support, problems with on call work and suggestions.

Demographics

The sample consisted of 9 participants who identified as professional social workers with current or past on-call work experience. Of the 9 participants, 8 were female and 1 was male. The ages of participants ranged from 25-44 years of age. Three of the participants identified as Hispanic/Latino, 4 identified as White/Caucasian, and 2 identified as African American. Marital status among participants ranged from single, married, and divorced and the years of experience in the social work field ranged from 2 to

10 plus years. Of the 9 participants 2 held an undergraduate degree in the field of Social Work, 2 in Sociology, and 5 in Psychology.

After the 9 interviews were transcribed, they were analyzed using thematic analysis. This allowed the researcher to identify common themes in each interview in order to determine common issues experienced according to professional social workers related to on-call work schedules.

<div align="center">Presentation of the Findings</div>

Familial Disruption

Familial disruption was the major theme presented in this project. The 9 participants interviewed described negative impacts on family life. Thus causing a disruption in work-life balance and an impact on parenting. Below are quotes providing examples of how on-call work impacts professional social workers families.

Table 1. Direct Quotes Regarding Familial Disruption

Participant #	Direct Quote Re: Familial Disruption
1	When my first daughter was a baby. Sometimes we'd be home alone, and I would have to go to my room on my own, and close the door while she was playing at my door. Those phone calls took a lot of time and it was constant. (Participant 1, Survey Interview, January 2016) "Yeah, my daughter actually for, until—she didn't call me mommy until she was a year and a half. She called me lady because I was always on the phone. I was always working" (Participant 1, Survey Interview, January 2016).

Participant #	Direct Quote Re: Familial Disruption
3	Working on call is very disruptive to family life. One example that I would give is when I had scheduled a trip to the zoo with my son and my husband and actually all sorts of extended family as well. We were all supposed to do this large family reunion trip to the zoo, and I happened to get a phone call right after entering the zoo. I paid admission, walked in, and then got the phone call. I had to leave and address the issue. (Participant 3, Survey Interview, January 2016)
5	"I am a single parent, raising two boys, so it does have an impact on my life because I have to make time for my children" (Participant 5, Survey Interview, January 2016). "I don't get to spend a whole lot of weekend time with my children, but the time that I do have, I try to make a nice little impact" (Participant 5, Survey Interview, January 2016).
6	"The ones who ended up basically sacrificing a lot were my family, because if I was here, I would be asleep because I was so exhausted" (Participant 6, Survey Interview, January 2016).
8	As far as family life it impacted because I have to stay at home mostly or stay in the area. I couldn't do activities with my children because I never know if I'm going to be called. An example would be like they were in the Girl Scouts and whenever they have an activity that's on a day that I have on call. Either they can't go or I have to find someone else that can take them. (Participant 8, Survey Interview, January 2016)

Well-Being

Another theme that emerged from the nine participants' interviews was the issue of "well-being". Participants mentioned on-call work impacted their psychological and physiological well-being. The most obvious factor was lack of sleep and increased stress, which has the potential of causing the social workers to feel emotionally and mentally drained. Participants also mentioned

a decrease in overall quality of life and as a result, various participants no

longer hold positions with on-call components.

Table 2. Direct Quotes Regarding Well-Being

Participant #	Direct Quote Re: Well-Being
1	"I remember waking up in the middle of the night with a panic attack" (Participant 1, Survey Interview, January 2016). "I lost so much weight" (Participant 1, Survey Interview, January 2016). "Whenever my cell phone rang I would jump. to be honest with you, to this date, I don't keep a ringer on my cell phone. It's always on silent" (Participant 1, Survey Interview, January 2016).
2	"I mean I was so exhausted just mentally, emotionally, physically that it wasn't good for anybody" (Participant 2, Survey Interview, January 2016).
3	"The stress level, and stress, with time, that burns down your immune system and just makes it so that things are less pleasurable" (Participant 3, Survey Interview, January 2016).
6	"When you're on call, you get mentally strained, emotionally strained and that causes a lot of stress on your body. I've taken psychotropic meds or just pain meds, because I already had an existing condition, and it worsened it" (Survey Interview, January 2016).
9	I do think working on-call impacted my well-being in many ways. As I mentioned before, it's extremely stressful. It's anxiety-provoking, especially when you're working in crisis situations. I feel that almost everybody who worked on-call gained weight, which in itself is not healthy. (Survey Interview, January 2016)

One of the most significant themes as evidenced by these interviews was professional social workers perception of support systems. Some participant had support at home and work while others only felt supported in one or the either. It is evident that family, coworkers, and management tend to be the primary support systems for these individuals. See Table 3.

