

Saskatchewan Association of Social Workers



Work and Life Study Report

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Saskatchewan Association of Social Workers
2110 Lorne St. Regina, Saskatchewan, S4P 2M5

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Executive Summary

Overall Purpose

The purpose of this project was to solicit the views of professional social workers in the Province of Saskatchewan concerning the quality of their work life. Similar studies have been done in several other jurisdictions including British Columbia, Manitoba and Ontario in the hope that a pan-Canadian analysis may be developed.

The Saskatchewan survey was conducted in spring 2008 using an on-line questionnaire posted on the website of the Saskatchewan Association of Social Workers. The instrument was designed to gather baseline data with respect to employment conditions of social workers across the various fields of practice¹, including data on salaries, benefits, hours worked, opportunities for training and advancement, care-giver responsibilities, health and safety. This study is the first of its kind to collect such information about social workers in the Province, and it is thought to be unique in exploring the experiences of Saskatchewan social workers related to issues of stress, workload, personal safety and security on the job, and balancing personal care-giving with employment responsibilities. The instrument was designed as well for purposes of replicating the study across the remaining provinces and providing a national perspective on the work and life-conditions of social workers in Canada.

Responses were received from 154 individuals, yielding a response rate of roughly 12%. While the survey was also open to social workers in the Northwest Territories, the returns from this region were too low to include². The academic and professional qualifications of respondents ranged from the Certificate of Social Work (CSW), to the BSW, MSW and the PhD/DSW.

The majority of respondents said their work focuses on direct practice but a good number report they also work in areas of community development, policy, research and teaching. Although the respondents represent various fields of practice, and the composition of the sample seems consistent with the demographic characteristics of SASW membership as a whole, the marginal response rate calls for caution when attempting to generalize the results of the study.

¹. The fields of practice included medical health, child welfare, family services, school social work, housing, and services for the elderly. There were significantly more respondents in the health field than any of the other fields. This may be the result of an employer-driven requirement of registration for the health-care sector that is not part of other employment sectors.

². All the questionnaires but one were completed by social workers in Saskatchewan. Efforts should be made to encourage more social work colleagues in the NWT to participate in such a survey so that their work experiences may be incorporated in future analysis.

Principal Findings

The most significant finding is that the majority of respondents report being satisfied with their career and would recommend social work as a profession to others they know. This, despite the fact that many say they are experiencing increased levels of workplace stress and feelings of being rushed at work.

63% of respondents report they are feeling stressed. 33% cited feelings of depression, 40% cited irritability with colleagues and 24% with clients. Frequent illness and mistakes were reported by 21% and almost half the respondents reported they usually or often skip meals.

Respondents report a number of key factors that contribute to feeling stress. These include: committee work, computer work, crisis situations, deadlines, expectations to do extra research, supervising students, the need to upgrade their education, attending rounds, lack of team cohesion, time lost in lengthy drives to client locations, and reductions in clerical support.

Respondents feel there are several important factors that can help alleviate stress. These include greater flexibility in the use of time or the opportunity to vary hours, opportunities to work from home occasionally and for making personal calls at work.

Respondents say they are busier than a year ago as a result of being asked to do more at work and to work at a faster pace.

The majority of respondents report that their feeling rushed at work is associated with several factors including staff shortages, the volume and overall complexity of work, taking on new duties, the fast pace of work, the need for increased documentation, covering for other staff, and new changes in policies.

Respondents feel underpaid for the work they do. They perceive social work salaries and benefits to be lower than those for nurses and psychologists, and they do not find that higher academic qualifications in social work lead to higher salaries and improved benefits.

Respondents see administrative (clerical) work to be a major concern. Many stated that administrative work interferes with their ability to provide direct service to clients.

Half the respondents reported they are juggling work and care-giving responsibilities including caring for children, parents, and other relatives.

40% of respondents claim to be victims of workplace intimidation in the form of unwanted, unsolicited or intimidating attention, comments or behaviours. In 94% of these cases the source of intimidation was a client or the family/friend of a client.

Future Directions

Several other provincial and territorial member organizations of the Canadian Association of Social Workers have already done or are planning to conduct similar surveys with the overall goal of establishing a national data bank to facilitate regional and national comparisons. Findings and conclusions from these surveys can be used in advocating for improved salaries, benefits and working conditions for members of the profession.

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Saskatchewan Association of Social Workers

Work and Life Study Report

Overview of Saskatchewan Association of Social Workers

The Saskatchewan Association of Social Workers (SASW) was established in 1967 and provided for the voluntary registration and regulation of members. On April 1, 1995, [*The Social Workers Act*](#) was proclaimed which gave SASW ownership of the title "social worker" and a complete set of provisions for the regulation of the practice of its members. An individual cannot use this title, unless they are registered with the Association. As an association, SASW is the voice of social work in Saskatchewan. It is a professional association with members in many fields of practice across the province.

Mission Statement

The SASW is a member based organization that supports, promotes and regulates the competent, ethical practice of social work to protect the public, strengthen the profession and serve the public interest. The SASW advocates for social justice and contributes to social policy.

Vision Statement

The SASW aspires to a Saskatchewan where:

- social policies reflect the values and principles of social justice
- all social work practiced in the province is accountable through regulation
- all social workers are supported in their practice
- the profession is regarded by the public as an important contributor to human and social well-being.

Values and Principles Statement

The SASW, representing social workers in Saskatchewan, is guided by the following values and principles.

Respect

- Every individual has the right to be treated with dignity and respect.
- Diversity and inclusiveness are valued and pursued.

Ethical Conduct

- The policies and actions of SASW are consistent with its Mission and Vision, the CASW Code of Ethics (2005), *The Social Workers Act*, and its *By-Laws and Standards of Practice*.
 - SASW has the responsibility to hold its members accountable to the CASW Code of Ethics (2005) through its regulatory role.
-

Social Justice

- SASW values and pursues the promotion of social justice through its members across society generally and also in relation to the individuals with whom we work.
- SASW engages in and promotes diverse approaches to collective advocacy.

