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SOCIAL WORK PRACTICE IN HEALTH CARE: TIME TO CARE?

By

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BA, BSW (McMaster University)

A Thesis

Submitted to the School of Graduate Studies

In Partial Fulfillment of the Requirements

For the Degree

Master of Social Work

McMaster University

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MASTER OF SOCIAL WORK
(2012)

McMaster University
Hamilton, Ontario

TITLE: SOCIAL WORK PRACTICE IN HEALTH CARE: TIME TO CARE?

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NUMBER OF PAGES: iv, 74

Abstract

Due to the profound restructuring and erosion of social services and social programs, health and social services have been reorganized using business models that prize efficiency and cost saving rather than client centered service. Literature on social work practice in this context highlights the pressure on practitioners to standardize their work in order to manage higher workloads and to give primacy to employing organizations' budgetary interests, rather than the interests of clients, patients and communities. Within this regulation of practice lies the regulation of time, yet in the literature there is relatively little explicit focus on the temporal control of social workers, or on how social workers manage and negotiate institutional time controls.

This study sought to explore the intricacies of social workers' negotiation of time pressures in health care settings. It aimed to examine how social workers perceived these time pressures, the strategies they employ to accommodate multiple demands on their time and how, in the end these time pressures influence social work practice.

A small qualitative study was employed, using personal interviews to explore the experience of social workers employed in the health care industry. Participants were chosen according to their unique experiences within the health care system. An analysis of participants' accounts suggests that, in the face of continuous and ever present time pressures, social work in health care is changing. As case loads increase and become more complex, social workers often find themselves negotiating time in order to manage the unavoidable collision between clock time and process time.

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Introduction

Like many other countries Canada has experienced rapid state restructuring over the past twenty years, which resulted in the steady erosion of social services and social programs. As part of the restructuring, healthcare services have been reorganized, downsized and reengineered (Globerman, White and McDonald, 2002), using business models that prize efficiency and cost saving (Holden, 2010). In order to further accommodate federal and provincial cuts, many hospitals amalgamated or merged to form large corporations, which adapted program management models to provide cost effective, efficient care. Suffice it to say, the downsizing and reorganization of healthcare programs have led to major changes for social workers in the health care community, in and outside hospitals.

As part of the new program management models adopted by most hospitals, medical and other professional departments became decentralized and many social work departments were disbanded as workers were dispersed into the decentralized program structure. Social workers began to report less frequently to their own discipline while at the same time social work practice became more and more regulated, structured and monitored by other professions (Craig, 2007; Kim and Lee, 2009). Moreover, in order to further reduce health care costs, many full time positions were slashed and replaced with contract work, as patients' average length of stay was reduced, which consequently led to a

vastly increasing number of outpatients in the community (Globerman et al., 2005; Gregorian, 2005).

While providing outpatient services is more cost effective than providing a room in a hospital, earlier discharge from hospitals means not only a higher number of outpatients, but also that more complex cases are sent to outpatient services (Hamilton District Health Council, 2004). An increase in the number of outpatients resulted in lengthy waiting lists for those patients who were deemed sick and vulnerable enough for service, and, just like inside the hospital, a higher caseload for social workers (Aronson and Sammon, 2000; Hamilton District Health Council, 2004).

As a result of cutbacks, restructuring and reengineering, the work of service providers in healthcare in the hospital and the community has greatly intensified and changed. Front line social workers in health care now experience higher case loads with increased paperwork, more complex cases, reduced time to spend on assessments and an increased pressure to discharge patients (Globerman et al., 2002; Kim and Lee, 2009).

Social work time has become a precious commodity. As social work hours have been cut, social workers have to do more work in less time. Literature on social work practice in healthcare in this context highlights the pressure on practitioners to standardize their work in order to manage higher workloads and to give primacy to employing organizations budgetary interests, rather than the interests of patients, clients and communities (Craig, 2007; Kim and Lee, 2009).

One dimension of this regulation of practice is the regulation of time, yet in the literature there is relatively little explicit focus on the temporal control of social work or on how social workers negotiate institutional time controls. As a social worker I have always worked with tight timelines and competing demands, but was astounded to what extent time, or the lack of time influenced my work, when I recently traded in my small office in the basement of the local youth detention centre with a slightly bigger, but not any brighter office on a very busy acute mental health unit. I felt a little like Alice in wonderland as I tried to make sense of what was going on and found myself questioning my professional identity – at home, of course, because there just was not enough time to do that while I was working to meet demands of patients, family members, team members and the institution itself. As I pondered the linear presentation of time, which enables us to measure time so we can be punctual and complete timely reports, I reflected on the time that cannot be measured so easily; the time it takes to work with patients or the time it takes to help someone in a crisis, because you never really know when your work is done, or, when the crisis occurs.

In this research project I aimed to explore the complexities of social workers' negotiation of time and time pressures in health care settings where, for various reasons, they are especially heightened. Building on my own practice experience and the literature, the project explored how social workers are dealing with the notion of time, the strategies they employ to accommodate the multiple demands on their time and how time pressure influences their practice.

Literature Review

Time pressures in healthcare related social work are not a new phenomenon. As a matter of fact, in a text book aimed at teaching social workers about social work in healthcare, utilized at what used to be the Ryerson Polytechnic Institute, Hubschman (1983, p.9) wrote that a hospital's rationale for the provision of social work services relate to institutional goals and that "…the failure to resolve acute sociological and environmental problems adds to the cost and amount of necessary healthcare of individuals. It must be realized that the pace at which these problems are addressed and solved affects directly the organizational burdens and total effectiveness of the health care system." To set the context for my examination of the time crunches experienced by today's social workers, I will first examine the notion of time, the "cult of efficiency" (Gross Stein, 2006), and then move on to examine the particular time pressures associated with care work.

Time

> *Absolute, true and mathematical time, of itself, and from its own nature, flows equably without relation to anything external, and by another name is called duration: relative, apparent, and common time, is some sensible and external measure of duration by the means of motion, which is commonly used instead of true time; such as an hour, as day a month a year*
>
> Newton's Scholium on Time, Space, Place and Motion, 1689

Time has always been part of human existence, although pre-modern societies were viewed as almost timeless, because cultural changes were so gradual that, at times, they were visible only over generations (Castells, 2000). Time was conceptualized in a cyclical manner with a deep connection to nature, as "lunar cycles, tides, seasons and major

cultural events" would mark its progression (Walker, 2010, p. 486). It was experienced as a tangible concept with concrete measures; "shadows mark the hours on a sundial; the moon waxes and wanes; the seasons pass…" (Barbour, p. 2).

With the advance of colonialism and the arrival of the pendulum clock, a more linear version of time began to take hold. As time became divorced from space and nature, the notion of time as cyclical became overshadowed by the idea that time is linear (Walker, 2010). Building on the certainty that time is an absolute, mathematically and universal phenomenon, pendulum clocks began to master the measurement of time and were able to record time with less than 1/100 of a second of error in a day (O'Connor and Robertson, 2002). According to Barbour (2009) and Walker (2010), humans everywhere began to synchronize clocks, as they started to coordinate their activities according to their understanding of linear clock time.

The advance of colonialism and the beginnings of a capitalist society placed a new and profound importance on clock-time, as humans began to produce, transport and sell goods within a certain amount of time (Walker, 2010). This capitalist mode of production made speed, time and measuring time an "essential element of the production process" (Walker, 2010, p. 486).

> *He that can save ten shillings a day by his labor, and goes abroad or sits idle, one half of that day, though he spends but sixpence during his diversion of idleness ought not to reckon that the only expense: he has really spent, or rather thrown away, five shillings beside*
>
> Benjamin Franklin as quoted in Max Weber (1958, p. 48)

In the era of capitalism, time morphed into a commodity and is now considered a scarce resource (Bauman, 2000). As Walker (2010, p. 486) points out: "Like money, we can say that time can be wasted, saved or spent". Bauman (2000) on the other hand argues that time is not only a resource, but that it has become a tool in our quest to produce more goods in less time. According to Bauman (2000) the notion of time as a tool is dates back to Marx and Weber who argued that as clocks and time coordinated, managed and controlled peoples' activities, they became an important component of Capitalism. Capitalism in effect sought to control time. This "reification of time" (Walker, 2010, p. 483) enabled the capitalist system of production, in which the worker adhered to the clock and the clock began to control the worker.

Bauman (2000) and Walker (2009) both posit that in our quest to increase production we are continuously trying to control time and work it to our benefit. However, our normative assumption that we should be able to master time, coupled with the fact that we are unable to control time and that time, in fact, controls us, "creates a paradox which manifests itself in heightened feelings of anxiety and powerlessness" (Walker, 2010, p. 488).

Whereas Marx (1967) and Weber (1958) asserted that capitalism sought to control time and that time controlled the worker, Walker (2010, p. 483) further argues that in the era of globalization workers try to "outsmart" time using newly available communication technologies. The invention of the information and communication technologies itself have had an obliterating, transforming or compressing effect on time and have led to

unparalleled speed and complexity in the management of the economy. As a result, our conception of time has changed drastically within the past fifty years (Castells, 2000).

