

# **LICENSED SOCIAL WORKERS IN HEALTH, 2004**

## **Chapter 5 of 7**

### **Work Environment**

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## Chapter 5. Work Environment

### Summary of the Findings

- Health social workers are substantially more satisfied with wages and benefits than social workers overall.
- Seventy eight percent are satisfied with wages and 85% with benefits, compared to 70% satisfied with wages and 72% satisfied with benefits among social workers overall.
- The median salaries of men in Health is \$4,457 higher than the median salary for women. Controlling for multiple factors, this disparity is attributable specifically to differences in gender.
- Median annual wages of these licensed MSWs and BSWs are \$50,707 and \$36,232 respectively, slightly higher than for licensed social workers overall.
- MSWs and BSWs in this practice area both earn highest salaries in metropolitan areas.
- MSWs earn highest salaries in hospitals, while BSWs earn highest salaries in health clinics/ outpatient facilities.
- Licensed Health social workers are substantially more likely to receive most benefits than other licensed social workers.
- Satisfaction with salaries varies by sector and setting. Social workers in private nonprofit sector were slightly more satisfied with wages than those working in other sectors. Social workers in hospitals and health clinics (both 81%) were more satisfied than those working in hospices (72%).
- Licensed Health social workers are less likely to report vacancies in their primary practice setting than social workers overall (13% verses 20%), and as likely to report difficulty in filling vacancies (19% verses 21%).
- Reports of vacancies were most common from social workers employed in the public sector (19%). However, public sector vacancies were the least difficult positions to fill across sectors (14%). Reported vacancies were least common in the private, for profit sector (10%), but the most difficult to fill (27%).
- Social workers employed in hospices are most likely to report vacancies as common (19%), followed by those in hospitals (14%) and health clinics (8%).
- MSWs are more than twice as likely to report vacancies as common in their agencies as BSWs (14% verses 6%).
- Social workers practicing in micropolitan communities (nonmetropolitan areas with an urban cluster of at least 10,000 people) were most likely to report vacancies as common (19%) and as difficult to fill (46%).

- Licensed Health social workers are much less likely to report that employers outsource social work functions than social workers overall (11% v 20%) or hire nonprofessional social workers to fill social work roles (14% versus 27%).
- Nonprofit and public agencies were most likely to hire nonprofessional social workers for social work functions (16% and 15% respectively).
- Job safety issues are reported by 44% of social workers in Health.
- Eighty four percent of social workers in Health who reported job safety issues felt that their issues were adequately addressed by employers, compared to 69% of social workers overall.
- Public sector employers were least likely to adequately address problems (61%) compared with for profit organizations (93%) or private nonprofit employers (88%).
- Two thirds of social workers employed in hospices report facing personal safety issues on the job.
- Three fifths of licensed social workers working in healthcare settings are not supervised by social workers. This varied little by degree.

### Wages and Benefits

Wages of social workers in the practice area of Health are higher than the average wages of licensed social workers overall. Both MSWs and BSWs in Health earn slightly more than licensed MSWs and BSWs overall (\$50,707 versus \$49,216 and \$36,232 versus \$34,487, respectively).

As can be seen Table 1, licensure itself is associated with increased wages for social workers.

**Table 1. Median Annual Salaries of Licensed Social Workers in Selected Categories, 2004**

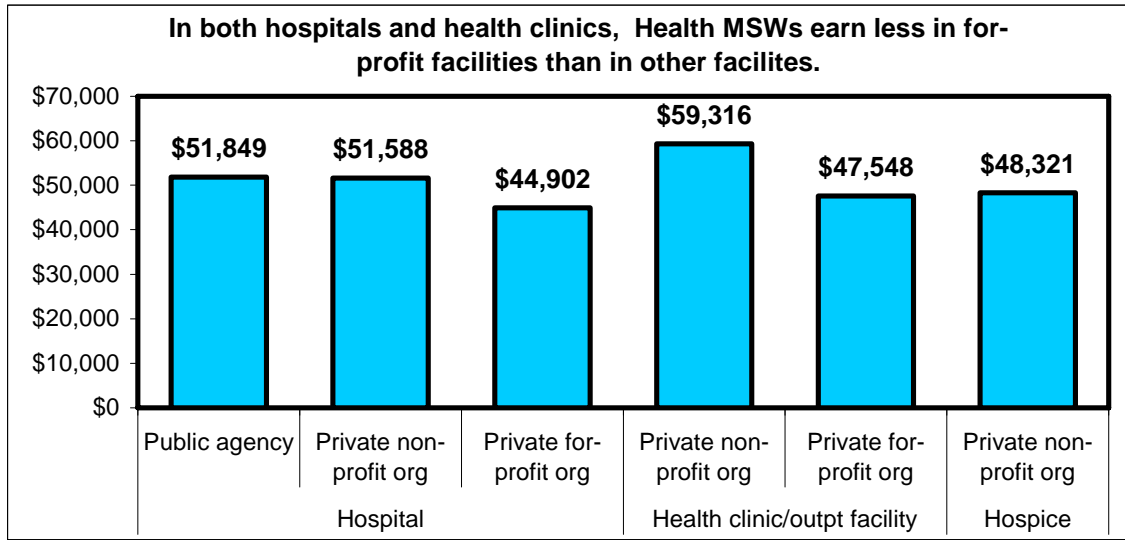
Category of Social Worker	2003 U.S. Employment	Mean Salary	Median Salary
Licensed Social Worker, BSW	37,400	\$34,274	\$32,356
Licensed Social Worker, MSW	249,136	\$48,782	\$46,825
Licensed Social Worker, DSW	6,676	\$64,798	\$94,314
MSW – Practice area is Health	32,890	\$53,051	\$50,707
BSW – Practice area is Health	5,570	\$37,486	\$36,232
Social Worker, mental health and substance abuse*	102,110	\$35,860	\$33,650
Social Worker, medical and public health*	103,040	\$40,540	\$39,160
Social Worker, child, family and school*	252,870	\$37,190	\$34,300