Leadership and Accountability

- SASW offers responsible and responsive leadership.
 - SASW is guided by a strategic plan and values the achievement of measurable outcomes.
 - SASW addresses issues and conducts activities in a timely and efficient manner.
 - SASW is fiscally responsible in its operations.
 - SASW is accountable to the public and the membership.
 - Council, staff and others acting on behalf of SASW are credible and knowledgeable.
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Literature Review

Organization of the profession

A profession may be defined as a cohesive and autonomous body of trained persons who perform work for the benefit of the public on the basis of applied specialized knowledge derived from education, research and practice experience. A key attribute of a professional is the exercise of discretionary judgment on behalf of a client who may not be able to judge the need for and/or quality of a service³. The terms “autonomous body” and “discretionary judgment” serve to differentiate a profession from an occupational group. “The purpose of regulating members of a profession is to protect the public from preventable harm. The privilege of self regulation is granted to a profession by the provincial legislature. It is a social contract between a profession and the public. It is the property of the public the profession claims to serve.”⁴

Social workers have struggled for years to define the profession and develop a conceptual framework that could “house” the core elements of the definition (Ramsay, 2001 qtd in Holosko, 2003). The social work profession struggles with its sense of self-identity and continues to search for a clear definition for itself. Common features in definitions suggest that a central role of social work is to advocate for the poor, the disadvantaged, the disenfranchised and the oppressed (Barber, 1995). Others have noted that social work has two major purposes: 1) enhancement of human well being; and 2) the alleviation of poverty and oppression (Norlin & Chess, 1997).

The profession is dedicated to: 1) the welfare and self-realization of all people; 2) the development and disciplined use of scientific and professional knowledge; 3) the development of resources and skills to meet individual, group, national and international changing needs and aspirations; 4) the achievement of social justice for all. Social workers advocate for the elimination of discrimination based on age, abilities, ethnic background, gender, language, marital status, national ancestry, political affiliation, race, religion, sexual orientation or socio-economic status (CASW, 2005).

Work and life of the profession

Social work practice is fraught with complexity and uncertainty. Social workers are routinely required to balance the needs of clients with escalating workplace demands. These demands are heightened by shrinking resources to perform duties and the decrease of available social supports for clients (Antle, 2005). These working conditions can create job stress, which can occur when workers feel unable to cope with the demands placed on them (Cox et al., 1993).

Studies have noted that “stress...is more common amongst social workers, in part due to the sensitivity and responsiveness to the difficult problems presented by clients, which their work requires”(Balloch, Pahl, McLean,1998). A systematic review of stress among mental health

³ In law, the public interest is at stake when there is “a pecuniary interest, or some interest by which their legal rights or liabilities are affected” (Campbell C.J., R. V. Bedfordshire, 24 L.J.Q.B. 84).

⁴ “*Closer To Home*”, Report of the B.C. Royal Commission on Health Care and Costs. 1991. page D-29.

social workers by Coyle, Edwards, Hannigan, Fothergill and Burnarda found that “social workers experience relatively high levels of both work-related anxiety and depression when compared with normative populations and workers in other professions” (Bennett et al., 1993).

The major concern with job stress in any profession is burnout. In social work there seems to be a higher rate of burnout. Burnout can occur when workers have prolonged exposure to excessive job stress which can produce feelings of irritability, tension and fatigue. Unaddressed feelings of burnout can lead to workers psychologically detaching themselves from the job and becoming apathetic, cynical and rigid (Cherniss, 1980, p.21).

Evidence suggests that burnout is a significant issue within the social work profession. Tam and Mong (2005) found the higher levels of job stress are associated with higher levels of emotional exhaustion and depersonalization. Morris (2005) studied the decision making of 700 stressed social workers and noted that almost 75 percent of this group reported that their depression occurred after entering social work. Of these, 80 percent identified work, high workloads and lack of support as the major cause of their feelings of depression. Although this study does not represent every social worker, it does point to the importance of addressing work-related factors that can influence overall stress.

Once there is a better understanding about the connections between stress, work and life for social workers, strategies can be developed to ensure social work does not become the burnout profession.

Methodology

Goals of the Project

1. To illustrate the challenges involved for social workers in balancing their professional and personal lives
2. To utilize information to educate about the challenges of work / life balance
3. To encourage replication of the survey over time and in other jurisdictions in Canada

Study Design

The survey was conducted in spring 2008. Data were gathered on employment-related issues, including: salaries; benefits; hours worked; opportunities for training and advancement; caregiver responsibilities; and health and safety. In addition, the survey is believed to be unique in exploring the experience of respondents related to personal security within the workplace and balancing personal care-giving with employment responsibilities.

Quantitative data were transferred from Survey Monkey into SPSS 12.0 for Windows version (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). Since the data from Survey Monkey were string data, the variables needed to be recoded in numeric format and all values were developed in the SPSS program. After completion of the conversion and SPSS database, all data were cleaned and checked for accuracy.

Data Analysis

Univariate, discrete descriptive results are presented in percentages. Continuous data are presented with the means and standard deviations. For comparison analysis (bivariate), all tests were conducted using the traditional alpha level of $p < 0.05$. Comparative analysis of nominal or ordinal level data involved the use of the chi-square test. Analysis of variables measured at the interval and/or ratio level involved the use of independent t-tests and ANOVA for differences between means. The assumptions underlying each statistical test were met. For all parametric tests of means, the homogeneity of variance were examined using Levene's test found in the t-test and General Linear Model procedures in SPSS 12.0 for Windows Version (Nie et al., 1975). All measures were examined for normality of distribution in the explore procedure in SPSS 12.0. Assumptions of chi-square are independence, that each respondent provides only one observation and that there is a minimum expected value of at least 5 in each cell.

A separate Excel file was created for other "open answers". These were labeled connecting them to their question number so as to provide further analysis regarding the grouping of these comments, and to provide narrative examples to illustrate the quantitative data.

The final question in the survey was an open-ended field where respondents could provide additional comments about the survey, its content and/or any other information relevant to social work. 27 responses were included in this section. A framework was derived from this analysis as themes emerged from the data. This analysis is provided separately and also complements the quantitative results.

Results

1) Age and Gender

Of the 154 who participated in the online survey, the majority of the respondents were female (88%). Forty-five percent (45%) of the respondents were 50 years of age or older, while only 9% were under the age of 30 years of age (see table 1)

Table 1: Demographics

<i>Category</i>	<i>Percentages</i>
<i>Gender</i>	
<i>Male</i>	12%
<i>Female</i>	88%
<i>Age</i>	
20-29	9%
30-39	18%
40-49	29%
50-59	32%
60 and over	12%

2) Regional Distribution

Although the sample strategy targeted potential participants from both Saskatchewan and the Northwest Territories, 91% of the respondents were from Saskatchewan, one person from the Northwest Territories, and thirteen individuals did not indicate their geographic location (see table 2). Due to the low response rate from Northwest Territories, the data on the one respondent was removed from further analysis.