As time and space became more and more compressed, a fact, which is unique to globalization, time itself became harder to define. According to Bauman (2000), time under old capitalism was perceived as a solid; it was divided into chunks, clearly signaling transitions from work time to family time. For some people, 5 p.m. would, for example, signal the end of work time and the beginning of family time. Within globalization, time has become more fluid, which makes it more difficult to maintain chunks of time designated for certain activities. Work and family time now bleed into each other. Beck (1999) talks about the sense of urgency that results from this new fluidity as workers are pushed to save time, beat time, or acquire the ability to manage time as work-related tasks spill into private spaces and times.

Efficiency

Efficiency and time have been linked back to the Benedictine monasteries (White, 1998), where Benedictine monks rang their loud bells at regular intervals throughout the day and night to "hurry each other from one task to the next" (Price, 2009, p. 72). These bells would act as signals to guide the monks from praying, to their studies, to farming, to periods of rest only and back to their time to pray. Although suggesting that the Benedictine monks hurried might be somewhat overstating it, one could suggest that their forward planning was simple time management (Price 2009).

Just as much as time, efficiency is an important element, and one that is required for capitalism to thrive, as capitalism is rooted in the idea of quickly producing and selling products. In order to be efficient, measuring time and individual actions became necessary. Once time was measured in this context, speed became a necessary element of the capitalist processes of production and efficiency (Hassan, 2003; White, 1998). The prizing of efficiency has increased under global capitalism (Walker, 2010) and Gross Stein (2006, p. 10) suggests that it has become an "internal, subjective experience" rather than simply an external standard. Further, she suggests that, akin to Foucault's notion of discipline as the practice of internalized discipline when human beings monitor their own actions (Burr, 2011), it has assumed cult like significance in contemporary political and public life: "When we define efficiency as an end, divorced from its larger purpose, it becomes nothing less than a cult" (Gross Stein, 2006, p. 4).

While the concept of efficiency has had different meanings throughout history, it has almost always been entrenched in political agendas.

> "Whether it was the pursuit of virtue in ancient times, or the creation of merit-based administration at the turn of the past century, or a frontal attack on the bureaucratic state and turn to markets, as it frequently is today, efficiency has served as a rallying cry for larger political purposes" (Gross Stein, 2006, p. 67).

At this point there seems to be the question of whether efficiency has become an end in itself. On the one hand, efficiency has become a central and generally unquestioned value in Canadian society that guides us in our judgment of what is right and what is wrong (Heath, 2001). On the other hand, Gross Stein (2006) states that efficiency merely

concerns itself with the manner in which we "allocate our resources" (p. 68) to achieve goals, but says nothing about the determination and merit of what these goals should be.

Translated into the arena of healthcare, the cultural and political prizing of efficiency has produced a relentless focus on wait times and lengths of stay in order to keep escalating costs in check, while at the same time improving patient care (Fine, Golden, Hannam and Morra, 2009; Holden, 2010). In order to do more with less, a number of Canadian healthcare organizations have adopted a business-modeled approach to organizing and delivering services imitating those of Japanese organizations, most notably the Toyota Motor Corporation (Holden, 2010). Toyota initiated the "Lean" approach, which has spread across various manufacturing services, before it seeped into the healthcare industry across the globe (Fine et al., 2009; Holden 2010).

"Lean is not a panacea but rather a tool that may or may not succeed according to the efforts surrounding its use" (Dickson, Anguelov and Vetterick, 2009, p.6). Initiating a Lean approach generally involves structural changes such as implementing new data collection and monitoring systems, new communication systems, changes in staff roles and responsibilities and the reorganization of actual physical spaces (Dickson et al., 2009; Fine et al., 2009; Holden, 2010). In accordance with the Lean mantra, the patient becomes the customer and healthcare adopts patient goals as their own, as they try to reduce wait times and increase timely care (Fine et al., 2009; Holden, 2010). Some argue that Lean is successful due to its efficient use of scarce financial, human and material resources (Holden, 2009). Resources, including frontline workers and managers, are encouraged to

work together to remove waste, which according to this model could include, for example, the time that staff might spend looking for equipment, dealing with complaints or fixing errors made in documents.

The Lean approach and its utilization in health care is still a fairly recent trend, and as a result there does not appear much information about the long-term effects of its application in health care (Kim, Spahlinger, Kin, and Billi, 2006). There does, however, seem to be a bias in the reporting trend towards positive results of a Lean implementation (Kim et al., 2006; Dickson et al., 2009; Joosten, Bongers and Janssen, 2009), which, according to Dickson et al. (2009) could be due to the fact that some institutions might just not come forward to share their failures when implementing a Lean approach. In spite of this, according to Holden (2010) and MacLeod, Bell, Baker and Baker (2008) the first published reports appear encouraging. According to these authors, the employment of a Lean approach has led to decreased length of stays and decreased emergency room wait times. While the Lean approach might evoke fears of job losses and cutbacks in its hunt for efficiency, the claim of the Lean approach is that no jobs are directly eliminated due to its implementation (Fine et al., 2009; Thompson, Wolf and Spear, 2003). However, these systematic changes could pose a risk to social work positions because they rely on "established practices that demonstrated cost-effective measures" (Judd and Sheffield, 2010, p. 858). The fact that hospital social workers generally have not produced "evidence–based outcomes that substantiated social work roles and interventions within hospital

settings" (Judd, Sheffield, 2010, p. 858) makes it difficult for social workers to show the value of their work.

Joosten et al. (2009) highlight that Lean thinking evolved to improve the shop floor of an automotive plant. Since people are not cars and each patient is unique, a Lean approach, which is built on the notion of building cars, inanimate objects, on conveyor belts, ignores the significance of human relationships and could very well interfere with the delicate therapeutic relationships social workers try to establish with the clients. By assuming that the production of cars and people's health care can be managed in a similar manner, a Lean approach does not consider the time individual patients might require before they can be discharged safely (Joosten et al., 2009), leaving social workers with little time to do their jobs (Craig, 2007).

Time Pressures in Care Work

The restructuring and efficiency-driven changes in operational structures of healthcare have had intense ramifications for social workers. Although a Lean model promised that "no jobs shall be lost," it resulted in a decrease in social work leadership (Judd and Sheffield, 2010), increased responsibility, higher case loads, reduced time to spend on assessments and increased pressure to discharge patients to reduce their length of stay (Globerman et al., 2002). Being Lean and efficient in effect means that social workers have less time to do more work (Globerman et. al, 2002; Judd and Sheffield, 2010) while, the lack of social work leadership and the decreasing numbers of social workers in

healthcare have created conditions that lead to difficulties in maintaining professional connections and a professional identity (Judd and Sheffield, 2010).

Like social work leadership, time is a scarce resource in the new Lean healthcare model, as social workers are generally expected to complete their tasks during their scheduled 8-hour shifts (Gregorian, 2005; Craig, 2007), while they report to someone with a non-social work degree (Judd and Sheffield, 2010). Kim and Lee (2009) found that lack of access to social work supervisors, who act as teachers and consultants to frontline social workers and provide the frontline worker with the necessary skills and knowledge to help them deal with various concerns, such as time pressures, may result in social work burn out.

The structuring of time in healthcare mirrors the notion, re-enforced by capitalism and industrialization, that time is linear and the clock closely regulates the worker (Davies, 1994; Marx, 1967; Weber, 1958). Punctuality, time management and the compulsion not to waste time are factors embraced in the Lean ideology, which is based on clock time (Fine et al., 2009, Holden, 2010). Within the Lean healthcare environment, clock time has influenced ideas of care and caring as social workers wrestle with the very different notion of "process time" (Davies, 1994, p. 279) and how to fit process time into their days.

According to White (1998, p.57) Clock time "orders and constrains" activities, as it structures the regular workday, and is often imposed in forms of deadlines. Clock time is "finite, constraining and material" (White, 1998, p. 61) and can exasperate workers as they try to fit their workloads into strictly enforced eight-hour days.

Process time differs from clock time in that it might not necessarily be structured by the clock and, as such, is not as task-oriented as clock time. According to Davies (1994, p. 280) process time "emphasizes that time is enmeshed in social relations" and can be unpredictable (White, 1998). Process time considers that some actions, such as caring for someone, might not be able to be molded into a certain time frame and often it might be difficult to predict how much process time might need to be scheduled to care for someone responsively (Davies, 1994; White, 1998). According to Davies (1994, p.289): "Care and caring are dependent on process time being available to a large extent." Social workers in healthcare settings then must continuously engage in the struggle to fit process time into the concept of clock time (Davies, 1994; White, 1998).

The struggle to manage the collision between clock and process time is reported in research in a range of human service organizations and experienced by a range of broadly caring professionals besides social workers, such as teachers or nurses, for example. Walker (2010) analyses the collision in higher education and the experience of university professors. Conceptually there is much to learn from her and others' analysis that can illuminate these tensions in health settings.

Craig (2007) vividly documents this collision of times in a single workday, in her narrative of one day in the life of a hospital social worker. In her account, she describes how on one particular day she worked with patients who were dying, tried to help families who were waiting to secure long-term placement for their elderly relatives and ensured that another patient received rehabilitation services. By the end of the day she had to

facilitate a difficult and emotional meeting for a patient she knew little about, because she was filling in for a colleague who, at the last minute, was unable to attend the meeting. Craig (2007) further described her frustration about being part of a system that was unable to help a patient in need, due to a lack of time and resources, and the exhaustion she felt, because the pace of her work allowed her no time to process the intense nature of her work. According to Craig (2007), she would have to work overtime in order to fit process time into the clock time provided, but working overtime was frowned upon because it was perceived as the result of poor time management skills.