\*Source for non-licensed SW salaries is Bureau of Labor Statistics

The median salaries of men in Health is \$4,457 higher than the median salary for women when controlling for other factors.

Both employment sector and settings influence wages. For-profit facilities pay full-time MSWs the least on average (within setting), as shown in Figure 1.

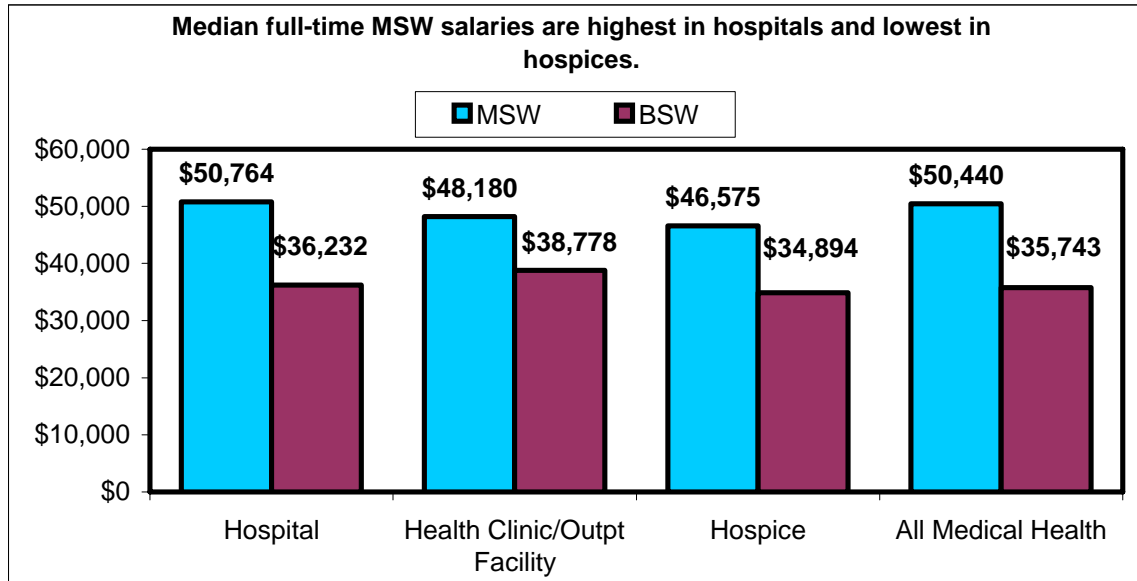
**Figure 1. Median Full-Time Salaries of Health MSWs by Sector and Setting**



Note: BSWs are not shown because of their small numbers in any particular combination of sectors and settings. There were also insufficient numbers of MSWs in public health clinics and in public and for-profit hospices to produce reliable income estimates.

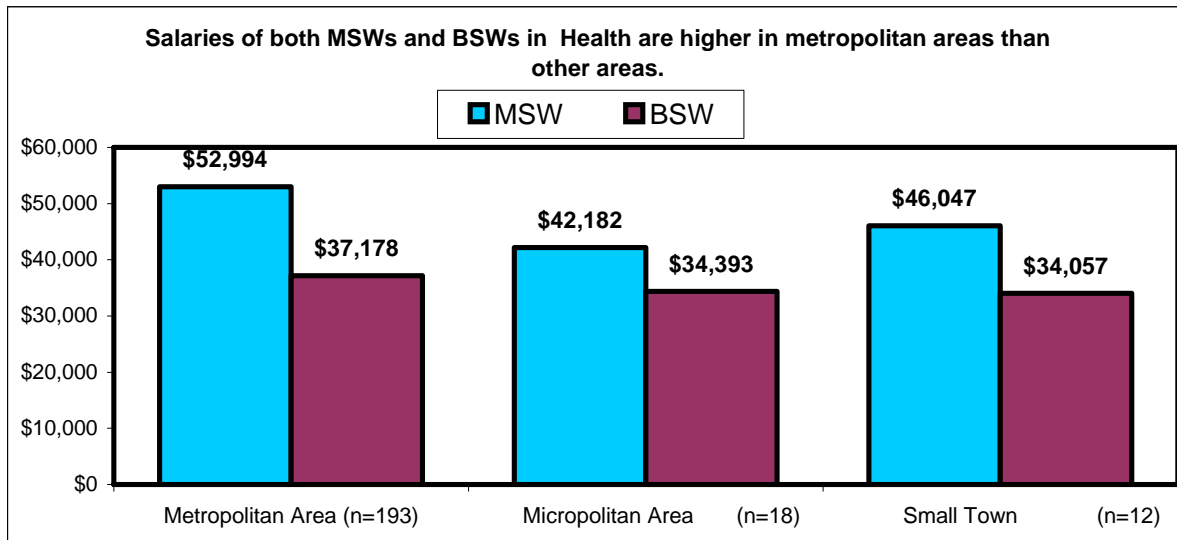
MSWs in Health earn the most in hospitals and the least in hospices, while BSWs earn the most in health clinics and the least in hospices.