Forty-one percent (41%) of the respondents indicated they work in large urban communities of populations over 200,000 people. Twenty three percent (23%) reported working in a medium urban area (50,000 to 200,000). Twenty-five percent (25%) are from small rural areas (under 50,000). Eleven percent (11%) indicated they work in rural areas (see table 3)

Table 2 - Geographic Region

Saskatchewan	91% (141)
Northwest Territories	0.6% (1)
Not stated	8% (13)

Table 3 – Community Size

Large Urban (over 200,000)	41%
Mid-size Urban (50,000 to 200,000)	23%
Small Urban (under 50,000)	25%
Rural	11%

3) Languages

The results indicate 92% of the sample said they were fluent in English and another 3% of respondents stated they were fluent in German, while only 2% identified themselves as fluent in French. Other languages included Aboriginal (.6%), Danish (.6%) and Spanish (.6%).

Table 4 – Fluent languages

English	92%
German	3%
French	2%
Aboriginal	0.6%
Danish	0.6%
Spanish	0.6%

4) Disabilities

Approximately 7% of the respondents identified themselves as having a disability. 2% did not specify the disability. Of those who listed a disability, these included mobility (1%), visual (0.6%), hearing (0.6%) and mood / mental health (0.6%). A small number of respondents who identified themselves as having a disability reported requiring assistance at work (1%).

Table 5 – Percentage of those working with disabilities

No Disability	93%
Mobility	1%
Visual	0.6%
Hearing	0.6%
Mood mental health	0.6%
Other	2.0%

5) Membership Affiliation

Most respondents indicated that they were members of the Saskatchewan Association of Social Workers (88%) and 18 (12%) of the 154 respondents did not complete this question.

Of the respondents, 30 (20%) indicated they were a member of a union. 125 (80%) did not respond to this question.

Note: Questions regarding member affiliation were based on a question that asked respondents to check all that apply. It is unclear whether missing data on these questions represent the actual number of members in the various associations and unions or whether the majority of respondents checked one answer instead of choosing all that applied.

6) Education and Training

a) *Highest social work degree:*

Respondents were asked to indicate their highest social work degree, diploma or certificate. The majority of the respondents indicated they earned a bachelor of social work degree (57%), while 35% indicated their highest degree was a Master of Social Work. No respondents indicated a diploma in social work was the highest education earned and only 6% indicated their highest education was a certificate in social work.

Table 6 – highest social work degree

BSW	57%
MSW	35%
Certificate in Social Work	6%
Doctorate	1%
Diploma in Social Work	0%

b) *Additional degree*

Respondents were asked if they had additional degrees, diplomas or certificates in another field. Of those who indicated having another degree, 62% stated that they had a bachelor degree in another field, 17% had obtained a certificate in another field, 8% had a diploma in another field, 5% had a master's degree in another field, 1% had a doctorate in another field while 7% respondents indicated they had additional education in areas of law, nursing, sociology and women's studies.

Table 7- additional degrees

Bachelor's Degree in another field	62%
Certificate in another field	17%
Diploma in another field	8%
Master's Degree in another field	5%
Doctorate in another field	1%
Other	7%

c) *Training in Canada*

Respondents were asked whether they received their social work training in Canada and 99% indicated they did. This question however does not provide information regarding which training was completed in Canada and/or whether the respondents completed any training abroad.

d) Total years of experience in social work:

The majority (64%) of the respondents indicated that they have more than 11 years of experience.

Table 8- Total years of experience in social work

Less than 1 year	4%
1 to 2 years	5%
3 to 5 years	13%
6 to 10 years	15%
11 to 15 years	14%
16 to 20 years	17%
More than 20 years	33%

7) Employment: Number of Jobs

Although the majority of respondents (81%) indicated that they had one job or less, a number of them (19%) indicated they were working more than one job.

8) Field of Practice

Respondents' field of practice was distributed across various settings. Table 9 lists the respondents' primary job, which was defined as the one for which the respondent works the most hours. The major field of practice settings identified by the respondents included: health; child and family services; social services; disabilities; criminal justice and corrections; service to aged; alcohol and substance abuse; education; employment assistance program (EAP); and Aboriginal Services. Other included social workers in private practice, consultants, workshop presenter, custody and access evaluator, researcher and policy analyst.

Table 9 – Field of Practice

Medical Health	34.3%
Adult Mental Health	14.2%
Child Welfare	14.2%
Service to Aged	9.0%
Child Mental Health	7.5%
Family Service	7.5%
School Social Worker	4.5%
Alcohol and Substance Abuse	4.5%
Domestic Violence	3.7%
Developmental Disabilities	3.7%
Aboriginal Services	3.0%
Sexual abuse	3.0%
Housing	3.0%
EAP	3.0%
Social Work Education	2.2%
Other Disabilities	2.2%

Family Mediation	2.2%
Aboriginal Bands	1.5%
Multicultural Services	1.5%
Criminal Justice Corrections	1.5%
Income Maintenance	0.7%
Armed Forces	0.7%
Occupational Industrial	0%
Other	5.2%

9) Focus of Practice

Respondents were asked to indicate their focus of work. Table 10 lists the respondents' primary job, which was defined as the one for which the respondent works the most hours. The majority of the respondents (56%) indicated they are involved in direct practice with clients in their primary jobs. The "Other" category included supervision, assessment, support, acting as liaison and involved in fundraising.

Table 10- Focus of Practice

<i>Focus of Practice</i>	<i>Primary Job</i>
Direct Practice	56%
Administrative	18%
Teaching	10%
Community Development	9%
Policy	6%
Research	5%
Other	4%

10) Level of Responsibility

Respondents were asked to indicate their level of responsibility. Half of the respondents (49%) indicated their level of responsibility was at the front line. In addition, 14% indicated that their level of responsibility was as manager, 10% as educator, 8% as consultant, 7% as supervisor, and 3% as team or profession practice leader.

Table 11- Level of Responsibility

	<i>Primary Job</i>
Front Line	49%
Manager	14%
Educator	10%
Consultant	8%
Supervisor	7%
Team or profession practice leader	3%
Other	0%

11) Sector

Respondents were asked to indicate their job sector, which included non-profit, public, private and First Nations Band. The majority indicated they worked for public sectors (58%), while 16% worked in non-profit sectors, 5% worked in private and 1% worked for First Nations.