The fact that, according to Kim and Lee (2009) and Craig (2007), social workers are faced with staff shortages, higher caseloads and increased paperwork, only intensifies the conflict between clock time and process time as the need for more time for clients and their families increases along with higher caseloads. Craig (2007), also looks at the tensions between what she sees as important and what the hospital is asking her to do: the tension between the time it takes to perform care work and the time that is required to write case notes and enter statistical data in the computer.

This negotiation of time takes place in many institutional settings as workers attempt to fit their work into their eight-hour workdays. Time tensions exert influence over social workers and, while they might be able to negotiate time pressures, they cannot escape them (Davies, 1994; White, 1998). Like many other professionals, social workers use time management skills to plan their days (Craig, 2007). Planning and time management are tied to the linear notion of clock time and are based on the assumption

that the allocation of time can be pre-determined (Walker, 2010; Davies, 1994). According to Davies (1994), planning will not only provide structure but also has the latent function of reinforcing one's professional identity, as care workers who plan activities and follow through should be able to provide results of their work. Much like Gross Stein's (2006) concept of efficient time management and Foucault's (1995) notion of internalized discipline, planning and the execution of well thought out plans become and indicator of professional excellence.

Planning, however, seems to be on a collision course within the reality of time and time constraints as "…plans are made as if ideal circumstances prevail, but the crux of the matter appears to be that such circumstances seldom exist in care work" (Davies, 1994, p. 290). Consequently and all too frequently, what has been planned has to be waived or delayed, leaving workers, on a personal level, feeling a sense of failure or discontent (Davies, 1994).

On a professional level the inability to plan and follow through leaves social workers as a group vulnerable within the neo liberal health care environment. Not being able to meet institutional time targets makes social workers' contributions to the healthcare enterprise questionable (Craig, 2007; Gregorian, 2005). Social workers are not only expected to do their work in a timely manner, but they also need to act as agents of change seeking opportunities to participate in or develop projects, while they continue to work towards creating key roles on multidisciplinary teams, none of which can be done without planning and appropriate time management (Judd and Sheffield, 2010).

"Temporal demands of care-work" (Davies, 1994, p.293) not only make it difficult to complete all the necessary tasks in one day (Davies, 1994; Craig, 2007) or to prove the worthiness of the profession (Judd Sheffield, 2010), the temporal demands also make it difficult to allow time for reflection, or to make time to talk about these demands with a peer (Davies, 1994; Craig, 2007; Gregorian, 2005), which can leave the worker feel isolated, overwhelmed and alone (Craig, 2007).

Time exists as a "constraining phenomena" (White, 1998, p. 71), which could act like a weapon (Bauman, 2000). Time and time constraints influence social work practice on a daily basis. Patient care activities such as counseling and crisis intervention have decreased drastically since the restructuring in the healthcare sector (Judd and Sheffield, 2010). Discharge planning has become a primary role for healthcare related social work, which involves some counseling to assist patients in dealing with their illness, and the direct provision of services (Judd and Sheffield, 2010). Although social work time is ostensibly governed by clock time, it is highly unpredictable (White, 2009) and it is not possible to foresee when or for how long a social worker might be working with a client who needs services (White, 2009; Gregorian, 2009; Craig, 2007). Because, as Craig (2007) stated, working overtime is often frowned upon, many social workers end up working without claiming for their time (Craig, 2007). A recent study by the Ontario Association of Social Workers and Social Service workers found that about 70 percent of respondents worked between 1 – 6 hours of unpaid overtime, each week (Antle, McKenzie, Baines, Angell, Dawson Haber, Paulekat, Stewart and Aggarwal, 2006).

This review of the literature situated my own experience of the tensions reported in the social work literature in a wider conceptual framework and in a wider analysis of the political, economic and discursive restructuring of healthcare and of public services more generally. Thus it offered useful guidance for exploring social workers' local experiences of the structuring of their work and of the possibilities of the patients and families they sought to serve.

Methodology

A centipede was happy - quite!

Until a toad in fun

Said "Pray, which leg moves after which?"

This raised her doubts to such as pitch,

She fell exhausted in the ditch

Not knowing how to run.

Katherine Craster, 1841-1874

Although I still feel a naïve, childlike excitement come over me whenever I learn something new, or think I have figured out an old problem, the idea of actually engaging in "real" research as part of my thesis was daunting and intimidating, though I should mention that this fear of research had more to do with choosing the right methodology, than finding answers to my questions. I felt like the proverbial kid in a candy story, or maybe in my case, the middle-aged woman in a shoe store, when it came to choosing a methodology for my thesis. I was overwhelmed by my choices and, as I considered my options, I tripped and fell over my own feet, more than once. I needed a methodology that would be a good fit for the type of research I was considering, the research participants and myself.

Given my interest of in the structuring of time in health care related social work and in the complex power relations that undergird it, I developed a small qualitative study in a critical social science framework. I was, in other words, seeking to uncover the power

relations discernible in social workers' experiences. I also drew on postmodern perspectives as reflected in the literature review that illuminate the power of language and discourse and their embedding in people's subjectivities. I was very conscious too, of my own particular positioning in the research and the power relations in the research process, as I was going to interview other social workers working in similar environments. Although I was still relatively new in the field of health care related social work, I felt like an insider and I wanted to ensure that I was aware of the possible obstacles this might pose throughout the research process.

I do believe there is a dichotomy of knowledge, which highlights the difference between the researcher's knowledge and the knowledge of those being researched (Chilisa, 2011). In my research I wished to avoid the "error of sameness" (Chilisa, 2011, p. 81), that distorts differences of the researched 'other', as the production of knowledge continues to be a function of who has the power in the research relationship (Chilisa, 2011).

Whereas Chilisa (2011) speaks to the error of sameness, La Sala (2003) highlights the benefits and biases of inside research. According to La Sala (2003), participants, on the one hand, might feel more comfortable speaking to a peer, because they identify with the researcher and view the investigator as a person who shares their apprehensions and aspirations. Moreover, researchers who are members of the communities they study have intimate knowledge of concerns affecting participants' lives, and as such might be able to "formulate research questions that might not occur to outsiders" (2003, p. 17). On the other hand, inside researchers might assume common understandings and fail to

explore participants' distinctive experiences (which then might result in the error of sameness). Furthermore, participants may be reluctant to disclose difficulties to a peer for fear of losing face, or, because they want to put forth "the best face" possible (Laslett and Rapoport 1975, as quoted in La Sala, 2003, p. 21).

As I was going to speak with fellow social workers, who not only worked in related fields, but also lived within the same geographical location and who might or might not share my experiences with time pressures, I tried to keep the notions of sameness as well as the benefits and obstacles of insider research in mind. I tried to be aware of my own tacit knowledge and understanding of my lived experience and was attentive to the fact that my conscious and subconscious knowledge would influence my research to some extent.

To translate these epistemological commitments and concerns into a theoretical framework and into a practical research approach I examined numerous qualitative methodologies I arrived at institutional ethnography (IE) with the gentle guidance of my patient thesis supervisor, because it offered a helpful perspective on institutional power relationships. Although I did not employ the IE methodology thoroughly, I did make use of the analytical approach to social relationships and the ways in which ruling relations penetrate everyday realities and experience (Smith, 1987; DeVault, 2006, Campbell, 1998): "Institutional Ethnography allows one to disclose (to the people studied) how matters came about as they do in their experience and to provide methods of making their working experience accountable to themselves… rather than to the ruling apparatus of which institutions are part" (Smith, 1987, p. 178). As Campbell (1998) summarizes, the idea of IE

is to look into the everyday experiences of people's lives and then to explore how these experiences are "bound up in ruling relation that tie individuals into institutional actions arising outside their knowing" (Campbell, 1998, p.57).

While Institutional Ethnography helps those who are marginalized to better understand their experiences in local settings (Deveau, 2008) I do not mean to imply that social workers are powerless. Rather, I wish to examine how social work in health care is changing and is implicated in the broader changes of healthcare. Building on this epistemological foundation I designed a small, qualitative study to explore my central questions about time tensions in contemporary healthcare-related social work practice. Informed by this theoretical perspective on social reality and how to generate knowledge of it, I used – as do more thorough applications of IE – those qualitative methods that are described below.

Sample

To explore my questions about the experience of time in social work practice in contemporary healthcare I sought a small purposive sample of social workers. A purposive sampling method allowed me to select individuals on the basis of their relevance to the research question, theoretical positioning and most importantly, "the explanation or account" which I was developing (Mason, 1996, p. 94). I sought participants hoping to gain specific information about time pressures in healthcare-related social work. Accordingly and with appropriate ethics clearance from the McMaster Research Ethics Board (MREB), I distributed an invitation to participate in the study through an email to

graduates of a specific School of Social Work. The invitation (attached) outlined the criteria for inclusion in the sample and what would be involved in participating.

Five social workers responded to the email and four met the criteria to participate in the study. All participants were female and ranged in age from their mid twenties to early fifties. Three participants worked in hospitals, while one participant was employed in a community agency working with outpatients. Two participants were employed on a full-time basis, while two were employed on a part-time basis. All participants had, at some point graduated from the same university, three with a Masters of Social Work and one with a Bachelor of Social Work.