**Figure 2. Median Full-Time Salaries of Health Social Workers by Setting and Degree**



Location of practice also influences salaries, as shown in Figure 3. MSWs and BSWs working in metropolitan areas earn the highest salaries.

**Figure 3. Median Full-Time Salaries of Health Social Workers by Practice Location, Degree**



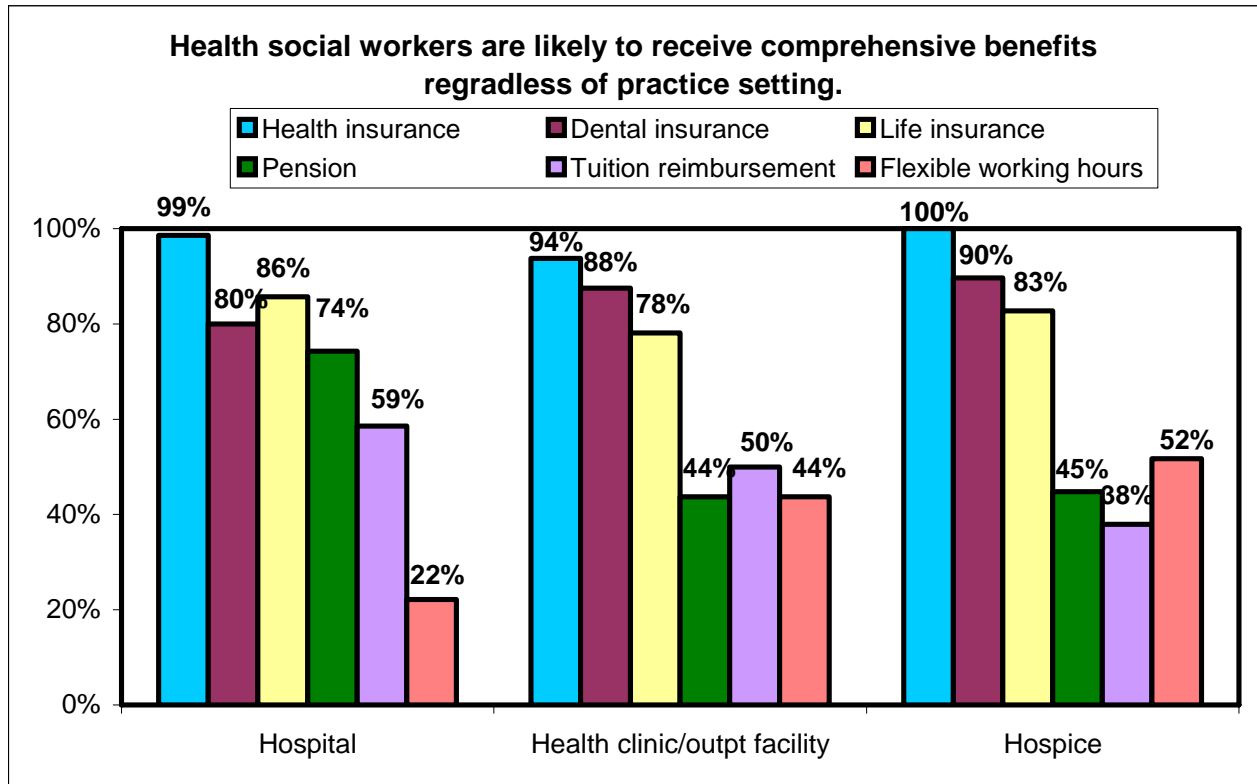
Note: Number of social workers in rural areas (1) was too small for analysis. Estimates for small town and for BSWs in micropolitan areas should also be used with caution.

Social workers in Health are substantially more likely than social workers overall to receive most benefits. These benefits include: health insurance (98% versus 85%), dental insurance (84% versus 69%), life insurance (84% versus 64%), pension (67% and 60%), and tuition

reimbursement (51% versus 29%). They are, however, less likely to report that flexible working hours are available (33% versus 40%).

Most full-time social workers report that health insurance is available to them regardless of setting. The availability of dental insurance, life insurance, pension, tuition reimbursement, and flexible working hours varies more widely by setting, as shown in Figure 4. Relatively few social workers in hospitals report flexible working hours (22%) as a benefit.