Table 3. Support System

Participant #	Direct Quote Re: Support System
1	"My biggest support system is my husband. Also, my seven-and-a-half year-old daughter she actually helps me try to keep the younger two kids quiet" (Participant 1, Survey Interview, January 2016). "I'm fortunate enough to have parents that live right down the street. They are usually home and they're usually able to help me out" (Participant 1, Survey Interview, January 2016).
2	My husband at the time would handle like the kid stuff. He helped—he was super understanding because he was really sweet, but he definitely helped my daughter understand like, 'Hey, mom is working now, and if you have any questions make sure you come to me. If she has to leave all of a sudden or the phone rings, then we need to give her time to take the call and she'll let you know when she's done with the call. (Participant 2, Survey Interview, January 2016)
3	"My coworkers, people to help you out and encourage you because those are the people who understand the challenges of it because not anyone gets it because other people, like friends and other family, wouldn't understand how it works" (Participant 3, Survey Interview, January 2016).

Participant #	Direct Quote Re: Support System
4	My support system are my peers. They've offered to be available to you if you have questions. Again, with my supervisor, normally you're not supposed to, but she's offered to help me make a decision. If it's a tough case, you can call her at any time of the night, and she'll answer. (Participant 4, Survey Interview, January 2016)
8	Mostly my coworkers are my support system because they understand exactly what it feels like to be on call and to have those responsibilities while you're on call. I'm glad that we meet with each other every day in the morning and can talk about our experiences and talk about decisions that we've made and get feedback. (Participant 8, Survey Interview, January 2016)

Lack of Access to Patient Information

In the field of social work especially in the non-profit sector it is not uncommon for agencies to have outdated forms and methods of communication. This poses ethical as well as delivery of services concerns when providing professional social work services while on-call. A recurrent theme for many of the participants interviewed was lack of access to patient information as evidenced by the quotes below (See Table 4).

Table 4. Lack of Access to Patient Information

Participant #	Direct Quote Re: Lack of Access to Patient Information
1	With the hospital we have actually requested a laptop several times to assist us with our work, so that way we can look into patient charts without having to rely on the nurses who often get frustrated by the amount of information that we need in order to complete the task that they're asking us to complete. For whatever reason, that hasn't worked out. It hasn't gotten approved. (Participant 1, Survey Interview, January 2016)
3	Being on call as a clinician, just the not having the full information on the client calling was sometimes challenging because sometimes, it would be someone else's client because we switched off on the phone. It was not always your client calling, so sometimes, we wouldn't know about that client and what their suicide history and stuff was. Having to assess, really clearly assess to make sure that you're not missing something big. (Participant 3, Survey Interview, January 2016)
8	"When I'm on call you don't have access to all the information. It's very stressfully you're making decisions not seeing the full picture" (Participant 8, Survey Interview, January 2016). "Because I think that we should have a computer that we can take home so that we can access information for ourselves" (Participant 8, Survey Interview, January 2016).
9	"We would carry the clients face sheet, because it was so low-tech, it frequently wasn't up to date" (Participant 9, Survey Interview, January 2016). "Assistance with more modern technology to just ensure that the staff has the most accurate information so they are not having to do double the work" (Participant 9, Survey Interview, January 2016).