Table 12- Sector

	Primary Job
Public	58%
Non-profit	16%
Private	5%
First Nation Band	1%

12) Size of Organization

Respondents were asked to indicate the size of the organization in which they work. Based on the responses, almost half work in organizations with more than 100 staff members (41%), while others worked in organizations that ranged from less than 10 staff to 99 staff.

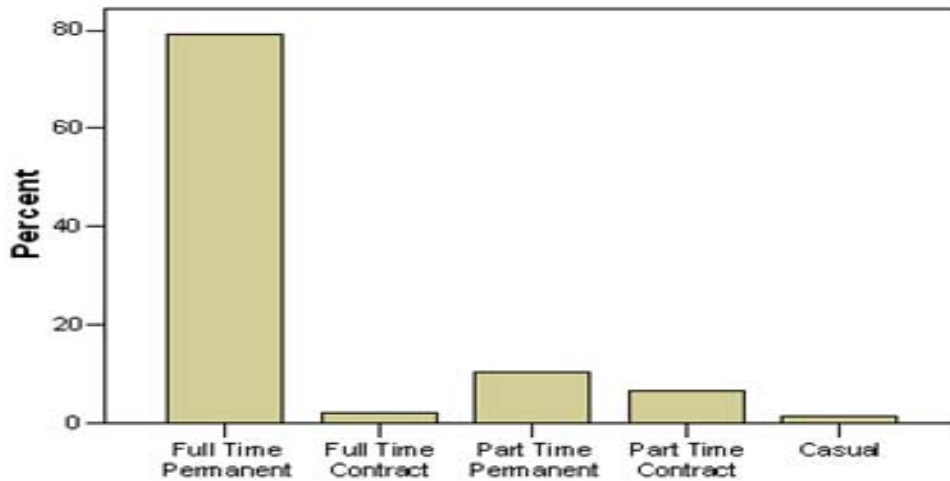
Table 13- Size of Organization

	Primary Job
Less than 10 staff	9%
10 to 24 staff	9%
25 to 49 staff	10%
50 to 99 staff	8%
More than 100 staff	41%

13) Position Classification

As depicted in the graph below, the majority (69%) of respondents indicated they held a full-time permanent position, while 9% indicated their job was part-time permanent. An additional 2% said their job was full-time contract, 6% said their job was part-time contract and 2% said their job was on a casual basis.

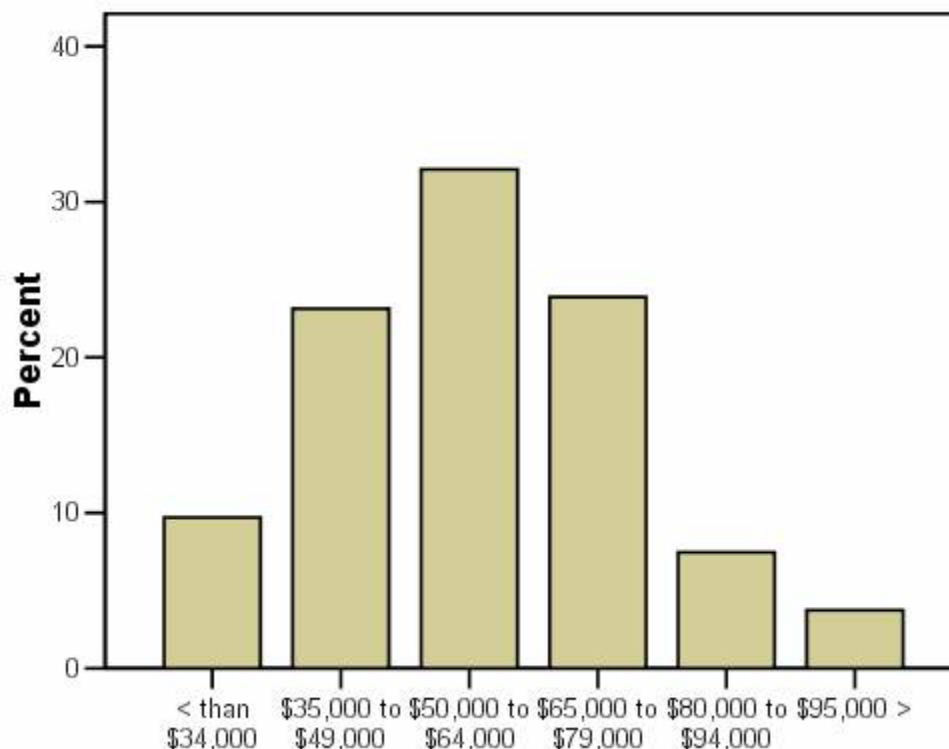
Figure 1: Classification of employment



14) Social Work Salaries

Respondents were asked to report their current gross annual salary. Ten percent (10%) reported salaries less than \$34,000 a year. Twenty three percent (23%), indicated annual salaries between \$35,000 and \$49,000. Thirty-two percent (32%) reported salaries between \$50,000 and \$64,000. Twenty-four percent (24%) reported salaries between \$65,000 and \$79,000. Seven percent (7%) reported salaries between \$80,000 and \$94,000. Lastly, four percent (4%) reported annual salaries exceeding \$95,000.

Figure 2 - Respondents' Gross Annual Income



A comparison between the respondents' gross annual salary (presented in ordinal data) and the classification of the respondents' position (presented in ordinal data) demonstrates that those full-time positions gain more annual income than the other classifications $\chi^2(20, N=134) = 94.625, p < 0.001$.

Inconsistencies regarding salaries were also noted in relation to credentials, as respondents with MSW degrees reported higher annual salaries ($\chi^2(15, N=133) = 59.130, p < 0.001$). This is despite 30% of respondents indicating that they believed that the employer's pay scales were the same for BSWs and MSWs.

Other factors related included age with older respondents reporting high income ($\chi^2(15, N=20) = 40.466, p < 0.05$, and more years of experiences reported higher income ($\chi^2(30, N=134) = 62.953, p < 0.001$). Differences in gender and community size were not statistically significant regarding income levels.

Qualitatively, respondents stated that social workers make less money for the same amount of schooling than other disciplines (e.g. nurses, teachers, etc.). One respondent said that when social workers have the same number of years of education as teachers in the same workplace (i.e. Masters Degree), they still fall well behind teachers when they reach their maximum level of pay.

15) Benefits

Core Benefits have been identified to include: Paid Vacation Leave; Sick Leave; Extended Health; Pension Plan; and Group RRSP, whereas Extended Benefits have been identified to include: Life Insurance; Long Term Disability; Educational Leave (compensated); Educational Leave (time and pay); Education Leave (leave without pay); EAP; and Access to Wellness.