Data Collection

To explore the character and experience of time in participants' work lives I carried out semi structured interviews (Mason, 1996), using the attached guide. The interviews lasted about one hour each. I chose to use face-to-face interviews because I wanted to hear and understand people's stories since stories are a way of knowing, and thus telling stories is a knowledge-making process (Seidman, 2006). Furthermore, much like Seidman (2006, p. 9) I feel that, although the interviews only lasted one hour, "at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience."

In planning the questions and conducting the interviews I drew on an IE perspective to highlight the relation between institutional experience and its political structuring. DeVault and McCoy's (2001) thoughts on using interviews to explore ruling relations were

especially relevant as IE interviews provide an opportunity for the interviewer to find out about a "particular piece of the extended relational chain, to check the developing picture of the coordinative process and to become aware of the additional questions that require attention" (DeVault and McCoy, 2001, p. 757). The same authors also stated that it is the interviewer's task to "elicit talk that will not only illuminate a particular circumstance, but also point towards the next steps in an ongoing, cumulative inquiry into translocal processes" (Devault and McCoy, 2001, p. 753).

Keeping the idea of the developing picture and the interviewer's task in mind, I started this process with a specific set of questions. I then based each succeeding interview on what I had learned from the previous one, as I shaped my questions throughout the process. Much like Smith (1999), I felt at times that I did not know what I did not know until a participant began to talk about her experiences.

Participants chose the time and the place of the interview. One participant chose her home, while two chose their offices and the fourth chose an interview room at her place of employment. Prior to the interviews, we reviewed the purpose of the interviews and the goal of the study, and we then discussed concerns in regards to anonymity and confidentiality. Significantly, some participants expressed concerns about being identifiable – the world of social workers in Southern Ontario is small, and many of us know one another. To assure those participants who were worried about anonymity, I used no names in the findings sections, and I removed any mention of participants' employers, other than explaining that one participant worked in a community agency,

while others are or were employed in hospitals. I also deleted a section of one transcription that might have identified one participant because of its specificity.

Once written and verbal consents from participants to tape the interviews were received, I was able to begin the interviews, which were taped and then transcribed. After interviews were transcribed, recordings were erased. Throughout the taped interview process I took notes as well, to capture subtle nuances that a tape recorder might not catch, or to note follow up questions to further clarify certain experiences or to note themes within each interview.

Data Analysis

To analyze the interview data, I read and re read the transcripts numerous times using the analytical process that Ristock (2002) describes. Her process strives to see and disentangle the meanings and embedded power relations. I followed her guide by looking at the transcripts following a particular order:

1. What are the participants telling me (p. 37)?

   I listened to and read the interviewees' accounts and focused on generating themes, which then opened up new insights for me.

2. What does the participant's language suggest about the way in which their experiences have been produced (p. 39)?

   While I listened to the narratives and read through the transcripts, I considered not only how participants expressed themselves but also what was not being said (Ristock, 2002). This discursive reading attends to language, tone, emotion,

silence and the narrative shape of story telling and, as is described later, proved useful in helping me discern different kinds of accounts.

3. Comparison of themes across all transcripts to identify patterns and counter patterns (p. 39) and to stir thinking about conceptual differences.

Transferability of Analysis

Lincoln and Guba (1985) suggest that qualitative data should achieve trustworthiness by representing the perspective of research participants as closely as possible. They also urge attention to the notion of transferability, the question of how one's study may or may not apply to, or have relevance more widely than the sample studied. There clearly are limits to the transferability of these results, as they derive from a small sample of four participants, all of whom graduated from the same university. However, it can offer a thought provoking conceptual representation of the time pressures health care related social workers are exposed to on a regular basis and prompt questions to be taken up and explored more widely.

Findings

Hospitals are active noisy places, often with a sense of urgency in the air as patients, families, staff and the institutions place frequent demands on the social worker's time (Gregorian, 2005). The government's pursuit of efficiency and cost effectiveness has left its marks on patient care and social work. Strictly enforced guidelines on length of patient stay and the need for rapid processing of patients in hospital settings, and strict timelines on completion of assessments in community and hospital settings have led to workdays that are tightly attuned to accountability and efficiency within a limited amount of time. Participants all found themselves surrounded by deadlines. The expectation that social workers work efficiently, independently and quickly, as they try to meet deadlines was the same for all participants.

Ironically, or maybe inevitably, the time pressures on those social workers who agreed to participate in this study were clearly visible during the interviews. As they invited me to their places of work, or their homes, they put their busy, urgent workdays on hold to share their stories with me. As we talked, phones and cell phones rang, whined and vibrated, while pagers beeped, buzzed and throbbed. We listened to overhead announcements and were interrupted by fire drills and alarms. We took short breaks so two participants could tend to client related emergencies, while another participant answered my questions and shared her experiences patiently, as she was about to get away for some much needed rest and relaxation with her friends. In their accounts of time

dimension and pressures of their work, a number of themes became apparent and are elaborated below:

The Regulation of Social Work Time;

Clock Time and Process Time;

Conquering Time Tensions;

Reflection on Practice: Compromises and Possibilities;

Regulation of Social Work Time: *...You are really letting the Hospital and its mechanics push you through the day...*

The idea that time is linear frames social work in health care and, like under "old capitalism" where time was divided into chunks (Walker, 2009, p. 488), participants shared that they generally have been allotted eight hours a day to complete their various tasks, which includes caring for patients or clients, meeting with families, writing assessments, gathering information, organizing family meetings all the way to completing computerized assessments document and justifying social work's contribution in health care. Within these eight-hour days, there are two fifteen-minute breaks and a half hour for lunch. *...We start here around 8:30 in the morning. And the first thing we do is, ... the computer goes on, ... , checking the emails, basically looking at is there any hot spots." Hot spots for us are all related to risk and urgency.*

All participants shared that they usually began their days by reading and responding to emails, in order to shape their day and maybe even gain some sort of control. Participants noted that they generally looked for urgent emails, which needed immediate attention, but the general consensus was that all emails needed to be responded to in a timely manner: *You have to answer your emails in the morning and at least by the end of the day, or else you will have to explain why you didn't*. This participant felt that she was not only monitored throughout the day, she was also aware that she would have to justify her actions to her immediate supervisor, if someone felt that her response was not timely enough. If she was perceived to have failed to respond, her supervisor reserved the right to question her professionalism and time management skills.

Technologically communicated urgency was a very apparent theme when participants talked about how their time was regulated. The impact of computers, cell phones and pagers on healthcare related social work seemed immeasurable, as clock time was not only regulated by the institution, but also enforced through technology. The social impact of technology, which came through in the stories of the four participants suggested themes of surveillance, compromised autonomy and accountability.

New technologies, like computers, have replaced punch cards and time clocks and now put pressures on social workers throughout the day, rather than at the beginning and the end of each shift. Some participants' emails presented not only as a communication tool, but also a mechanism for accountability, and surveillance as institutions and organizations have the ability to monitor email and Internet access.

> *I don't really have the time to check my personal email or maybe pay a bill online when I am at work, I can't anyways, even if I have time for a break, because most sites are blocked. Even if the sites weren't blocked, we have to be careful with what we do because they're watching all the time.*

Very much like Bentham's Panopticon (Foucault, 1995), participants shared that computers were connected to a central network that monitors activities of the users. While there is no chamber with a supervisor who keeps "a watchful guard over the inmates" (Burr, 2011, p. 33), profit and not for profit institutions are able to pull up any employee's account and scrutinize account activities. This monitoring of employee online activities and censoring of Internet sites is a result of time being valued as a commodity and that "time not spent on producing can be thought of time theft – procrastination, the deadliest of sins" (Walker, 2009, p. 499).

Participants noted that, generally, after their morning emails were read, their days would begin: *When you are working in an institution it kind of dictates your time and your time pressures and how things go, so things are all set up about when everything is going to be done and when things aren't going to be done.*

Contrary to the idea that social workers work independently, participants felt that their time was strictly regulated:

> *…we have standards dictated by the institution when certain reports need to be done and certain assessments need to be done. As well as policies given to us by the social work department of what things needs to be done within a certain time frame.*

Participants who had experience in hospital work and community agency work felt that while the institution shapes the social workers' day in the hospital, work hours were

shaped more by clients' needs in a community type setting. The participant who worked in a community agency described how her day was shaped by organizational as well as client needs, which required her to respond to a crisis phone line and to support clients in their homes.

> *I check my email, I have a cigarette to try to relax for the mad phone dash…and then the phones usually start ringing – we have six lines, so while I am talking to someone I give them my full attention, as much as I possibly can. Try and check my emails during breaks and in between phone calls and then our first visit is usually at ten, so I know I gotta be out of the office by quarter to…*

Whether participants worked in hospitals or community settings, there were always institutional and ministerial requirements, which needed to be met every day, regardless of client needs or emergencies: *…in health care there is documentation standards to get something on the chart within the same day and so that would definitely shape my day, but I always opt to do it towards the end of the day.*

One participant explained that OCAN, (Ontario Common Assessment of Need, an in-depth computerized client assessment tool) needed to be completed within a certain timeframe and could be accessible to everyone in her organization: *…OCAN… has to be started and completed within 30 days, if it's not, it locks me out of the system and then it gives you this big red line and everybody and the agency can see that you're behind.* In this case technology not only serves to monitor, but also to discipline as it publicly highlights uncompleted assessments and workers who are behind in their work. Foucault clarified ideas of discipline and punishment, when he wrote: "The art of punishing, then, must rest on a whole technology of representation." (Foucault, 1995, p. 104). While the idea of

torture and execution might not be present "in the hearts of those who are weak" i.e. social workers who are behind (Beccaria, 1856 as quoted in Foucault, 1995, p. 104), public shaming appears to be an acceptable manner to deal with those who are not able to meet certain deadlines and is definitely in the heart of the social worker who might have been struggling to meet this deadline (I am not implying they are weak, but I am implying that their skills are viewed as weak by the agency and institutions the work for). The fact that failure to complete an assessment on time could lead to public embarrassment via on line assessments and red lines placed additional pressures on this participant to be accountable and compliant.

