

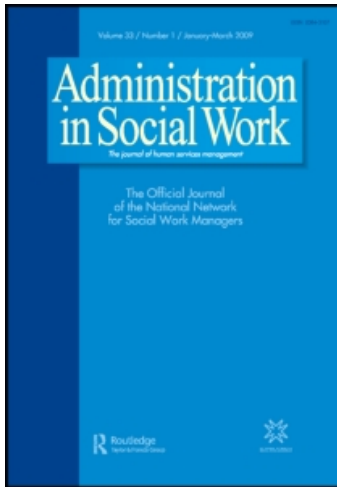
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Alternative Work Scheduling for Professional Social Workers

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Alternative Work Scheduling for Professional Social Workers

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The changing face of today's work force, due to the increase in dual career and single-parent families, mandates an innovative approach to traditional scheduling based on the nine-to-five workweek. Alternative work scheduling (AWS) offers a more flexible approach. This paper describes the implementation of a pilot project initiated by the professional social work staff of a 1,100-bed teaching hospital.

Recent Gallup data indicate that approximately 35% of all married women with children less than a year old have full-time jobs. This figure suggests how many working parents there are, as well as the pressures they feel to devote time and energy to each of their multiple roles. In addition, one in six workers is part-time (BNA, 1986). Alternative work scheduling also takes into account the needs of workers who are caring for a sick or disabled family mem-

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ber. Thus, the need for AWS can occur at many stages in the life-cycle, crossing both generational and gender lines (Olmstead, 1977).

We believe with Nollen (1980) that an AWS program offers a viable response to the needs of both the institution and its employees; that AWS lowers absenteeism, increases productivity, and reduces stress-related illness; and that it also keeps valuable employees in the work force.

With the exception of the nursing profession, there have been few reports on the use of AWS in the human service setting. And although our staff works closely with nurses, the requirements for continuity and follow-through are different in the two professions, so that the experience of nurses, although of interest, did not answer all our questions. Most of the reports found in the literature on AWS dealt with experience in private industry, particularly manufacturing and airline operations. They were useful, but not entirely relevant. There was also some discussion of its use on a management level which suggested that this method of scheduling work can be applied broadly (Brown, 1986).

The desire for more flexible scheduling of work hours in the authors' institution came from the employees. For some, personal and family needs began to conflict with their professional responsibilities, and reconciling these opposing demands became increasingly difficult. These stresses became a catalyst, motivating staff and management to work together toward an innovative solution. What we learned in implementing this program, and the principles it embodies, can be adapted, we believe, to other professions and settings.

DEFINITIONS

Our interest in AWS focused on flex-time, job sharing, and the compressed workweek. Flex-time was already being practiced by our department, but job sharing and the compressed workweek were new concepts.

Flex-time is a method of allocating hours of work so that employees are able to choose their starting and quitting times within limits set by management (Rosow & Zager, 1983). While it does take other forms, the simplest version of flex-time is based on the traditional five-day workweek, with a specified core time within each work day. Core time is that middle portion of the day when all

employees are required to be present, to accommodate organizational needs (Nollen, 1980).

Job sharing is a method of reconstructing full-time positions so that two experienced professionals have responsibility for what was formerly one full-time position (Olmstead, 1979). In concrete terms, this could mean that each worker may work two and half days a week, while still viewing the job as a whole.

The *compressed workweek* is a full week's worth of work that is accomplished in less than five days (Rosow & Zager, 1983)—for example, four ten-hour days.

BACKGROUND

To institute AWS was to strike at many long established ways of working and of thinking about work. Nollen (1980) says that AWS produces "a fundamental change in how workers relate to the workplace and in how employers relate to employees" (p. 8). Rosow and Zager believe there needs to be a rethinking of the assumption that traditional nine-to-five schedules are necessary to ensure efficiency in the delivery of services. The effort appears to be worthwhile; Nollen found that AWS resulted in higher productivity, decreased cost, and greater job satisfaction.

Initially, in researching the AWS concept, we found that it had been used in a variety of circumstances, not just for shift workers but also for professionals and managers. One of the three types had long been accepted by our own department, as earlier indicated. We realized, however, that to introduce the compressed workweek and job sharing into as complex an organization as ours required careful planning and preparation. The AWS Committee was formed as the mechanism for accomplishing this task, and the Director of Social Work Service was asked to sanction the effort.

The Department had initiated a flex-time program many years ago, encouraging workers to work evenings, weekends, and early mornings based on client need, team collaborative need, and worker need. There is no area of the Department's program which does not currently offer flex-time to its workers. The Department now operates seven days a week, including Saturdays and Sundays. In addition, the Department employs part-time workers and session workers for weekend coverage of the Emergency Room and other hospital programs. Flex-time has shown a growth in new programs, particularly with groups and families. This has led to increased

worker satisfaction and enhanced professional standing within the institution.