**Figure 4. Percent Reporting Selected Benefits Available, by Setting**



### *Satisfaction with Wages and Benefits*

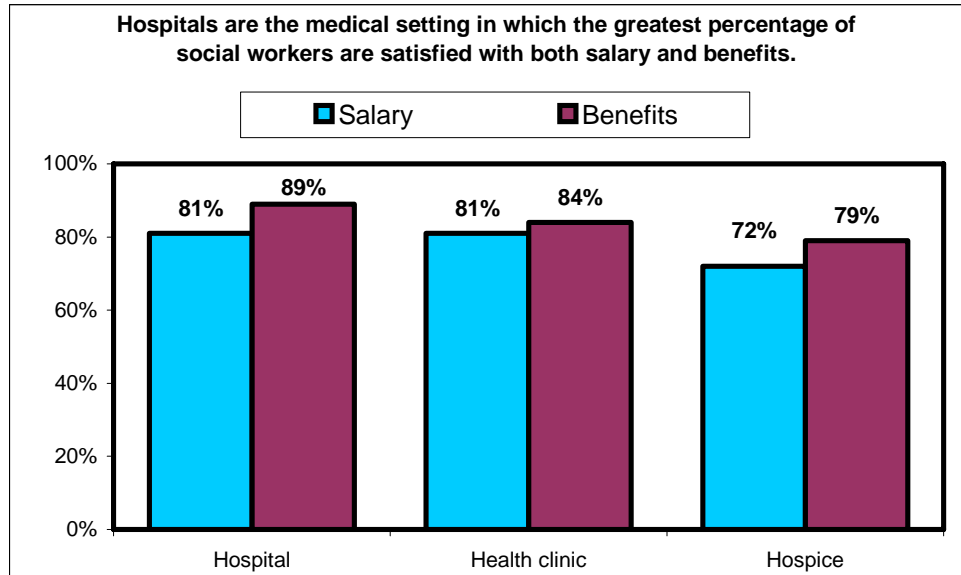
Seventy-eight percent of full-time social workers in Health report satisfaction with their salary, and 85% report satisfaction with their benefits. This is substantially higher than the percentage of licensed social workers overall who are satisfied with their salary (70%) or benefits (72%). MSWs in Health are much more likely than BSWs to be satisfied with both salary (82% versus 61%) and benefits (89% versus 73%).

Social workers in the private non-profit sector were slightly more likely to be satisfied with salary than those in public sector or private for-profit sector organizations (81% versus 76% and 72%). Satisfaction with benefits did not vary by sector.

Figure 5 shows that social workers in hospitals and health clinics were more likely to be satisfied with their salaries (both 81%) than those in hospices (72%). Social workers employed in

hospitals were most satisfied with their benefits (89%), followed by those in health clinics (84%), and hospices (79%).

**Figure 5. Percent of Health Social Workers Satisfied with Salary and Benefits, by Employment Setting**



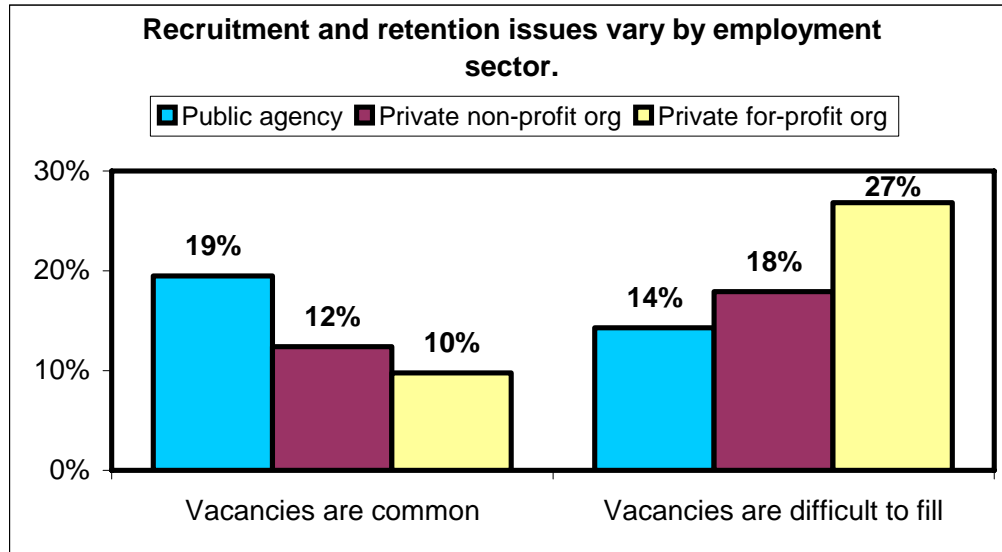
## Vacancies and Outsourcing of Social Work Roles

### Vacancies

Social workers in Health were much less likely to report personnel challenges and/or practices that are associated with recruitment and retention problems. These social workers were less likely to report that vacancies were common in their primary practice settings compared to social workers overall (13% versus 20%). However, little difference exists by difficulty in filling vacancies (19% versus 21%).

Figure 6 shows that vacancies were most common in the public sector (19%) and least common in the for-profit sector (10%). Vacancies reported by social workers in the Health practice area were most difficult to fill in the for-profit sector (27%) and least difficult in public sector agencies (14%).