A sense of having to demonstrate accountability was echoed by several participants, but most notable was one who spoke of an assessment that was designed to highlight professional social work accountability for every minute of every day she worked.

> *I think…the other thing that shapes my day is really the accountability mechanism and time, entering time into the system so that you can really justify how, as an allied professional you've spent your day and that can be time consuming … you do have to do it within your workday, every workday, every hour has to be accounted for… I do it every day, so I will not fall behind.*

Although the social worker felt that this type of accountability measure was time consuming, she also stated:

> *… those expectations are most definitely from a different [professional] body and it was not necessarily an internal choice to do these tasks…but I do see value in justifying the allied professional's role … I do understand the need for it and what those statistics are used for.*

As the social worker completed this daily assessment of social work activities, her computer becomes "the perfect disciplinary apparatus would make it possible for a single gaze to see everything" (Foucault, 1995, p.172). The institution is accumulating and has access to a data base on social work time and can then decide if social workers add value to an efficient LEAN institution, or if they present a barrier to the LEAN business model.

Aside from computerized assessments, case notes and emails that serve to monitor and regulate how social workers spend their time, the vibrating hums of cell phones or the sharp staccato of pagers continuously punctuate time of social workers: *I find, from a social work point of view, you got the pager and you can have umpteen pages within a very short period of time and, … , so you feel, … , the pressure.* Pagers do not only have a role in underscoring importance and urgency, they also represent a "legitimized form of control over an individual's time over space" (White, 1998, p. 62). Although pagers are used for urgent calls and social workers are expected to return their page as soon as they can, cell phones, like emails seem to warrant an instant response, regardless of what is going on at the time:

> *…and then, depending on if you're the last person to leave the office, which is unfortunate, you have the duty phone, which means that you have to pull over any time it rings, cause it's the crisis phone, even if it is somebody asking about their pet, or they just felt like saying "hi".*

Having to take on the responsibility for the duty phone, because one is the last one to leave the office, could then be construed as further punishment for not working fast enough, or for working overtime.

Clock time and process time:

...you would never want a family to rush through that process...

Process time, or, the time it may take to care for a patient, is unlike clock time, which assumes that everything can and maybe even must be done within a given and pre-specified time frame. When asked about when she feels the first bit of time pressure during a workday, one participant responded: *The pressures start right in the morning, ..., because that's when email can set you off...*

Participants talked about the sense of losing control of their day, despite their attempts to plan their days by ordering tasks in a matter of urgency: *You know I try and organize my thoughts and my day, here first thing (points at office). But the moment I step on the unit you lose some control. The needs are driven by other people and other needs and other disciplines.* Another participant echoed this sentiment: *...it's on the unit where I feel the pressure the most. It's where you have what I call competing needs. All of their needs are competing and you have only so much you can give.*

Planning and time management are tied to clock time and are in conflict with the process time social workers need to respond to everyone's needs. Attempts to plan and shape the workday would typically get disrupted, preventing social workers from structuring their own days, leaving them feeling frustrated and anxious (Davies, 1994),

often feeling they were never able to get anything done: *…and then I go on the unit and then there's emergencies and people like vultures coming on to you…*

Within their highly regulated and managed work days, all participants spoke of a collision between the time required by patients and families, the time they had to do their care work and what they perceived to be good social work practice. Much as Davies (1994) and Craig (2007) described, clock time and routines place constraints on creativity and on caring relations, a sentiment which was echoed loudly by one of the participants. As mentioned previously, participants talked about their worry about falling behind in their documentation and assessments and felt that documentation standards ate into the time they wanted to provide care:

> *I often think about organizational requirements like meetings or documentations or recording standards and how sometimes that pressure is applied and to get those tasks done and in a timely fashion and yet you would maybe prefer to spend more time with the patients and the clients and that you didn't feel like you already provided them the best service you could have…*

While most participants talked about some patients needing more attention than others and the difficulty this posed, general workload in health care related social work appears to be heavy and was another tough pressure point for participants wanting to provide appropriate care for their patients. One participant talked about trying to juggle her daily workload with the increased amount of time that one family needed.

> *…we had issues of death and grief and morgue viewings and all of that can increase the tension on your time because it's not something that you would rush… you would never want a family to rush through that process and yet you still have potentially the same workload like on any other different day but now one family is understandably requiring a lot more of your time…*

Another participant talked about her heavy workload and the fact that neither she nor her co-worker are full time employees: *…I have two units. That's sixty-three patients spread up for two social workers. And we are both only 0 .9…*

Restructuring, funding cuts and the move to a program management model have resulted in the loss of full time social work positions throughout the social services sector. Health care was not excluded and social workers continue to feel the effects of this restructuring, as they try to make the time to care for the clients they work with (Baines, 2004; Gregorian, 2005; Nelson, 2004). One participant, who had full time employment status, explained that she covered two units, which increased her workload and decreased the time she had to provide care for patients. She felt torn between the two units as she attempted to respond to everyone's needs in a timely manner.

> *I cover two departments…I think when you work for different departments you have sort of a fragmentation in your role. What happens is, people will page you, requiring your assistance not realizing what else you maybe facing from a different department or regarding a different patient and so you always feel a sense of urgency to respond immediately or at least in a very timely fashion.*

Aronson and Sammon (2000) examined the impact of cuts and reorganization to social services and found workers were not only constantly pressed for time, but also that there was an "intensification and acceleration of work" (Aronson and Sammon, 2000, p. 171), which led to rushed encounters with clients. According to Judd and Sheffield (2010), social workers face increased responsibility with higher caseloads and essentially now have less time to do more work. While some participants were part time employees with a full time

workload, others worked full time, but were responsible for more than one unit, which then placed competing demands on their time. Regardless of what the social workers in the study might have planned for the day, competing demands of different units, with complex needs patients, who required substantial support, or high case loads generally seemed to demand flexibility and creativity from the social workers.

Because planning has the latent function of reinforcing a professional identity, as workers who have a plan can then show results, being unable to plan and follow through might leave the worker feel with a sense of failure (Davies, 1994). As one participant pointed out: *I definitely never felt that I had enough time for patients. I think that I always felt that I was going to get the most immediate needs done, but then maybe some of the longer standing concerns, that I would see, would not get met.* Another one described her experience trying to plan and accommodate emergencies: *We're all so busy. Trying to keep our heads above the water... then you lose out as a social worker. You begin to practice differently, to accommodate everyone and everything.*

While deadlines, high case loads, patients or families with special needs all put pressure on the amount of time a social worker has to provide care work, it seems that institutional guidelines appear to trump all other demands for social work time:

> *And I think there' s a horrible balance I think that's were you may feel conflicted in that how do you move forward the needs of clients and our profession's ability to respond to those needs given the constraints that are usually fiscally focused…*

This participant captured the social notion of process time, its unpredictability and the fact that process time cannot easily be molded into clock time (White, 1998; Davies, 1994). One social worker put it quite bluntly when she talked about length of hospital stay

and the fact that patients are expected to be discharged after ninety days even if they are waiting for a bed in a long-term care facility, as per the Ministry's "Home First" policy (Local Health Integration Network, 2011): *"It's driven by numbers, that's that. It's not driven by the clinical needs and the needs of patient and families."*

This statement mirrors Globerman et al.'s (2002) finding that with the restructuring in hospitals, the interests of the patients become secondary to the interest of the organization, as hospitals try to move away from a patient centered focus to a more process oriented focus, in spite of claims to the contrary (Fine et al., 2009; Holden, 2010). Another social worker also talked about her frustration in trying to provide care work, when she began to talk about the pressure to follow the process to move people through the hospital system: *... And I think the more there is demand on the system, the quicker they are going to want to push people through and they're not going to want to have a social worker stopping that.* Healthcare then proves to be a good example of how "Canadian public and non-profit social services sector systematically strips out the work of caring content, replacing it with flexible, routinized and standardized models of work …" (Baines, 2004, p. 268).

Keeping in mind that the hospital is open and working twenty-four hours a day, seven days a week, and that the community is alive every minute of the day, all participants were employed during regular weekday work hours. One participant questioned why there are no social workers available in the evenings and talked about the risk prevention and crisis control that a social worker could offer if social work time was extended into the evening hours.