Difficulties Associated with On-Call Work

On-call work as expected is a difficult task. Participants shared a consensus about some issues faced while trying to conduct their duties during on-call shifts. Though participants came from various areas in the field they

shared similar difficulties such as not having adequate support from

management, making decisions on their own, time management, and staffing

shortages. Below are some examples (See Table 5)

Table 5. Difficulties Associated with On-Call Work

Participant #	Direct Quotes Re: Difficulties Associated with On-call Work
3	Not having adequate support, like if there really is a crisis, trying to figure out how to resolve a crisis by yourself. It's harder to call a supervisor and really get assistance when something's not going well on your on-call because you don't have the support of your coworkers or supervisors. (Participant 3, Survey Interview, January 2016)
4	"The only difficulty is that you don't have co-workers. You don't have supervisors. You don't have regional managers to consult with. You are on your own. You have to make the decisions on your own" (Participant 4, Survey Interview, January 2016).
6	I think it's one of the most challenging tasks, because you have to make sure that you still complete with your regular work, that you still complete with your family life, and that you still complete with just your own personal self care, that sometimes it makes it impossible with on-call duty. (Participant 6, Survey Interview, January 2016).
9	"Frequently, like if someone was sick, trying to find someone to cover your on-call was nearly impossible. A lot of the time there would be sick employees working on-call" (Participant 9, Survey Interview, January 2016).

Suggestions

All participants interviewed had suggestions in regards to ways that

on-call work can be improved. Overall, the field is gravitating toward that of

providing 24-hour services because the demand for services provided on

39

behalf of professional social workers is increasing as well. Though it is

necessary to meet clients demand for increased services, participants shared

their thoughts on how employers can better accommodate the needs of their

employees as well. Participants suggested rotating schedules, less caseload,

voluntary assignments, more flexibility, and higher incentives to work such

schedules. See below direct quotes.

Table 6. Suggestions

Participant #	Direct Quotes Re: Suggestions
3	Have rotations. Pay good for the on-call shift, like really be willing to pay. Then have it planned out. Have plans in place and protocols for what to do when certain things happen so that you feel equipped on the job to do what you do need to do to carry out your on-call person. (Participant 3, Survey Interview, January 2016)
5	One point is to rotate the on call, allowing an employee to take a weekend every couple of months and then therefore everybody will be able to do their time and then everybody'll have a little shift and it's not for one person, per se. (Participant 5, Survey Interview, January 2016)
6	"Less caseload" (Participant 6, Survey Interview, January 2016). You can't change timeframes that are already set, like for court, the laws and everything, but if you had a lower case load, I think that you'd be able to provide adequate services. You would be able to complete your own tasks without having to ask anybody else. You're probably able to be more hands-on of a social worker. (Participant 6, Survey Interview, January 2016)

Participant #	Direct Quotes Re: Suggestions
7	"I think that it should be based on a voluntary commitment. I also think that it should be incentivized a little bit more, financially" (Participant 7, Survey Interview, January 2016). "Also, that if you are on call that your fixed work schedule maybe was a little bit more flexible" (Participant 7, Survey Interview, January 2016).
9	Having only worked in a position where it was mandatory, I think that things that I previously discussed, like comp time or more flexibility as far as having back-ups and things like that, I think that would make it more appealing and make people more willing to do it. (Participant 9, Survey Interview, January 2016) "I think it comes back to compensation. Are these people being adequately compensated for their time and stress" (Participant 9, Survey Interview, January 2016).

Summary

This chapter provides the major themes among professional social workers in regards to on-call work schedules. Though the nine participants were from distinct areas in the field they shared various commonalities such as familial disruption, impacts on their well-being, lack of access to information and resources, problems with on-call work and suggestions on improvements that could be made in order to increase professional social workers experiences with on-call work in general. Through this analysis this researcher was able to provide examples of the difficulties faced on a daily basis in the social work field with on-call job components.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter outlines the discussion of results obtained through this study and the implications in regards to the social work profession based on such findings. This chapter also discusses limitations of the study and recommendations for future social work practice, policy and research.