The compressed workweek at our hospital is a ten-hour, four-day week. Every attempt is made to match worker need with program and client need. As a result of this program, there has been increased availability of the social worker and a tremendous increase in family and group programs. The Social Work Department itself sees no drop in productivity. In fact, the slight shift in practice is in the desired direction, namely that of serving families, groups, and those only available in early morning or evening time slots. The workers participating in this program report increased satisfaction. In a preliminary survey of the physician team leaders and supervising nurses, they report that although collaborative staff were initially reluctant and concerned about the availability of the social worker they are very pleased with the program.

MANAGEMENT CONCERNS

Despite its good experience with flex-time, the idea of introducing job sharing and the compressed workweek raised issues of accountability and economics to management. There was also some question about the political implications. The management echelon of the Department of Social Work Services is responsible for the delivery of its services to over 35,000 inpatients and hundreds of thousands of outpatients each year. Who should be served? How should they be served? What types of interventions are appropriate? In management's view, the Department is accountable for its patient care, teaching, and research missions. Staff satisfaction, while certainly important, was still seen as a contextual issue, and therefore management focused on whether job sharing and the compressed workweek would detract from the three primary missions of the Department.

There was concern that job sharing could mean a doubling of fringe benefits, at a substantially increased cost, as two individuals went on the payroll to perform what had been a single job. Also, there was concern that worker productivity and the financial contribution of the Department to the Medical Center might be threatened. Finally, management was concerned whether this was the right time to implement such a program. There had been major funding cutbacks at the Medical Center, but out of a definite recog-

nition of the important role played by social work, the Department had been spared major cuts. Would AWS be interpreted as a rejection of social work participation in the Center by the rest of the medical community? In other words, would it detract from the political strength of the Department in successfully protecting its workers?

After meeting with the AWS Committee, the Director of the Department recognized that the staff's request to investigate AWS was legitimate. He brought this issue to the Assistant Directors responsible for each of the programs who, together with himself, constituted the senior management group of the Department. The discussion was lively. Would the timing of AWS create political and economic problems? Would the managers have veto power over who participated and who did not? Could AWS apply to managers as well as to staff?

The Director explained that the inquiry would proceed in two phases. The first phase would explore what AWS is, whether it was even possible at our institution, and then what recommendations to make. The second phase, if the inquiry proceeded that far, would be implementation of the proposal.

After much consideration, the management group recommended that its representatives join the Committee and that it submit its Phase One report within three months. Whether any plan that resulted would be implemented was still an open issue.

COMMITTEE RECOMMENDATIONS

The Committee, enlarged to include representatives of management, submitted a preliminary report. After significant revisions, resistance to the concept of AWS was diminished. Time, discussion, and the input by each manager who participated seemed to dissolve the resistance.

It was agreed by the managers that, where coverage was not feasible, AWS could not be permitted. However, where coverage was possible, even though managers thought it might not be workable, they would adopt an experimental attitude and permit the program to be tested. Management did set a cap on the number of employees who could participate in each of the types of AWS, and obtained agreement from the Committee and the staff that AWS could be terminated by management if it became clear that it was detrimental

to the Department and its client system. With these safeguards in place, everyone was comfortable, and the experiment proceeded.

The Committee recognized that the implementation process is crucial to the successful adoption of AWS. Its explorations had convinced us that AWS required radical change and that it would involve staff and management on all levels. The process of successful implementation could take several years.

MOVING TOWARD ORGANIZATIONAL CHANGE

Every organization approaches the implementation of change and the resolution of conflict differently. Conflict can be managed in a variety of ways. Weiner (1982), following Follet, describes successful conflict resolution as a process that should include the integration of a staff's concerns by having them participate in both the problem-solving and the decision-making functions. It is impossible to bring about change without some upheaval, but an organization that can utilize conflict in a constructive manner will be able to tolerate increased autonomy among its workers, and provide a more hospitable setting for AWS. We were fortunate because participatory management, already in place in our department, provided the essential machinery for the introduction of AWS.

After identifying the problem areas, the Committee felt it was important to adopt a systems approach to the changes we contemplated. We believed it was important to assess the needs not only of our own department, but also of payroll, personnel, security, and others. The committee members found it invaluable to interview department heads responsible for these functions. In doing so, we achieved a better understanding of the systems problems that might arise. Further, the interviews gave us an opportunity to educate the department heads and enlist their support for the proposed change.

The same interviewing process was used with members of social work middle management, who were outspoken in their expressions of doubt about AWS. They expressed concerns about (1) collaboration and compatibility among workers, staff, and patients; (2) cost; (3) coverage; and (4) criteria for selection of participating employees. At length, however, they came to the same position as senior management in agreeing to try the experiment.

IMPLEMENTATION OF JOB SHARING

The prospective job sharing position was to take place on an Inpatient Medical Service. The partners met with their supervisor to organize and plan the operation. They decided to divide their workload by room numbers, so that each would have primary responsibility for half the beds on the floor. They also agreed to be on duty at different times, one working all day Tuesday, Wednesday afternoon, and all day Friday; the other working all day Monday, Wednesday morning, and all day Thursday.