> *…lots happens in the evenings and I find it really hard to understand why social work is not around… time for me is also the timeliness of our response and that does add pressure for sure, but…when you think of good customer service… that when there is a need that arises, that we are there to meet that need. And I feel that sometimes even a simple drop by the bedside, even if you have not done anything yet for the family, reduces a lot of stress which then does not cultivate into something a lot larger and I find that you can really head off a lot of future problems or disruptions and I think that it is just a unique environment with the fact that there are patients that are being treated all through the night and through the day.*

Social workers have to fit their care work/process time into their tightly enforced and monitored eight hour workday which leads to a continuous evaluation of the urgency of their patients and juggling of competing demands while they work in tight timelines and strictly enforced deadlines. Because working overtime is not supported (Craig, 2007) there is little flexibility in the actual clock time social workers have access to in order to fit all the care work into one day.

Conquering Time Tensions:

Time pressures mean, … there's a lot of different demands that you're needing to respond to and … that I am not able to meet everything to the whole degree that I would prefer to…

Study participants shared how, throughout their days they would deal with time crunches in order to buy more time for their clients, patients and or themselves. Conquering time tensions was not always easy and at times required sacrifices on their parts while the same tensions, at other times, prompted them to engage in resistance, opposition and advocacy.

In theory, participants work eight hours a day. However, the tensions the participants experienced often started before the actual paid work time began and urgently wove throughout each participant's day, everyday. Two themes surfaced when participants talked about conquering their time tensions. There was the struggle to control time and add minutes here and there, as well as the effort to navigate the barrage of demands to make the time at hand more manageable. Another theme was about resisting the regulation of time by bending rules and regulation, stretching the limits and by providing advocacy.

All participants noted that, in order to get ahead, they would come in to work early.

> *A typical day for me is supposed to start at 9. I usually roll in at 8:30 because I like to check my e-mail before the phones start ringing, because when the phones start ringing I might not get to my email until later in the day, and then depending on what's in the e-mail I can get in trouble if there is a crisis of some kind that I did not address.*

While this statement mirrors Donna Baines' (2004) findings when she talks about the increasing volunteer work of paid employees, it also speaks to the keen expectation of management and the willingness of the workers to provide free labor to their organizations.

> *I come to work a little bit early answer my check my emails and check my voicemails. I did that for coping in particular, because as soon as the time came for the pager to be on I could potentially be inundated with pages that I would need to respond to …*

Although coming to work early and leaving late seems to be common for participants, none reported getting paid for overtime. One participant pointed out that working overtime is discouraged: *… I think another pressure is that nobody ever wants you to work overtime in*

healthcare. And yet the tension is you can't get your work done in one day, right, in the amount of time allotted… Stories of coming in early, leaving late and working through breaks are reflected in Antle et al.'s (2006) findings that seventy-six percent of social work respondents in a study of quality of work life for social workers are working an average of about one to six hours of unpaid overtime each week. Health care related social workers participating in this study seem to fall within the high end of this study.

Once their day starts, all participants shared that they tried to manage their time by prioritizing phone calls, emails, visits with patents or family meetings. *You prioritize. What is the most important at the time? And probably again with being time sensitive what is most timely*. Although prioritizing is helpful at the beginning of the day one participant talked again about the difficulty of maintaining control of her schedule. She felt that at times she needed to retreat, to hide from the barrage of requests, in order to reprioritize and then negotiate time: *… so you could spend a whole day then dealing with the others' needs … this is a great space for us to retreat. We are lucky to have this space (participant pointing at her office)…*

Several participants talked about not having enough time for patients or felt that in general patients did not have enough time in the hospital. The pressure to discharge patients according to hospital or ministry guidelines, rather than when patients were ready, presented as an institutional time pressure that could not be influenced or adjusted by coming in early, staying late or working through your breaks. *And so you need, you need to stand up and try to advocate for that patient. And hopefully that manager would understand and be able to see the point and that would alleviate the tension.*

Talking to managers, who are generally not social workers, might not be the easiest thing to do, as most managers do not have a social work background (Judd and Sheffield, 2009; Nelson, 2004). Social workers must advocate on a patient's behalf not only understanding related social work issues, but also by having a keen awareness of how other care related professions interpret the actions of social work: *…You're standing up to your managers and that's a hard thing to do. It's not easy to do. You have got to feel real confident about what you're saying…*

One participant described how she deflected demands by using her knowledge and experience, offering alternate options to community partners, such as a representative from a long term care facility, who called in a panic, trying to get a patient admitted, because she felt the patient was in urgent need of assistance.

> *For me I can always deflect and say ok if they are urgent … firstly I don't have a bed and secondly if it is that urgent then send them to EPT or thirdly get a one on one [staff] from ministry of health in long-term care. So that's what I can give them because I have the knowledge, I can share that…*

In a Foucauldian (1998) sense, the social worker took temporary ownership of the power that pervades society. In this case it is not the disciplinary power that can be observed in administrative systems, but the power that knowledge produces, that assists to generate or at least alter a reality. This social worker was able to use her personal and professional power to deflect the unnecessary demands that could have added further pressures to her day.

In addition to using her knowledge to deflect demands, the same social worker stretched time by using the same policies that might force her to discharge a patient who is not ready: *...you find yourself negotiating and stretching time limits and demands. We do that a lot for discharge planning.* In order to stretch time limits or bargain for more time, this participant explained that prior to discharge she might want to cause delay by saying that she needed speak to all involved in the patient's care and if these people were not available, she would wait to hear directly from them, rather than rely on a second hand account. While this not only produced a more accurate and complete narrative of the patient's stay and discharge readiness, it also bought her more time because, as she well knew, other professionals are often busy as well and might not be able to get back to her quickly:

> *We negotiate ... yes. Oh yes ... I understand that the other day the patient was requiring 3 staff for care. I need to find out why the third person for care was needed. Oh, the nurse who did this is on holidays for two weeks? ... I can't get that answer! And it's that, I mean those are all facts,... , but I mean it's quite easy for me to get some answers in terms of, from other team members, I can do that but I always feels like I want to go to the source...*

Another participant talked about neither bargaining nor negotiating and felt that as social workers, social work ethics need to be adhered to: *...social workers simply do not conform. We conform to our social work ethics to our college and to our clients ... and we do it all to meet the needs of the patients and the families.* In order to have more time to do her work and in keeping with social work ethics, this social worker was thankful to have worked with an experienced practice lead who also felt that there were not enough hours in the day

to do good social work and then in turn supported social workers in taking their time to work with clients, as they saw fit, and not as it was dictated by a business model.

> *I had a professional practice lead, who wanted to increase the (social work) role in most departments and so was actually looking for evidence to suggest that there's more need than what we were filling and so I was in a very unique and privileged position to be able to do the overtime and on a regular, potentially daily basis to demonstrate that there was a need for longer coverage in those departments…*

A suggestion in this setting was that social workers could work on referrals in the evenings. While community partners might be closed during the evening, referrals can be completed and faxed in the evenings, leaving the social worker with more process time to spend with patients and their families during the day. This participant's story is an example of the "lived time" (White, 1998, p. 63) relating to the clients needs colliding and clashing with the bureaucratic clock time. Although part of the Lean process was to keep clients' goals in mind, social work services are not provided after regular working hours, although social work after hours could clearly benefit patient safety and risk control.

Reflection on Practice: Compromises and Possibilities

…My brain is going 50 miles per hour…

Throughout the interviews, participants generously shared their stories of time and time pressures in health care related social work. As I listened to their stories and as I read the transcriptions I could distinguish between two very different stories: Public stories about timelines, technology and discipline and more guarded, private and personal stories that provided more insight about how social workers felt about the time pressures they experienced. More than describing procedures, private stories related to participants'

feelings and worries about the effect of time pressures on their own social work practice. *In an acute hospital it's a very medical model and there's no time for that kind of touchy feely social work…*

Social workers are not given the time to provide the care they feel is necessary to benefit their patients. Social Work time, as a commodity, is to be used to move people along (Holden, 2010). Social work skills are often not appreciated and may be viewed as an impediment to speedy movement through the system, which mirrors Judd and Sheffield's (2009) findings that patient care activities such as counseling have decreased dramatically since the restructuring of the health care sector.

Looking at the change in their professional roles, which meant more paperwork and less patient contact, some participants were afraid that care work and process time would at some point lose out to clock time and routines and that this would hasten the replacement or deskilling of social workers (Holden, 2010) in the health care environment: *… and that what they'll do is that they can just get about anybody to come in and fill out forms and push people through without looking at the situation and without that human touch… .*

Holden (2010) and Fine et al. (2009) noted that changes in staff roles and responsibility were necessary to run an efficient hospital and that in order to be efficient, resources such as staff and time were to be used sparingly. Hesitantly, one participant talked about how she could feel herself get overwhelmed by the demands on her time and how she dealt with these demands.