Respondents were asked to indicate the core benefits they received. Of the total sample of 154 respondents, 77% reported receiving paid vacation leave, 81% reported receiving paid sick leave, 75% reported receiving extended health, 73% reported receiving a pension plan, while 16% reported receiving group RRSP.

Table 14- % of respondents receiving core benefits

Paid Vacation Leave	Sick Leave	Extended Health	Pension Plan	Group RRSP
77%	81%	75%	73%	16%

Respondents were asked to indicate the extended benefits they received. Of the total sample of 154 respondents, 67% reported receiving life insurance, 72% reported receiving long term disability, 22% reported receiving educational leave (compensated), 34% reported receiving educational leave (time and pay). 41% reported receiving education leave (leave without pay), 70% reported receiving EAP, and 29% reported receiving Access to Wellness

Table 15 - % receiving extended benefits

Life Insurance	Long Term Disability	Educational Leave (compensated)	Educational Leave (time pay) and	Education Leave (leave without pay)	EAP	Access to Wellness
67%	72%	22%	34%	41%	70%	29%

16) Workload, caseload and responsibilities

a) Administrative Tasks:

Administrative (clerical) work seems to be a major concern expressed by the respondents in the study. Many of them stated that administrative work interferes with their ability to provide direct service to clients. One respondent said "administrative work now comprises fully two-thirds of my weekly time, leaving only one-third for clinical contact." Another said "an issue that is of concern in my workplace is the increasing amount of paperwork that is required, and the increased time spent with more 'clerical' duties such as data entry. This results in less client focused time".

b) Caseloads increasing:

Several workers reported that they now have more cases and these are more difficult than before: "Caseloads have increased, to the point where my two half time jobs are really two full time jobs. Not only have numbers increased, but the complexity has increased as well." In addition due to the increase in administrative work, the "time of intervention is more limited." One worker reported that "in the past two weeks, two of my co-workers have chosen to work elsewhere. Workload is too high." Another person stated that "all the benefits in the world do not make up for crushing workload day after day." Another participant stated... "our department does not have funds to cover sick leave. If we are sick, we will have our work waiting for us when we return." Another worker stated "increased workloads also mean I am unable to follow through effectively with case plans. I put out fires".

c) Lack of employees to complete work

The majority of respondents (50%) indicated they did not believe that their setting employs a sufficient number of people to complete the work to an acceptable standard. In addition, 56% indicated that their organization had trouble filling vacancies over the past year.

Tables 15 and tables 16 shows that 36% of the respondents indicate their organizations have clients on the waiting lists and 72% of these cases are on a waitlist for up to 3 months.

Table 16 - Clients on waiting lists in your organization

Yes	36%
No	25%
Depends/Sometimes	16%
N/A	20%
Don't Know	3%

Table 17 - How long is the current waiting time?

0-3 months	72%
4-6 months	8%
7-9 months	3%
10-12 months	3%
N/A	12%
Not Sure	2%

d) Hours of Work

Intensity and speed of the job were two themes that emerged from the data. The increased time to complete the work was also reported to be impacting and affecting their work quality: "I enjoy my job however the volume of work and speed with which we complete our work has steadily increased making it increasingly difficult to reflect on what we do." As well many respondents stated that this increased demand is met with expectations that the work should be completed within the 'normal' working hours and that overtime is discouraged.

When asked if the workload changed over the past year (e.g. number of cases, counseling, report writing, etc), 57% indicated that their workload has increased, while 34% said no change and 5% said their work has actually decreased from a year ago.

e) Time away from work

Respondents indicated there can be a lack of clear boundaries around work and life. For example, 64% of the respondents indicated they are called into work on a day off about once a month, while 12% indicated they are called into work on a day off about once a week. Almost half (49%) of the respondents indicated they sometimes go to work even when they are sick. 30% said they go into work sick usually or often.

f) On Call

39% of the respondents are required to be on call as part of their normal duties. Of these respondents, 22% are required to be on call once a week, 12% are required to be on call once a month and 14% once a year.

g) Overtime

The majority of respondents (57%) work 1-5 hours of overtime a week (see table 17). When asked if the amount of overtime changed over the past year, 28% indicated that their overtime increased, while 57% said no change and 5% said their overtime decreased from a year ago (see table 18).

Table 18 - Hours of paid overtime worked in a week

None	29%
1 to 2 hours	26%
3 to 5 hours	31%
6 hours >	7%
Not sure	7%

Table 19 – Change in paid overtime since a year ago

Increased	28%
Decreased	5%
No Change	57%
Not Sure	10%

h) Payment of overtime

Taking flex time or time in lieu can help workers keep a balance between work and family responsibilities. Of those that receive compensation for overtime, 68% of respondents indicated they are compensated by “other” forms of payment. 18% indicated they receive time off in lieu, while 13% indicated they receive time and a half.

One respondent remarked that “we receive time in lieu, but find we are not always able to take the time off. In these cases time has been taken "under the table" if possible as workers frequently feel tired out and over-worked. However workers also feel if they need to work overtime to get the work done, all taking the time off in lieu does is put them behind in their work again.

i) Unpaid overtime

The majority of respondents indicated that they work an average of 1 to 5 hours of unpaid overtime in a week (54%), while 16% report working more than 6 hours of unpaid overtime a week. 21% report not working unpaid overtime in a week, while another 9.5% were unsure about the amount of unpaid overtime worked in a week.

When asked if the amount of unpaid overtime changed over the past year, 33% indicated that it had increased, while 48% indicated no change and 12% said it had decreased from a year ago and 8% were unsure.

Almost all (94%) indicated there is no difference in the work when comparing paid and unpaid overtime (except they do not get compensated for the unpaid work)

17) Educational Training

a) Opportunity for training and professional development:

The majority of respondents (83%) indicated training is available to them within their organizations and 83% stated they had opportunity for training or upgrading their skills in their existing jobs. Sixty-three percent (63%) said they had opportunity for one or two day workshops/seminars/conferences, 43% said they had opportunity for agency-based training, 27% said they had opportunity for skill-based certificate programs/courses, and 10% said they had opportunity for post secondary education.

To participate in training, 61% said they could use work time hours to complete the training, 34% said they could use an educational leave, 33% said they were able to use personal time and/or vacation, and 16% said they could use flex time.