Discussion

This study identified familial disruption as one of the major themes. Participants mentioned on-call work schedules were disruptive to family life and the impacts on their relationships with family. The study found that not only did the professional social worker suffer due to such work schedules but their families suffered the consequences as well. These findings are consistent with Rout's (1995) findings that due to the nature of most professions that the boundary between work and non-work is often indistinct. This leads to conflict in the work-family balance. In this study doctors identified lack of time spent at home as a major stressor. Doctors mentioned on-call and night calls often disturb the family system, often causing strain in the marital relationship. This is due to lack of communication, detachment, and constant interruptions (Rout, 1995). The social workers who participated in this study had similar issues and thus this led to their negative feelings in regards to on-call work schedules.

This is further supported by the fact that the nine participants interviewed expressed this concern.

Another significant theme that arose from this study was the issue of social workers overall well-being. This includes physiological, psychological, and emotional well-being that are affected by on-call work. Participants expressed they felt exhausted mentally, emotionally, and physically which resulted in increased stress levels, weight gain, hair loss and disrupted sleep. This finding is consistent with Harrington's (2001) study which found that one of the most important physiological problems associated with on-call work schedules, is that working, eating, and sleeping phases are changed. This affects the circadian rhythms of many on-call professionals impacting job performance and increasing the risks for error (Harrigton, 2001). This can also lead to social workers feeling like they no longer perform work duties at an appropriate psychological level (Lloyd, King, & Chenoweth, 2002) and this can potentially lead to conflicts in the workplace such as absenteeism, high turnover rates, compassion fatigue and more (Cooper & Marshall, 1976).

Support systems were also a significant finding in this study. Most participants interviewed felt supported by parents and significant others. Though this finding is not consistent with Kalliah and Kalliah's (2012) study, which found that working such hours leads to inability to spend quality time with children, family and friends. This can increase the pressures and stress of professionals and further impact their ability to practice self-care and sustain

43

relationships with in the work place and with partners. Similarly, Rout (1995) found that doctors reported feeling deprived of time for themselves, and intimate time with their partners therefore impacting the level of support they felt from their partner.

Suggestions in regards to improving on-call work schedules were also a significant theme addressed in this study. Participants suggested more flexible schedules with lower caseloads, higher compensation rates for working on-call, and on-call schedule rotations as a possible solution to help alleviate some of the difficulties they face when working such schedules. These findings are congruent with Pocock's (2003) study which suggested there be an implementation across the board of family friendly policies such as (e.g., supportive leave policies, job flexibility, unpaid family leave without penalty, secure part-time jobs and need-based support).

<center>Recommendations for Social Work
Practice, Policy, and Research</center>

This study is significant to the field of social work because it highlights difficulties faced by social work professionals in their employment setting. Since the social work field is growing and there is much more emphasis being placed on the quality of services provide, it is necessary to consider the implications on-call work schedules have for those providing these services. As stated previously new policies and procedures need to be put in place in order for social work professionals to properly serve their clients as well as

their own familial and personal needs. With the ever growing populations in need of professional social workers employers need to consider more flexible work schedules in order to prevent high turnover rates and burnout in workers because this can lead to inadequate provision of services and that is when mistakes are made. Increased incentives would also impact the overall perceptions of on-call work schedules. As one of the participants mentioned working on-call can be quite lucrative (Survey Interview, January 2016). Another aspect to consider is allowing professional social workers the choice of working on-call. Of the nine participants interviewed only two held voluntary on-call assignments. In this case the voluntary on-call participants were able to select their own on-call schedules. On the other hand participants with involuntary on-call work schedules appeared to have lower levels of job satisfaction, self-care skills, and increased stress levels in comparison to their voluntary counterparts. The results gathered regarding stress levels and effects on professional social worker overall well-being were concerning. As stated above many of the participant's health suffered because of such work schedules. Every participant mentioned stress being a characteristic of the job and as we know studies have found that prolonged stress is associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems (Caughey, 1996; Taylor-Brown et al., 1982; Zastrow, 1984). This can impact social workers professional and personal life.