> *I would feel myself kind of just going into reactionary mode and I'd have to really stop and look back at my note book and kind of just take a few moments to centre myself on*

> *what it was that I needed to get done and in what order and that order could consistently shift, right, depending on what else came in.*

When sharing their concerns with time tensions, one worry was that, as social workers, participants just did not have the time to practice according to best practice and social work ethics. All participants reported that it was easy to feel overwhelmed and that the danger of working against tight time lines increased one's own stress level, as one participant highlighted: *So those maybe those moments of tensions within your own body, were you feel sort of you know, your heart racing and getting maybe a little more nervous...* It also led to participants to quietly and privately questioning their professional identities:

> *I do think, though, that the time crunches don't give you adequate time to reflect in your practice … and I think that that when you are not able to reflect it does not allow you to deal with the stress of what you see and think that then you 're also not making any changes to your practice which are needed, you know, cause none of us are ever going to be perfect, so then to never to be able to have time to reflect means you 're never changing anything. And I think that's a concern and that affects the work.*

Davies (1994, p. 282) also talks about the feeling of not being able to reflect on one's work and the importance of being able to do so: "The temporal nature of care work may also hinder the carer from finding time to reflect actively over his/her work. Yet, reflection is vitally important for the development and maintenance of caring relations as well as the development of one's job." After some reflection, one participant quietly noted how her social work skills began to wear down as she attempted to meet constant deadlines:

> *I used to practice in a certain way. And now I feel that erode more and more. I practice in what I call the open honest informed way, …, all the social work ethics, being non judgmental … but you are now in such a time crunch and under such pressure you have less patience. You know, less patience for your team members and … when I interview families and meeting with families and I talk about the same issue with the family three times. And before I still would*

> *do it without feeling the tension in me. I feel the frustration of "why are you not getting it? I'm in a time crunch here." … I hope … that the family and the patient has not picked up on it but I feel it.*

When asked about what her worries were another participant almost whispered, when she said *…I worry about us superficially caring…*

Individual time crunches and tensions affected each worker. While some tensions were due to high caseloads, timelines on reports or maybe lack of support from practice leads, government cut backs in other institutions also had a direct effect on study participants. One participant noted how she and her colleagues felt and the effect it had on her practice when a hospital down the street cut the spiritual care team, in order to be more cost efficient: *…I think as allied professionals when we saw that happening I think we lost our advocacy voice in order to sort of self-preserve.* Another one echoed her concern stating she felt she did not have enough time to care for her clients due to Ministry guidelines and general changes in how social work is perceived in health care: *… the time right now in health care is difficult. Very difficult for social workers because you feel, you're not doing what you're trained to do, we are swamped by referrals and swamped by the discharges that we have to do.*

While all participants voiced concerns about the roles of social work in health care, articulating concerns about their ability to practice social work did not mean that participants had given up on their ability to use and develop their social work skills. Participants shared stories of solidarity, mentorship and education to prolong and develop the role of social work in health care to maintain and advance their skills and preserve

their sense of professional identities: *I think that what would be helpful for social workers to know is to learn to push back.*

"Pushing back" at times came in the shape of bending the rules and regulations and often would require an understanding manager. Several participants described how, over the years, they have forged strong professional relationships with their managers, which helped when they sought to advance clients' best interests, rather than the institution's: *We bend the rules a lot and for us, I think we are lucky in this setting that so far the clinical managers or program directors have a high regard for social workers.* One way to bend rules was to slow down the time it takes to assess and process referrals. *We are trying to slow it down, so that's where we are at. And it's yea, not pretty I think…*

While one participant talked of approaching colleagues and supervisors to challenge tight timelines, another talked about a mentor with whom she could talk about individual professional concerns:

> *I feel support, whether it's within or outside internal, …, get a mentor, you know something that you can have session. Yea, it's critical. And that will promote the longevity of the social worker.*

Several participants felt that informal relationships with colleagues helped overcome the isolation experienced as the only social worker in a sea of allied health professionals pressed into clock time and a medical model.

> *…speaking with some of the colleagues was helpful, although it is a fairly isolating role and so you're not always in contact with your social work counterparts, but I do think that it in a more formal environment just supervision with the practice lead or even just informally, which we were really encouraged have informal relationships with our social work colleagues, was really helpful.*

Another example of possibilities for social work in health care was brought up by a participant who had organized a workshop to educate others on the role of social workers and the effect of time constraints in addition to the value that social workers bring to the table.

> *…we organized a full day education and I think that … it was a way to get around your time constraints and I think that as you expand the role and expand the presence that we had in those organizations, and as we sort of insert our social work values into it, I think we are carving out spaces. Unfortunately it creates more work on our desk from day to day but I think in the longer term it will be integral in showing how valuable we are…*

While caseloads, guidelines, cutbacks and institutional regulations had an undeniable effect on the stress and time constraints experienced by individual social workers, being isolated from other social workers was another pressure point. The literature indicates that social workers now have limited opportunity for professional development, or peer on peer consultation and supervision. Individual social workers now function independently and are often expected to do so without the benefit of a social work support system to support their autonomous practice (Craig, 2007; Globerman et al., 2002). In spite of this, one worker shared how her employer supported her and her colleagues by giving them time and space to meet every week.

> *Time for yourself we - try to do that's one thing we can do … we still have that one hour every week for social work meeting. We still do that. We guard that as closely as we can and sometimes all we may end up doing is having lunch together, cause it's a lunchtime meeting ... Sometimes we talk about issues that are important to us social workers because we all speak the same language … we try to attend those meetings, which is a good support for us social workers … if we do have challenging cases we can talk about it. Sometimes it becomes a rapping session. You know you're not the only one feeling it … everyone is feeling it. You kind of diffuse it a little bit and it helps to know, to know "yea, you're not the only one feeling the tensions.*

While the confined time for these meetings was formally and informally enforced by sheer workloads, social workers were able to use this space in time to discuss whatever was important to them, as this time was not driven by institutional goals. In this example, time was set aside for talk amongst social workers although, according to Davies (1994) talking to another colleague about possibly non-work related matters could be construed as wasted time. These regular meetings on the other hand encouraged "professional connectedness" which in turn helped to increase practitioner effectiveness by giving space and time for informal consultation and peer supervision (Globerman et al., p. 134). The fact that social workers are given an avenue to connect with each other, even though it is for only one hour a week, provides at least some time for conversation and refection on practice.

Although it was clear that time pressures in healthcare related social work stem from a business management approach in an effort to provide cost effective and efficient care, one participant wondered if her organization really did benefit:

> *If I can't ensure patients are stable when they return to the community, or provide them with appropriate discharge plans, they will need more support and will typically be re-admitted soon after their discharge. Quite often families will complain about their loved ones not having received adequate services, so how does that help the organization?*

This statement reflects Hollander's (2002) assertion that social work interventions do indeed contribute to the stabilization of clients and their families and points to a

compelling argument for social work's continued presence in health care settings and for according patients more time.

Discussion

This study looked at the time tensions experienced in health care related social work. As participants spoke about their work and struggles with time, two stories appeared to unfold. There were the (unguarded) public stories that addressed workloads, technology, surveillance and punishment. These stories looked at how time was regulated by institutional guidelines and client emergencies and the technology that not only helps the social worker to connect with others, but also plays an important role in the monitoring and discipline of social workers. These findings very much echo other research that suggests social work in health care is tightly monitored and that social workers need to be accountable for every minute to justify their professional existence at all times (Craig, 2007; Holden, 2010; Judd and Sheffield, 2010)

Within the public story, computers appear to have become "the perfect disciplinary apparatus would make it possible for a single gaze to see everything" (Foucault, 1995, p. 171). Although technological advances no longer require the lens and the light, Foucault's notion of using technology to gain secret knowledge of human beings, seems to have come to fruition. Computers, computerized assessments and other accountability mechanisms serve to gain knowledge of social work practice:

> *Side by side with the major technology of the stethoscope, the lens and the light beam, which were an integral part of the new physics and cosmology, there were the minor techniques of multiple and intersecting observation, of eyes that must see without being seen; using techniques of subjection and methods of exploitation, an obscure art of light and the visible was secretly preparing a new knowledge of man (Foucault, 1995, p. 171).*

Another part of the public story was the fact that most participants felt that they either needed to push back, in order to not be overwhelmed by time pressures, or submit, by coming in early, leaving late and at times even working through their breaks. It seemed that the more experienced social workers were able to use their knowledge to push back or divert time pressures effectively and also felt more comfortable to confront their supervisors to address tight timelines. While participants who felt comfortable about pushing back shared that they felt their experience and reputation with supervisors gave them some leeway to do so, I am wondering about those social workers who are still trying to find their way in healthcare related social work, or maybe those who do not have supportive supervisors.

The more guarded private stories, which provide a deeper glimpse into how participants deal with the daily fight for time, were a little more difficult to get at. As a novice researcher I felt at times conflicted when I looked for more examples or another explanation, by sometimes sharing an incident as an example of how I dealt with time pressures, or by probing, which was, every now and then, received with silence. Participants seemed reluctant at times because, as one stated after the interview, she did not wish to be exposed doubting her own professional identity. Her fear corresponds with LaSala's argument that participants might be reluctant to share difficulties or vulnerabilities because they "want to put forth the best face possible" (2003, p. 31). Keeping in mind that, according to LaSala (2003), participants who take part in interviews with members of their own community at times fear that their stories will be used to gossip

and to ensure that no participant felt they were "losing face", I used no names in the study as I also removed those stories that might have identified participants.

The private picture that participants painted of health care related social workers was far from the Margolin's (1997) picture of the powerful, self assured, well meaning, all knowing, intrusive social worker, who uses trickery to build ambiguous relationships with clients. Rather, it seemed that, in order to provide better care, these social workers questioned themselves, the quality of their service and their professional identities, as social work in health care seems to come dangerously close to robotics, or factory work, requiring social workers to complete and submit more and more forms in less and less time, taking away from the time social workers would like to spend on working with patients or their families.