18) Volunteer Work

The majority of respondents (55%) indicated they volunteer in their community on average of 1 to 5 hours per week. An additional 7% volunteer more than 6 hours per week on average. Thirty-seven (37%) indicated they do not volunteer.

19) Supervision

When discussing the contribution of managers and supervisors to their level of stress, many reported they are able to handle stress due to a supportive team and supervisors. 60% of the respondents indicated they have access to social work supervision and consultation within their workplace. Of the other 28% of respondents that do not have access to social work supervision, 32% report to persons with business/administrative credentials, 32% to persons with nurse credentials, 19% to members of allied health profession, 3% to psychologists, and 14% to persons without credentials.

20) Technology and work

When asked about the effect that technology has on the respondents' work, 50% indicated technology has no effect and another 9% said the effect of technology is both positive and negative. Thirty-eight percent (38%) indicated technology has a positive effect, 4% said the effect is primarily negative.

Reasons for positive effects of technology included: 1) improved communication (59%), ability to respond more immediately (52%), ability to work more independently (42%), increased productivity (37%), and ability to work with others outside of office (37%). Qualitative comments included: technology allows workers to stay in touch while traveling, it allows for more efficiency and organization, it provides additional accountability, allows for the measurement of outcome data relevant to work, and it provides better access to resources (e.g. the internet)

Reasons for negative effects of technology included: the increased feeling of being rushed (33%), the increased volume of work (30%), the increased demand to be constantly in touch (27%), and lack of adequate training to use technology (19%). Qualitative comments included: Computers are important but there are limited staff who use it, too much time calling IT services for help because there are constant problems with technology, technology now makes it possible for workers to do their own typing and so less time with clients and there are incredible amount of emails that now need to be addressed. One respondent stated they... “have become more of a data entry clerk than a social worker, never a down time - always interrupted by a cell phone call or an email. No breaks - even my lunch hour and break time is consumed by the constant need to be available to anyone and everyone”. Another respondent stated “it is supposed to improve one’s ability to communicate with others across the region about clients, but IT policy now is that we cannot use client names in email, which then makes it way more difficult to communicate with other professionals throughout the region.

Factors that contribute to feeling rushed due to technology include the use of a word processor for report recordings, sending and receiving emails, retrieving cell phones and others including: the expectation of using technology even though there remains many problems with the software which slows down work. Another stated that work is slowed down because the database requires immediate input in order to do client work. Other factors included having a central printer, and working with pagers.

Table 20 - Factors contributing to feeling more rushed due to technology

	Usually	Often	Sometimes	Rarely	Depends
Word processor	27%	27%	19%	24%	3%
Sending emails	44%	19%	27%	10%	0%
Cell phone messages	32%	31%	23%	12%	3%
Other	30.8%	15.4%	7.7%	23.1%	23.1%

21) Feeling Rushed

Findings highlight respondents increased workloads and a faster pace of work. The majority of the respondents (73%) reported they usually or often skip meals.

Over half of the respondents (58%) feel they are often or usually rushed at work. Compared to 3 years ago, 50% stated that the feeling of being rushed has increased. Reasons for the increased feelings of being rushed include: the volume of work (76%), the complexities of work (68%) and an increased paper work (56%). Other things that contributed to people feeling rushed are staff shortages, new duties, fast pace of work, covering other staff, changes in policy and others (see table 20).

Table 21 - If you feel rushed, is this due to one or more of the following reasons:

	Usually	Often	Sometimes	Rarely	Never
Staff shortages	27%	15%	39%	12%	8%
Volume of work	49%	27%	20%	2%	3%

New duties	19%	14%	51%	12%	5%
Complexities of work	42%	26%	27%	3%	2%
Fast pace of work	29%	30%	27%	10%	4%
Increase documentation	33%	23%	32%	8%	4%
Covering other staff	16%	21%	38%	19%	7%
Changes in policy	11%	15%	44%	21%	9%
Other	21%	7%	3%	3%	66%

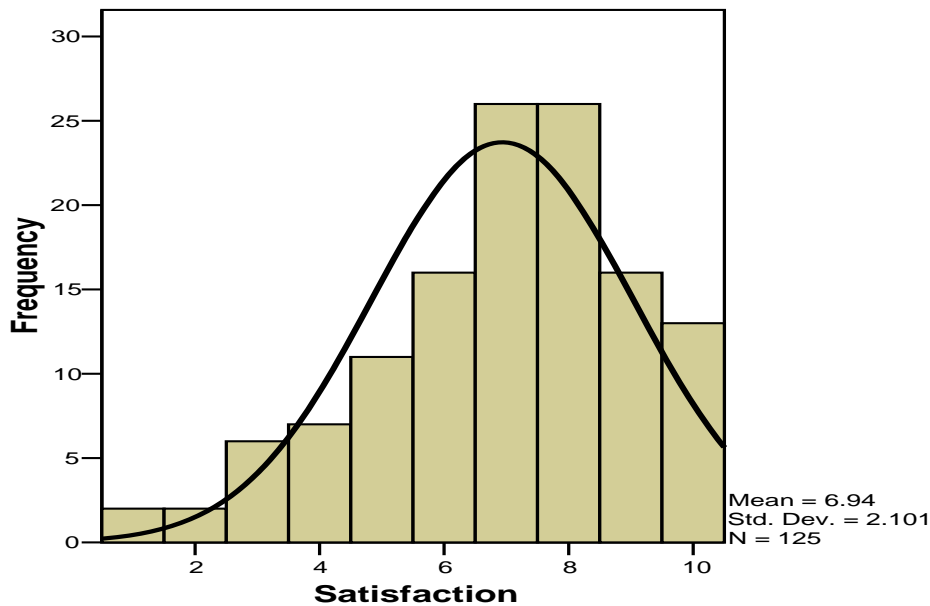
22) Workplace Stress

Sixty-three percent (63%) of respondents reported experiencing workplace stress, a significant number citing feelings of depression (33%), irritability with colleagues (40%), irritability with clients (24%), frequent illness and mistakes (21%). Reasons given for feeling stressed include: committee work; computer work; crisis situations; deadlines; expectations to do extra- research; supervising students; needing to upgrade education; attend ‘rounds’; a lack of cohesion on the team; lost time due to lengthy drives to client locations; and a reduction in clerical support.