**Figure 6. Vacancies Reported by Health Social Workers, by Employment Sector**



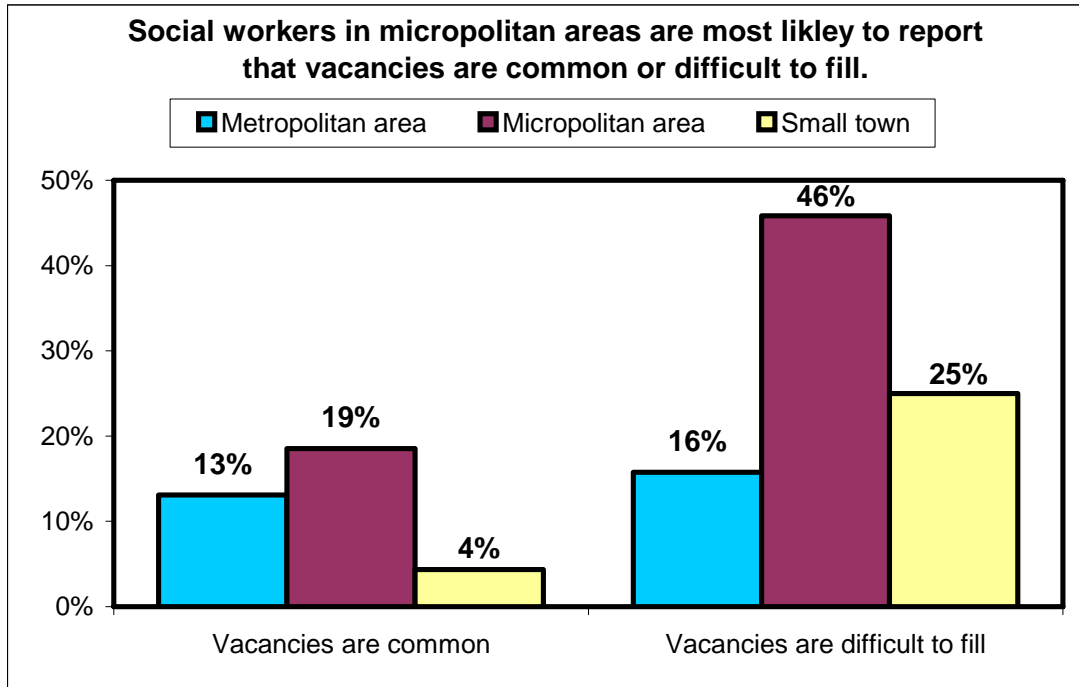
Reports of vacancies varied by both degree and employment settings, as shown below in Table 2. The number of BSWs in health clinics and hospitals was insufficient to permit the drawing of conclusions.

**Table 2. Vacancy Situations Reported by Health Social Workers in their Agency, by Degree and Setting**

Vacancy Situation	All	Hospital			Health Clinic			Hospice		
		MSWs	BSWs	Total	MSWs	BSWs	Total	MSWs	BSWs	Total
Vacancies common	13%	14%	5%	13%	9%	N/A	9%	19%	N/A	18%
Vacancies difficult to fill	19%	18%	11%	17%	24%	N/A	23%	21%	N/A	21%

Variations in experiences with vacancies also appear by location of practice as shown below in Figure 7. Vacancies are both most common and difficult to fill in micropolitan areas.

**Figure 7. Vacancies Reported by Health Social Workers, by Practice Location**



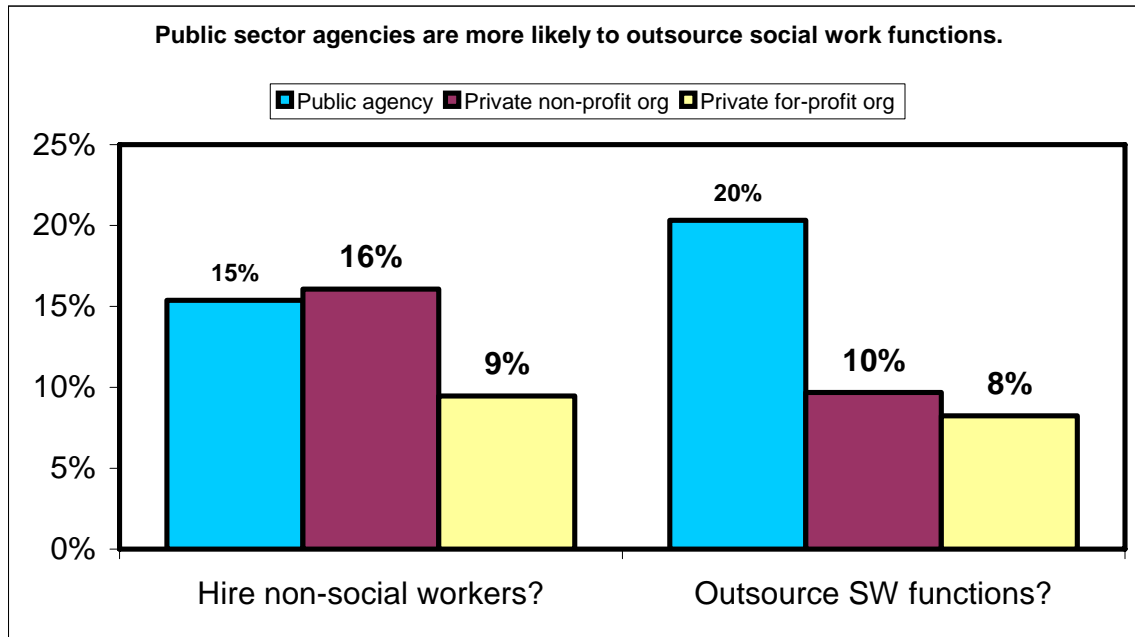
Note: Too few social workers in rural area (5) for analysis.