Although their primary responsibility is to the patients in the rooms assigned to them, the two do see each other's patients as required. The assessment of new referrals, arranging the immediate discharge of a patient, and other matters that cannot wait, are handled by the worker on duty that day.

Initially, the house staff were concerned because they would not have access to a full-time social worker. The nurses were quickly reassured by the availability, collaboration, and performance of the job sharing team. However, they have expressed their pleasure in "having two experienced workers available for the patients and staff."

The two team members are careful to explain to new patients and their families that they work part-time, but that social work coverage is available in their absence. Their clients accept the schedule constraints, and the workers have been able to maintain continuity with their cases. This program has now expanded to accommodate a second job sharing position.

Several unforeseen circumstances prevented job sharing from proceeding smoothly. To begin with, one of the medical floors was closed. This interfered with the reciprocal job coverage that had existed before and had been counted on to supply emergency coverage for one of the job sharing positions. Next, another worker slated for job sharing resigned to pursue a career change. Because the departing employee could not be replaced until a considerable amount of accrued vacation time had been used up, the emergency coverage gap was greatly extended.

Such problems made for a stressful time for the entire staff and also impaired morale while they lasted. Nevertheless, there was a strong commitment to the AWS project. Eventually the difficulties were resolved, and a previous employee returning from maternity

leave was happy to work half-time, filling the open job sharing position.

COMPRESSED WORKWEEK

Compressed workweek began several months after the implementation of job sharing. Six workers were selected to be involved in the pilot project. This selection was based on the workers' ability to demonstrate that service could be enhanced by a change in hours.

As with job sharing, the social workers and supervisors maintained close collaborative contacts with the staff members on those units.

FINDINGS

At this time, we have had two years of experience with job sharing and compressed workweek. Although no formal evaluative tool has yet been developed to measure results objectively, the general response to the flexible work schedules has been very positive, and patient-care and productivity have not been jeopardized. We measure worker productivity by (a) the number of cases opened monthly, and (b) the number of direct services (interviews with a patient or family group) provided.

The monthly average of new cases opened and the number of direct services have both increased. Thus, the preliminary results indicate that more patients have been receiving social work intervention as a result of AWS, which accords with Clutterbuck's (1979) finding that job sharers perform better than full-time employees. Reports in the literature indicate that other experiences with AWS also resulted in productivity increases.

The medical and nursing staffs have adjusted well to job sharing and the compressed workweek. Their responses have been positive. Clearly, the initial preparation of the hospital staff to the project was vital. They began by feeling anxiety that they would only have a half-time social worker, but came to understand that there was actually increased coverage, as there appeared to be two social workers for one service. The supervisors and social workers involved in these projects have made concerted efforts to advise other hospital staff of any changes affecting social work coverage, such as illnesses or vacations.

In both job sharing and compressed workweek, the increase in the numbers of patients receiving social work intervention has also increased the visibility of the Department in the Medical Center, and the number of collaborative contacts with others around patient-care issues. These factors have contributed to the acceptance and approval of these types of scheduling, and the department managers have felt so positively about job sharing that they have increased the number of job sharing and compressed workweek positions.

Further, social work management has met with other department heads periodically to elicit feedback on the impact that job sharing has had on their staffs. All responses have been favorable, and there have been no reports that patients have had difficulty receiving services. Communication with other hospital staff groups, an important ingredient in the social work function, has remained viable.

CONCLUSION

Our experience with alternative work scheduling has been exciting and positive. After two years in operation, AWS has moved from an experiment to an institutionalized program in the Social Work Department. We believe that AWS works best when all three types—job sharing, compressed workweek, and flex-time—are in operation. We have yet to determine the correct ratio between full-time and AWS. But, we feel certain that an entire department on AWS would not work well.

Since the implementation of AWS, the Social Work Department has experienced a 3% decline in job turnover. Again, although we are not sure of what accounts for the variance, we think that job sharing and compressed workweek contribute to this. The Department has been able to maintain valuable social work staff at a time when there is increased availability of social work positions and higher turnover in other areas of the profession.

The existence of the AWS in a multidisciplinary environment is an analogue for social work. It is a statement that highlights the profession as independent and self-directed, with social work taking a leadership role in developing personnel practices.

The success of this program is related in large part to the fact that it was worker initiated. Its roots come from the expressed needs of staff. The process helped management to engage with its workers in an open dialogue, each becoming sensitized to mutual concerns and limitations. For management, the response to worker needs was

seen as an opportunity to forge a professional alliance. What became clearly identified was that both staff and management must have a common belief system, a commitment to patient-care, and accountability to the profession and the institution. Not surprisingly, this process of addressing worker need occurred in a social work department where the philosophy of participatory management exists, and where conflict resolution and problem-solving are viewed as mutual responsibility.

This joint venture has been productive for both staff and managers. Based on our experience and success with this program, we urge others in the profession to develop similar programs. AWS is a positive and innovative way for professionals to balance personal and career interests. It also provides managers with a way of retaining valuable staff and solidifying the mutually held commitment to excellence in professional practice.

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