23) Satisfaction with work

65% of respondents indicated at least a 7 out of a possible 10 on their satisfaction in their current job as a social worker. The average mean of all respondents was 6.94 with a standard deviation of 2.101, suggesting that the majority of respondents rated their satisfaction between 5 and 9 out of a possible 10 points. 32% of the respondents would recommend social work as a profession to their children or someone they know, while another 48% stated that suggesting social work as a profession would depend on other factors

Figure 3 – Level of satisfaction



Note: On a scale of 1 to 10, where 1 means very dissatisfied and

10 means very satisfied, please rate your current satisfaction with your career.

To test the hierarchical regression model, a simple regression analysis was conducted to identify the association between selected independent variables and the dependent variable of level of satisfaction. The selected variables included: 1) total years of experience in social work; 2) whether the respondents believed that their setting employs sufficient number of people to complete the work; 3) highest social work degree; 4) number of times called in to work while on a day off; 5) feeling rushed; 6) gross annual income; 7) classification of employment. These factors are identified in the literature associated with stress and burnout.

The linear combination of the selected variables was significantly related to the level of satisfaction, $F(5, 89) = 5.554$, $p. < 0.001$, $R^2 = .238$, adjusted $R^2 = .195$. Of the 6 variables, highest social work degree was the strongest significant predictor of level of satisfaction (Beta = $-.318$), followed by annual income (Beta = $-.283$), by total years of experience (Beta = $.261$), whether the respondents believed that their setting employs sufficient number of people to complete the work (Beta = $-.257$), and feeling rushed (Beta = $-.187$).

a) Positive:

Many respondents expressed positive job satisfaction. One said “I love my job and am honoured to work with my clients.” Another said “I love my work! I travel all over the country, especially in northern Canada and work with wonderful people who are open and willing to help themselves heal. I facilitate this healing process as a workshop facilitator, a therapeutic counselor and as a traditional practitioner. Being my own boss and working with diverse people has been a blessing in my life.”

b) Negative:

Negative aspects of the job seemed to be qualitatively related to relationship issues and uncertainty of work. One respondent expressed dissatisfaction “with internal staff disagreements, assumptions, and misunderstandings that have created tensions and mistrust between myself and other employees who do not understand the nature of my role and responsibility.” Others noted that dissatisfaction is due to feeling rushed due to paperwork deadlines, unexpected crises that then take time away from paperwork duties, and wait list for service.

24) Caregiver Responsibilities

Unique to this survey were questions gathering information related to how respondents were faring as they attempted to balance work responsibilities and care-giving duties. 40% of respondents reported being in a care-giving position. Of these 33% reported having care-giving responsibilities for children, 8% for dependent adults, and 24% for periodic support for relatives, friends or neighbours.

Respondents were asked whether their care-giving responsibilities overlap employment responsibilities. 34% of the respondents indicated that making and coordinating appointments overlapped with employment responsibilities, 30% of the respondents reported that responding to emergencies overlapped, 30% stated that pick-ups and driving overlapped, 13% report that organizing other care providers overlap, and 11% of respondents state that providing back up to caregivers overlap with employment responsibilities.

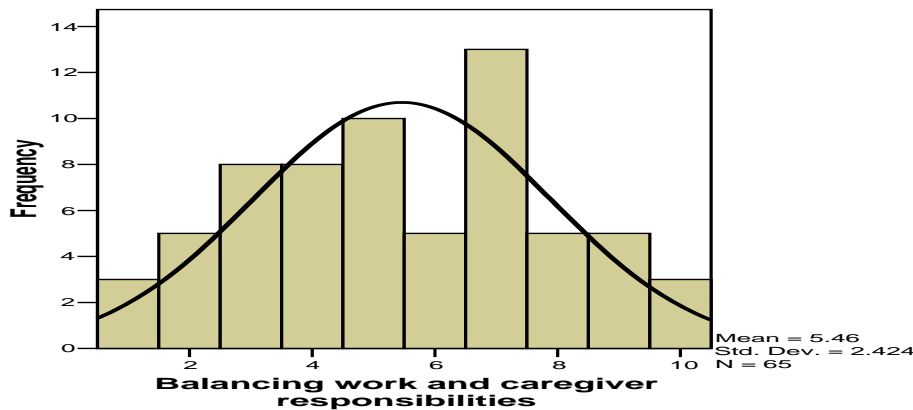
Table 22 - Overlap of caregiver responsibilities and work

Making and coordinating appointments	34%
Responding to emergencies	30%
Pick-ups and driving	30%
Organizing other care providers	13%
Providing back up to care providers	11%
Other	0%

25) Balancing caregiver and work responsibilities

Of those who reported they had care-giving responsibilities, they reported a bimodal response (either somewhat difficult or somewhat not difficult) with the average in the middle (Mean = 5.37, SD = 2.293).

Figure 4 - Balancing caregiver and work responsibilities



Note: 1 very difficult and 10 not difficult

To test the hierarchical regression model, a simple regression analysis was conducted to identify the association between selected independent variables and the dependent variable of level of difficulty of balancing work and care-giving responsibilities. The selected variables included: 1) whether the respondents believed that their setting employs sufficient number of people to complete the work; 2) number of times called in to work while on a day off; 3) feeling rushed; 4) gross annual income; 5) classification of employment.

The linear combination of the selected variables was significantly related to the level of difficulty of balancing work and care-giving responsibilities, $F(2, 46) = 3.672$, $p. < 0.05$, $R^2 = .138$, adjusted $R^2 = .100$. Of the five variables, feeling rushed was the only significant predictor of the level of difficulty of balancing work and care-giving responsibilities (Beta = .283).

Respondents were asked how important each of the factors listed in table 22 are in alleviating stress to attempt to balance caregiver and work-related responsibilities. Results indicate that flexibility, the ability to work from home on occasion, occasional ability to vary hours and the ability to make personal call at work are all very important.

Table 23 - Factors is in alleviating stress

	Very Important	Somewhat important	Not very Important	Not Important	N/A
Flexible hours	81%	13%	0%	0%	6%
Occasionally work from home	87%	13	0%	0%	0%
Take unpaid leave	44%	18%	24%	5%	8%
Supportive supervisor / Manager	41%	40%	10%	6%	3%
Occasionally vary hours	83%	16%	2.6%	0%	0%
Personal calls at work	73%	21%	5%	0%	2%
Paid leave	67%	25%	2%	2%	5%
Other	60%	0%	0%	0%	40%

Workers who received flexibility at work related it with positive aspects of their job because it allowed for accommodation of family responsibilities. One respondent explained "the support and understanding of managers and supervisors is extremely important...I am fortunate to be able to do so (by varying my workday to start 30 min earlier and end 30 minutes earlier)." Another respondent stated all employers should be supportive of those with new families or those caring for elderly family as it will pay off once that person is back to work full time. It was described that the worker would feel that they owe them something and would want to repay them for the flexibility and understanding.