Professional social workers are expected to abide by the NASW code of ethics and at the same time provide quality and effective services to clients. In this field expectations are high and social workers documentation often has deadlines as well as response times are in place for particular situations especially in child welfare and adult protective services fields. Though, the reality is sometimes these expectations are not realistic. As participants mentioned and studies show because of these constraints placed on them by work often childcare, house- work, shopping, and leaving a partner alone at night can all lead to marital strain and family dysfunction for any professional (Kalliath & Kalliath, 2012). this is why employers should consider more flexible work schedules and updating policies and procedures in order to ensure deadlines are realistic and attainable. The integration of work and family life into the job through the development of work-family friendly policies is advisable. Results show that participants feel strongly about such policy changes because as many of them mentioned in the parenting arena they are often lacking due to hectic work schedules and this is likely detrimental to them because they may feel like an absent parent though they are doing what is necessary to provide for their families.

More research needs to be done concerning this topic in the field of social worker. There is not much research specifically focused on on-call workers and social workers. Most of the research found included other fields such as physicians, nursing, and so forth. Further research also needs to be

conducted with a larger sample and a more representative sample of participants from different areas within the field of social work.

Limitations

There are several limitations in this study. The most significant limitation was the sample size. Due to the small sample size of the study, which consisted of nine participants, the results are not generalizable or representative of the social work profession. Female participants were overrepresented in this study sample; due to the nature of the field there are not so many males in the social work profession though this is improving. This study only had one male participant therefore; male perspectives on the research topic were not taken into account. Another limitation of this study is the lack of representation of voluntary on-call employees. Only two of the nine participants interviewed held voluntary on-call schedules that gave them the option of being on-call, all other participants held involuntary on-call work schedules. This potentially skewed the study results as well. Similarly, the representation of participants in various employment settings in the social work profession was limited. Due to the small sample size it was not possible to include a participant from within the various employment settings within the social work profession.

Conclusion

The purpose of this study was to explore implication of on-call work schedules on professional social work. Some of the key findings discovered as a result of this study are the negative impacts on familial disruption. The study found that the nine participants interviewed reported feeling there was not adequate work-life balance due to on-call work schedules. Another significant finding was implications on overall well-being for professional social workers. Participants reported on-call work negatively impacted there psychological, emotional, and physiological well-being through elevated stress levels and anxiety. Another common finding among the nine participants was the lack of access to patient information when working on call. Participants reported this made it difficult to meet patient needs because they did not have remote access to important information such as patient history, background, and location information. Through this research the field of social work will have a better understanding of the negative impacts such work schedules have of professional social workers and employers can be better prepared to insure work-life balance, psychological, physiological and emotional well-being of their employees is taken into consideration when creating and updated existing policies and procedures in regards to on-call work schedules. This chapter discussed the studies findings and summarized the significance to the field of social work. Limitations of the study were discussed and

recommendations for future research, updated policy and procedures were

offered.

APPENDIX A

INTERVIEW QUESTIONS

Interview Questions

1. How has working on-call impacted your family life? Give example.

2. Has working on-call of posed and danger/threat to your personal safety? (How)

3. What are some of the consequences working on-call has caused?

4. How difficult is it to balance work and family obligations with on-call schedule?

5. Do you have any suggestions or ideas about how to improve on-call shifts within your company?

6. What are some of the difficulties in regards to your job functions you face while on-call? Give examples.

7. Do you feel that working on-call has impacted your health? Psychological? Physical well-being?

8. Describe your support system and how they help you mange your on-call responsibilities?

9. Has your employer provided any assistance with on-call responsibilities? Do you feel there is anything more that can be done?

10. Describe a typical on-call shift?

11. Why do you feel it is necessary to provide 24-hour services to clients in need?

12. What are some of the responsibilities you hold while being on-call?

13. Would your level of job satisfaction change if there was no on-call component? How so or give an example.

14. Do you feel supported by your co-workers, employer?

15. How do you believe on-call work can be better framed so that more employees would be willing to assume the responsibility?