### *Outsourcing and Hiring Nonprofessional Staff*

Social workers in Health were less likely than social workers overall to report that their employers outsourced social work functions (11% versus 20%) or hired nonprofessional workers to fill social work roles (14% versus 27%).

Figure 8 shows that public sector agencies were far more likely than non-profit and for-profit organizations to outsource social work functions (20% versus 10% and 8%), which is consistent with the findings for social workers overall. Non-profit organizations and public sector agencies were more likely to hire non-social workers than for-profit organizations.

**Figure 8. Outsourcing and Hiring of Non-Social Workers Reported by Health Social Workers, by Employment Setting**



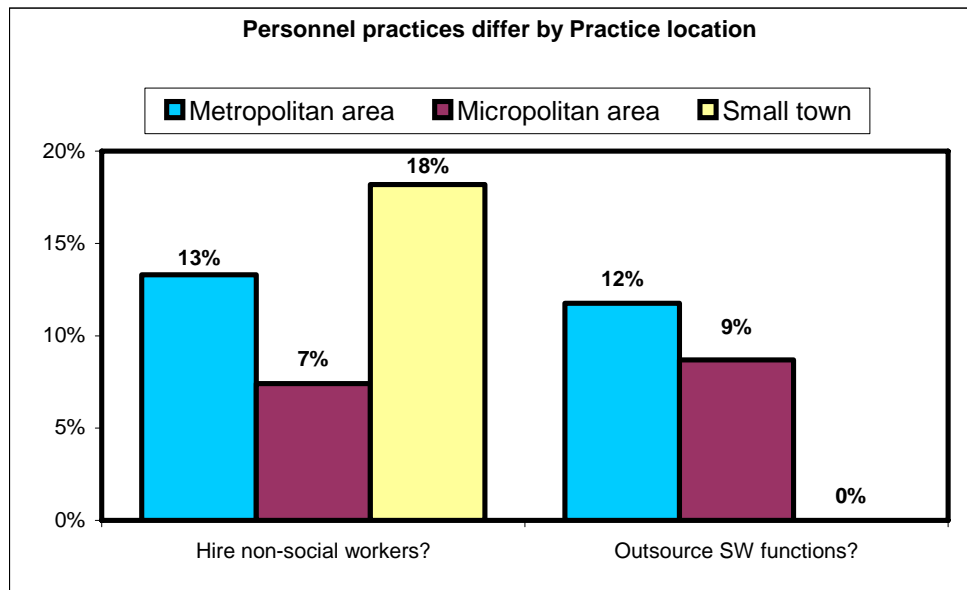
Hospitals and health clinics both appear to outsource more than hospices do, while differences are small across settings in the hiring of non-social workers for social work roles. BSWs were more likely to report the hiring of non-social workers in their facilities than MSWs, as seen below in Table 3.

**Table 3. Personnel Practices Reported by Health Social Workers in their Agency, by Degree and Setting**

Personnel Practice	All	Hospital			Health Clinic			Hospice		
		MSWs	BSWs	Total	MSWs	BSWs	Total	MSWs	BSWs	Total
Hire non-SWs	14%	12%	22%	13%	13%	N/A	13%	12%	N/A	10%
Outsource SW functions	11%	11%	23%	13%	14%	N/A	13%	0%	N/A	0%

Interestingly, different patterns for outsourcing and hiring of non-social workers appear by practice location. Social workers employed in small towns were most likely to report the hiring of non-social workers and least likely to report outsourcing, while those in metropolitan areas were most likely to report outsourcing.