26) Health and Safety

40% of respondents reported being the recipient of unwanted, unsolicited, intimidating attention, comments or behaviours in the current work environment. Respondents indicated that this kind of attention was mostly initiated by clients or family /friends of the clients (94%). In a small percentage of cases, the initiated of the incident(s) was the respondents' co-workers (6%).

Intimidating attention or behaviour included general intimidation (89%), long term harassment (50%), violence (28%), harassment related to sexual orientation (22%), racism (26%), and other forms of harassment, such as verbal abuse and false accusations (87%).

*Table 23 - Nature of harassment**

	Usually	Often	Sometimes	Rarely	Depends
Racial	7.4%	18.5%	48.1%	3.7%	22.2%
Sexual Orientation	7.4%	14.8%	55.6%	3.7%	18.5%
Gender	3.4%	62.1%	20.7%	6.9%	6.9%
General intimidation	30.2%	58.5%	11.3%	0%	0%
Long term harassment	13.3%	36.7%	30.0%	6.7%	13.3%
Violence	4.0%	24.0%	52.0%	8.0%	12.0%
Other	57.1%	28.6%	7.1%	7.1%	0%

*Valid percentages of those respondents who stated they have been a recipient of intimidating attention or behaviour in the workplace

Overview of Key Findings

This study is the first of its kind to collect information about social workers from across the province of Saskatchewan. The findings include a sample of respondents from various fields of practice, such as medical health, child and adult mental health, child welfare, family services, school social work, housing, and services for the elderly. The majority of respondents focused on direct practice, but a good number of them also working in areas of community development, policy, research, and teaching. Although respondents represent various sectors and fields of practice, caution must be used when attempting to generalize the results beyond the sample. Although all members of the Saskatchewan Association of Social Workers were invited to participate, only 154 respondents of the 1,285 members (response rate = 12%) completed the form. No follow-up contact was made with non-responders to determine potential differences between completers and non-completers. Some qualitative comparisons suggest that the respondents were similar to reported employment data, gender and membership employment status (SASW Annual Report, 2008), but these comparisons alone cannot control for potential selection bias.

As a web-based data collection design, using SurveyMonkey has posed some unique challenges for the survey. There were several steps involved in reorganizing the data after being downloaded from the website to transfer the data from excel to SPSS. One of the attractive features of Survey Monkey is its low monthly cost (under \$30. to subscribe) and the ease of distributing the survey link. However, the manipulation of data from one software to another can increase the risk of data entry error and it requires careful cleaning of the data at each stage of transfer.

The most significant finding of this study is that the large majority of social workers who responded are satisfied with their career. Despite feelings of increased levels of stress and increased demands on their work and life, most respondents have a high level of satisfaction as social workers. This mean level of satisfaction in this study is comparable to results found in other provinces, such as Manitoba and Ontario. The findings of this study also point to strategies to improve satisfaction in the workforce. For example, level of satisfaction was found in this study to be connected to both personal rewards (e.g. education, income, level of years in an organization), but also to organizational issues that can have an impact on overall morale and satisfaction, such as ensuring that the workplace has sufficient workers to complete the required tasks. As organizations focus on retention of their workforce, it is important to consider the supports in place to ensure workers are both satisfied with their jobs and are not feeling too stressed and rushed to perform their jobs well. These are serious challenges as social work organizations juggle shrinking budgets and limited resources while needing to ensure a consistent and competent workforce.

Stress is an important consideration for worker retention, worker performance and ultimately client services. In the current study, the majority of respondents reported experiencing workplace stress. Stress was reported to be related to serious consequences such as depression, frequent illness, feeling rushed and making mistakes. Respondents pointed to a number of reasons for stress including a reduction in clerical support, demands for increased documentation, crisis situations, and a lack of cohesion on the team.

Findings highlighted increased workloads and a faster pace of work. Respondents reported they were busier than a year ago and they were being asked to do more at work. A lot of this extra work was considered unpaid work as 69% of respondents indicated that they donated anywhere from one to six hours of unpaid work per week. A recent Ipsos Reid survey found 46% of respondents to be vacation-deprived, placing the profession second in the list of careers surveyed⁵. This figure is compared to 24% of working Canadians who do not take their entitled vacation time.

Unique to this survey were questions related to how respondents were faring with balancing work responsibilities and caregiving duties. Almost half of the respondents reported caregiving, mostly caring for children. Further comparative analysis is needed to uncover possible implications of juggling working responsibilities and caregiving responsibilities in the current climate of feeling more rushed and more stressed at work. Gin (1997) reported increased stress on social workers with dependent children or with informal caring commitments. Women with family responsibilities experienced more stress than equivalent numbers of men, suggesting that the occupational advancement of women within the profession is achieved at greater cost in terms of stress than for male counterparts. Flexible hours, being able to occasionally work from home, vary hours and being able to make personal calls at work were reported as being the most important factors in balancing work and family care-giving responsibilities.

A striking and disturbing finding was that (40%) of respondents reported being the recipient of intimidating attention or behaviours in the current workplace. In 94% of these incidents, the source of the incident was client or a family/ friend of the client. Females have been reported elsewhere to be more at risk of harassment in the workplace than males. In fact, 64.5% stated that workplace harassment was related to gender issues. Of those who reported the presence of harassment, these included general intimidation (88.7%), long term harassment (50%), violence (28%), harassment related to sexual orientation (22.2%), racism (25.9%), and other forms of harassment such as gossiping among staff.

Future Directions

The study develops basic information on social work salaries, benefits, and working conditions. It is unique in targeting the social work profession and addressing their work-related experiences associated with stress, workload, harassment, and balancing personal care-giving and work. The results suggest that despite the increased workloads and additional professional and personal demands placed on respondents, the majority of social workers are satisfied with their career choice and their overall work.

A number of other provincial and territorial member organizations of the Canadian Association of Social Workers have already, or are also planning to implement this survey with the goal of establishing a national data bank to enable regional and national comparisons. Findings and conclusions from these surveys may be used to educate around working environments for social workers and as a foundation for another survey that would more deeply examine the issues.

⁵ Ipsos Reid, *The 2006 Expedia Vacation Deprivation Survey*

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