Developed by Evelyn Ocampo

APPENDIX B

DEMOGRAPHIC SURVEY

DEMOGRAPHIC SURVEY

1.) What is your gender?
- ☐ Male
- ☐ Female

2.) What is your age range?
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

3.) What is your ethnicity?
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Prefer not to answer

4.) What is your marital status?
- ☐ Single
- ☐ Married
- ☐ Never Married
- ☐ Divorced
- ☐ Separated

5.) How long have you been worked in the field of Social Work?
- ☐ 0-2 Years
- ☐ 2-4 Years
- ☐ 4-6 Years
- ☐ 6-8 Years
- ☐ 10+ Years

6.) What is your undergraduate degree in?
- ☐ Social Work
- ☐ Sociology
- ☐ Psychology
- ☐ Non-Social Science Degree

Developed by Evelyn Ocampo

APPENDIX C

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED_/_/_26/2_ VOID AFTER_/_/25/2_
IRB# SW1632 CHAIR

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore professional social worker perceptions on effects of on-call work schedules on their professional and personal lives. This is a graduate research project conducted by Evelyn Ocampo, under the supervision of Dr. Janet Chang, Lecturer at the California State University, San Bernardino. This study has been approved by the School of Social Work's Sub-Committee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: This study will explore the impacts on-call work schedules have on social workers professional and personal lives.

DESCRIPTION: You were selected to participate in this study because you are currently or were previously employed as a BSW, MSW, or LCSW social worker with an on-call work schedule or component. In this study you will be asked to complete survey questions about your demographics, and participate in a fifteen question face-to-face or phone interview.

PARTICIPATION: This survey is completely voluntary and any information that is obtained within this study will remain anonymous. This includes all audio recordings, interviews will be transcribed and all information gathered will be stored in a password-protected computer kept in a locked box. The audio recordings will be destroyed after three years. You can withdraw from this survey at any time with no consequences.

CONFIDENTIALITY: Your responses will be anonymous and data will be reported in group form.

DURATION: The survey completion and interview process should take no more than 20-30 minutes to complete.

RISKS AND BENEFITS: There are no foreseeable risks associated with this study. Participating in this study is unlikely to bring about any uncomfortable feelings or emotions. Participating in this study does not provide any direct benefits to individual participants other than providing insight on the participants behalf regarding perceptions on the impacts of on-call work schedules on their personal and professional lives.

CONTACT: If you have any questions about this survey, you can contact Dr. Janet Chang at (909)537-5184 or jchang@csusb.edu.

RESULTS: Results of the study can be obtained from the CSUSB Scholar Works database after June, 2016.

CONFIRMATION STATEMENT: This is to certify that I read and understand the information above, and decide to participate in this study.

_____   _____

Please mark an X above if you agree to participate in this study.   Date

909.537.5501 • fax: 909.537.7029 • http://socialwork.csusb.edu/
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

55

APPENDIX D

AUDIO INFORMED CONSENT

As part of this research project, we will be making a audiotape recording of you during your participation in the experiment. Please indicate what uses of this audiotape you are willing to consent to by marking an X below. You are free to X any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the audiotape in ways that you agree to. In any use of this audiotape, your name would *not* be identified. If you do not x any of the spaces below, the audiotape will be destroyed.

<div align="center">

Please indicate the type of informed consent

☐Audiotape

</div>

- The audiotape can be studied by the research team for use in the research project.

<div align="right">

Please mark an X if you agree: _____

</div>

I have read the above description and give my consent for the use of the audiotape as indicated above.

The extra copy of this consent form is for your records.

<div align="right">

Please mark an X if you agree: _____

</div>

APPENDIX E

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This study explored social workers perceptions regarding the impacts of on-call work on their personal and professional lives. Interview questions were formulated and interviews were conducted with the hopes of gaining greater insight in relation to the impacts on-call work has on professional social workers. I was particularly interested in the relationship among these four variables to see if professional social workers were aware of the impacts on-call work can have on their personal and professional lives and to learn if they were doing anything about it.

If you have any question, comments, or concerns due to participating in this study, please feel free to contact Evelyn Ocampo or Dr. Janet Chang at (909) 537-5184 or jchang@csusb.edu. If you would like to obtain a copy of the results of this study, please contact the Pfau Library of California State University of San Bernardino at the end of the Spring Quarter of 2016. Thank you for your time and participation for completing this survey.

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