**Figure 9. Outsourcing and Hiring of Non-Social Workers Reported by Health Social Workers, by Practice Location**

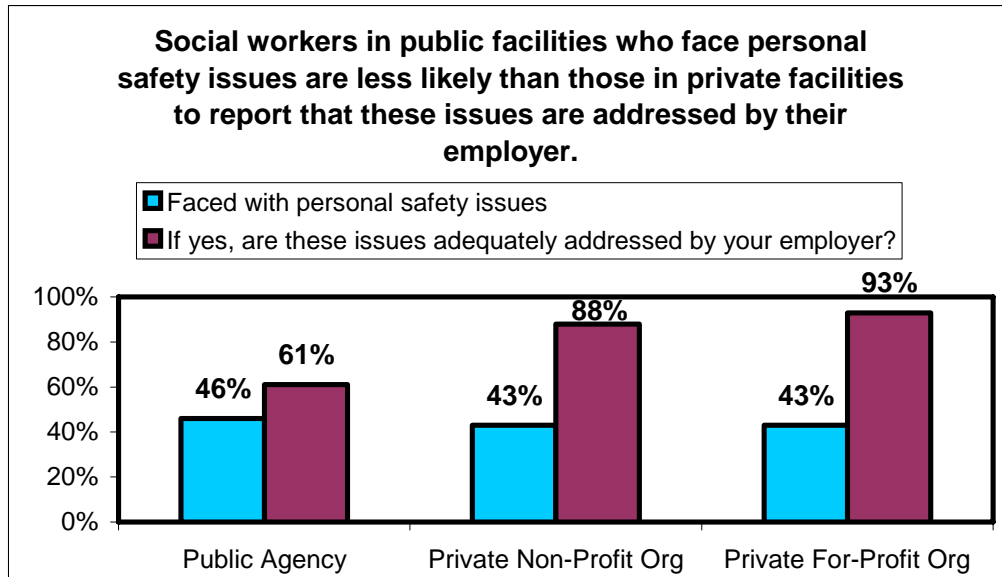


### Job Safety

Slightly fewer Health social workers report facing personal safety issues in their primary employment compared to social workers overall (44% versus 49%). Of those reporting safety issues, 84% indicated that their employers adequately addressed their issues, compared to 69% of social workers overall.

Personal safety issues were not significantly more prevalent in any sector of Health employment. This is different from the finding for social workers overall where those in the public sector are more likely to report safety issues (Figure 10). However, substantial variation emerged by sector in terms of reported employer response. Health social workers in the for-profit sector (93%) and the non-profit sector (88%) were significantly more likely to report that employers adequately addressed safety issues, in contrast to public sector employers (61%) This relationship is consistent with that found for social workers overall.

**Figure 10. Personal Safety Issues Reported by Health Social Workers, by Employment Sector**



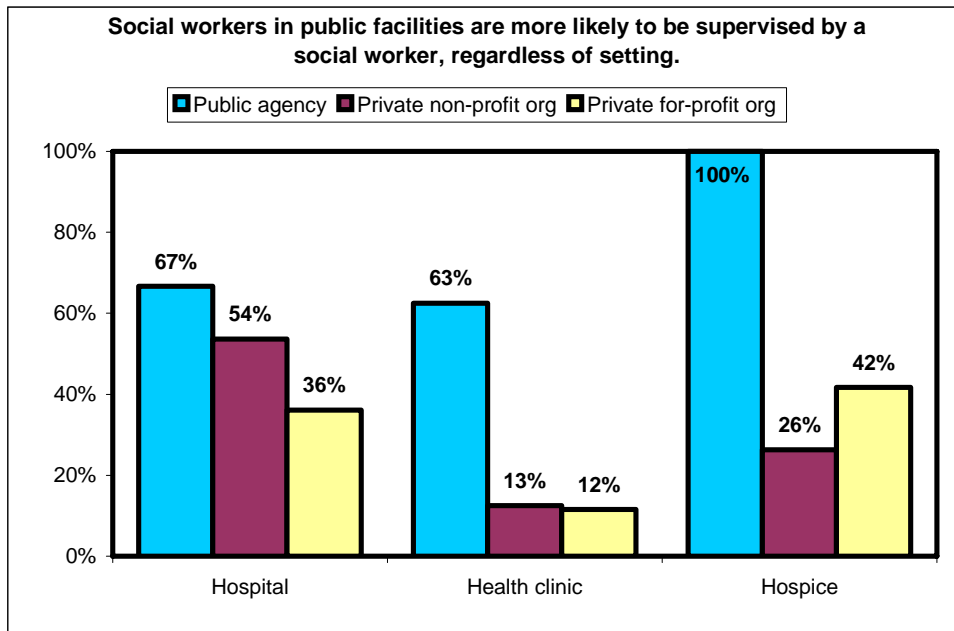
Social workers in hospices were most likely to report facing safety issues (65%), while those in health clinics and hospital settings were much less likely to face such issues (45% and 38%). Hospice social workers were, however, more likely than those in health clinics and hospitals to report that employers addressed their safety issues (91% versus 83% and 84%).

### Supervision by Social Workers

Forty-two percent of Health social workers were supervised by a social worker, compared to 49% of social workers overall. This varied little by degree (MSWs, 41%; BSWs, 42%).

Substantial variation emerged in likelihood of being supervised by a social worker by sector and setting (Figure 11). Sixty percent of social workers working in public sector agencies were supervised by a social worker, compared to 42% of those in private, non-profit facilities, and 26% of those in for-profit facilities. Social workers were most likely to be supervised by a social worker in hospitals (53%) and hospices (33%). Social workers in health clinics were least likely to be supervised by another social worker (20%).

**Figure 11. Percent of Health Social Workers Supervised by a Social Worker, by Employment Setting**

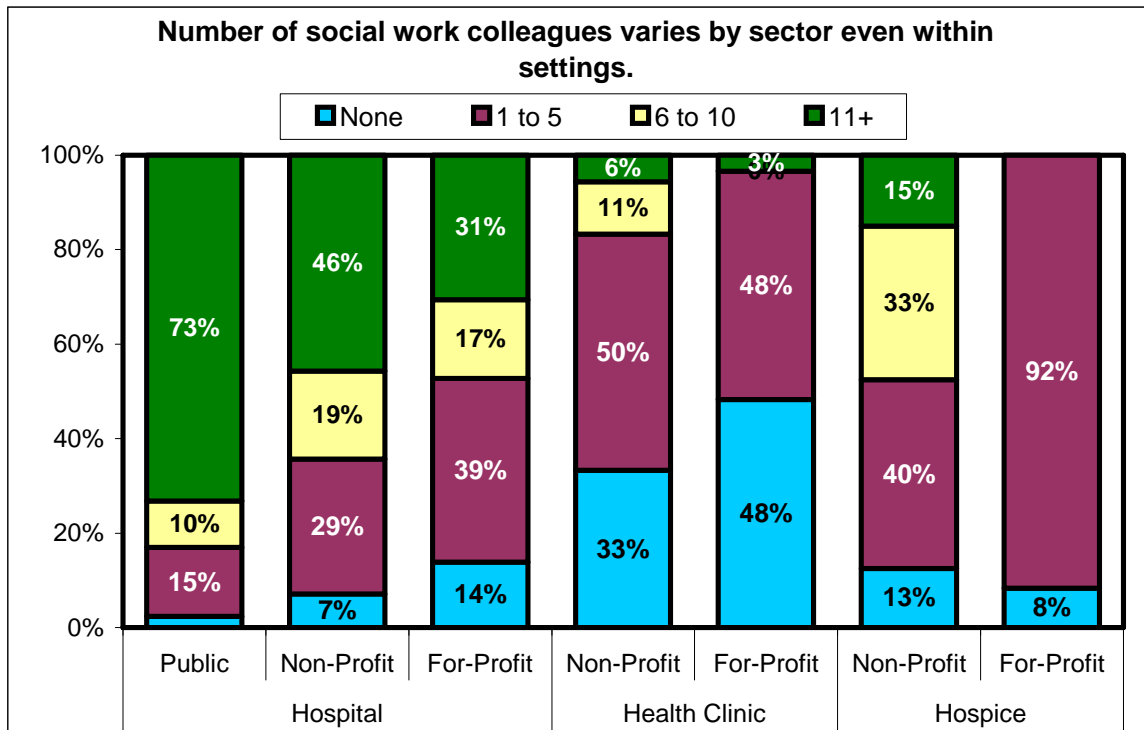


### Work with Other Social Workers

Social workers were asked about connections to other social workers in the 2004 NASW/CHWS survey to better understand their practice experience. Fourteen percent of Health social workers do not work with other social workers in their primary employment setting, 37% work with between 1 and 5 other social workers, 16% work with 6 to 10 other social workers, and 33% work with 11 or more other social workers. This does not differ from the experiences of social workers overall.

As shown in Figure 12, setting type seems determinative in influencing the number of social workers on staff. Many health clinic social workers do not work with other social workers, while hospital social workers are more likely to have many social work colleagues.

**Figure 12. Number of Social Work Colleagues Reported by Health Social Workers, by Employment Setting and Sector**



### Agency Participation in Professional Activities

Professional development programs (75%) and student internships (67%) were the most common professional activities in organizations in which Health social workers work, consistent with the findings for social workers overall. Participation in professional activities did vary by setting. Between three-fifths to four-fifths of each type of organizational setting participated in some type of professional development. Agency participation in professional activities is provided in Table 4.

**Table 4. Employer Participation in Professional Activities by Employment Setting**

	Hospital	Health Clinic	Hospice
Demonstration Programs	14%	18%	20%
Clinical Research	39%	36%	13%
Student Internships	76%	47%	69%
Best Practices Training	29%	18%	22%
Program Evaluation Research	27%	20%	33%
Professional Development	79%	60%	80%

## Agency Support and Guidance

Two-thirds of Health social workers (66%) report respect and support for social work services from their agency, and 62% report that they receive support and guidance from their supervisor. Almost three-quarters (73%) report that they receive and/or provide assistance with issues of ethical practice. These findings were very similar to those for social workers overall, and varied little by degree. One exception is that MSWs were more likely than BSWs to disagree that they receive assistance with issues of ethical practice (11% versus 4%).

Perceptions related to agency support and guidance varied substantially by setting. Seventy four percent of social workers in health clinics agree that respect and support for social work services exists in their agencies, in contrast to 66% of social workers in hospitals and 59% in hospices. Those in hospices were more likely to be dissatisfied with agency respect and support (24% versus 14% for hospitals and 15% for health clinics). Hospital social workers are more likely to receive support and guidance from their supervisor than those in health clinics and hospices (66% versus 54% and 55%). Social workers in hospices were once again most likely to be dissatisfied (29% versus 15% for those in hospitals and 19% for those in health clinics). Hospice and health clinic social workers were most likely to report that they receive and/or provide assistance with ethical issues (79% and 77% versus 71% in hospitals).

Satisfaction with the respect and support for social work services was highest among those in non-profit and for-profit organizations (69% and 68% versus 57% for public agencies, and the same was true for support and guidance from a supervisor (64% and 64% versus 55%) and giving/receiving assistance with ethical practice (73% and 75% versus 68%). Those in public facilities were much more likely to be dissatisfied with the respect and support for social work services within their agency than those in non-profit or for-profit facilities (23% versus 15% and 15%), and were also more likely to be dissatisfied with the support and guidance they receive from their supervisor (22% versus 20% and 16%).