This loss of time for complex and responsive social work led some participants to raise concerns about the deskilling, fragmentation of social work and professional decline. Randall and Kindiak (2008, p. 347) feel that the fragmentation of social work "…permits complex social work tasks to be undertaken by less highly skilled practitioners at a lower rate of pay", a worry which was echoed by two participants. Furthermore, participants were concerned not only about the possible fragmentation of social work skills, but also that as a profession they felt splintered, because they would more often work with people from other disciplines, such as nursing, medicine, or psychiatry. Most participants reported that their supervisors did not have a social work background, which could make it

more difficult to advocate for more time or assist newer social workers in developing their social work skills. The account of the participant who was able to work closely with a social worker in a supervisory position highlighted how beneficial this was: together they were able to show that more social work time was needed and consequently extended social work hours in their department.

Another part of the private story was the lack of time for reflection. Although Pockett (2003) describes hospital social workers as reflective practitioners who examine their own reactions to the challenges of the environment, participants generally stated that they felt time for reflection was lacking. One participant talked about how her formal training had encouraged and nurtured the practice of reflection. She felt that while reflection should be an important part of her work, it was not activity that she had any time to engage in. She wondered how she could find the time to reflect on her practice and felt ill-prepared to advocate for time to do so, as she felt she did not even have time to take her breaks.

These findings have implications for social work education and social work curriculum. Maybe we need to teach and learn about working in unfair or unfavorable organizational conditions, to better prepare new social workers for the fact that they might enter some very hostile social work environments. Maybe we need to encourage more mentorship between students, graduates and professionals to ensure that new social workers feel supported, if they do not have the advantage of working with other social workers.

Although the Ontario Association of Social Workers, as well as the College of Social Workers and Social Service Workers could structure some sort of support for experienced

as well as new social workers, it is my experience that many new graduates find the cost of belonging to either, prohibitive. While both the college and the association give new graduates a price break, new graduates might benefit if - for example- they could have a free membership for the first 5 years after graduation, to give them time to find a job and get settled, before they start paying membership fees.

It should be noted, however, that while the College of Social Workers and Social Service Worker acknowledges the current climate of "budgetary restraint" (Betteridge, 2012, p. 16) and restructuring, which results in social workers often having no access to traditional models of supervision, it does require members to "seek supervision as required and use it effectively" (Betteridge, 2012, p. 16). However, although members are encouraged to call the College for consultation about practice issues, practice consultations with the college are not an adequate substitute for supervision. Members are encouraged to be creative and advocate on their own behalves to obtain supervision. If they cannot advocate they are to use a peer supervision model (Betteridge, 2012). As the College is also the disciplining body of Social Workers (Ontario College of Social workers and Social Service Workers, 2012) it is surprising that it does not offer more assistance, such as access to supervision, which in the end might lead to fewer disciplinary actions. A change in the College's policies to help new social workers, in addition to a reduction in membership fees then might be beneficial for new social workers, who have no time or access to adequate supervision.

As one participant wondered about how she could find the time to reflect, another

participant shared how she cherished the time in her office away from the unit to give her time to reflect; she shared an office with another social worker and was able to engage her peer in discussions about practice issues throughout the day, in turn stimulating both of them to reflect on their practice. Not only experience but also access to their own physical space may assist how social workers in dealing with the onslaught on their time and their potential isolation.

Who wins who loses

Within the private and public stories there were notions of losses and gains. While all participants agreed that clients generally lose out when social work is not available to them as it should be, social work lost out as well. All participants shared that losses due to time constraints could be felt on a professional and personal level. Social workers expressed concerns about deprofessionalisation and splintering. Social workers in this study felt that social workers in health care settings are becoming more and more splintered, because many of them work on their own and are isolated from other social workers throughout their workdays. Becoming a splintered group of professionals, social work support and leadership become weaker and there are fewer bases of solidarity. Participants felt that not having time to meet with peers, and or time to reflect on their work, could eventually result in the arrest of the development of professional social work skills.

In this sample of more experienced social workers studied here, it seemed that they were able to use their knowledge as a shield to deflect time pressures. While they too talked about the stress they felt responding to competing demands, they had the space and

their knowledge and experience to not only retreat temporarily but to come back, dividing and conquering those demands by refusing, resisting or modifying these.

In terms of gains, most social workers felt that their employing organizations and institutions were clearly at an advantage. Strictly enforced and monitored timelines, part time work and high case loads would certainly make it cheaper for the organization to provide social work services to their clients. However one participant questioned if the organizations really win, when social work cannot provide the services they are meant to provide. She talked not only about the complaints received, but also the risk involved in not being able to provide appropriate discharge plans for patients and the fact that people who are stable when they are discharged from a hospital are more likely to do well in the community and hence are less likely to be re-admitted after their discharge. This echoes Hollander (2002) who looks at social work interventions as contributing to the stabilization of clients and their families. Hollander (2002) further states that research has proven that health care costs are much lower for people who are stable receive the level of care they need. This suggests then that institutions and organizations are, just like the social workers within them, victims of cut backs and restructuring. Both are pressed into much less than ideal practices, both morally and economically, may offer a basis for alliance and building common cause in challenging LEAN organizational forms and efficiency driven policies.

The implementation of LEAN business models has implications for future research. At some point speed becomes unsafe, and while I do not want to use the cliché "Speed

Kills", it just might very well do so. Further research, focusing on discharges and community reintegration might uncover the risks of speedy discharges and long wait lists in the community. As social workers, working in the fast paced environment of healthcare, whether it is in the hospital or the community, we need to take a stand and slow time down. Maybe we can learn from the food industry's recent expansion into "slow food" to develop a type of slow social work to ensure client centered care and safe discharges.

Although social work in health care appears to be a threatened profession I feel social workers are here to stay. After all, "It is because of the complexity of the social problems involved in the various groups of patients, and the interdependence of the medical and social treatment, in any attempt at adequate solution, that the social worker is needed in our hospitals" (Ida Cannon as quoted in Judd and Sheffield, 2009, p. 869).

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APPENDIX 1

Recruitment Email

MSW Student Looking for volunteers to participate in a study about time tensions in health care related social work

Stefanie Goyert, a Masters of Social Work student at McMaster University, is writing a thesis on the various time pressures healthcare related social workers experience throughout their workday. She is looking for social workers who would be willing to share their experiences with time pressures in their professional lives.

Your participation would involve a face to face interview, at a mutually acceptable time, at a location of your choice. There would be one interview that would last from 60-90 minutes. Interviews will take place in May and June and are confidential.

The School of Social Work will not know who decides to participate. A person's decision to participate will have no effect on the services provided by McMaster University.

The question you might asked will be like:

- What are the sources of your "time tensions" ?
- When do these tensions rise for you ?
- What are the pressure points ?
- What do you lose because you are in a time crunch?
- Who gains because you face time crunches?

- Whose time are you working on?
- How do you manage your workday?

This study has been reviewed by and received clearance by the McMaster Ethics Review Board.

If you are interested or for more information about this study, please contact Stefanie Goyert directly, at your earliest convenience. Please do not contact the school of social work.

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Appendix 2 Information letter and consent

LETTER OF INFORMATION / CONSENT

Time Tensions in Social Work Practice in Health Settings

Investigators:

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Purpose of the Study

You are invited to participate in this research study because you are a social worker who negotiates time pressures during your work day. Your participation in this research is voluntary.

I want to hear from social workers who are working in time controlled environments. I would like to find out how social workers are affected by increased workloads as they continue to meet deadlines. I also hope to find out about various strategies used by social workers as they try to combat the effect of time constraints on their workday and on their engagement with service users.

What will happen during the study?

If you decide to participate in this study, you will take part in an interview with me, once for 60-90 minutes, at a location of your choosing. During the interview I will ask you questions about the time you have during a work day. The questions might look like this:

- What are the sources of your “time tensions” ?
- When do these tensions rise for you ?
- What are the pressure points ?
- What do you lose because you are in a time crunch?
- Who gains because you face time crunches?
- Whose time are you working on?
- How do you manage your workday?

I will take notes during the interview and with your permission I will audio tape the interview. If you change your mind about being recorded during the interview, I will stop the recording and erase what has been taped. Should there be concern in the first interview that indicate that a follow up interview might be helpful, I would seek you permission at that time to correspond with you again. I recognize how busy you are and understand that this might not be possible.

Are there any risks to doing study?

It is not likely that there will be any harm or discomforts associated with this research. However, you might feel uncomfortable or become frustrated as you talk about your encounters with various time pressures in your job. Sometimes the details of participants stories shares identifying information with the reader. I will omit any identifying information from notes and transcripts. Participants will be able to view the transcripts and make any changes they wish to do.

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. In addition you can withdraw at any time.

Your participation is private and confidential and no one but my thesis supervisor and I will have access to the data I collect. Your name will not appear on any document and possibly identifying personal or contextual information will be included in reporting findings in my thesis. I will explain more about confidentiality in a little while.

Are there any benefits to doing this study?

The research will not benefit you directly. I hope to learn more about how social workers conceptualize time and how they deal with the issue of time in their places of employment. However, the findings might at some point help to develop new skills, decrease workloads, or increase benefits for social workers and improve services for clients.

Who will know what I said or did in the study?

Your participation in this study is confidential. I will not use your name or any information that would allow you to be identified. Only I will know whether you participated unless you choose to tell them.

The information/data you provide (notes and tapes) will be kept in a locked desk/cabinet in my home office where only I will have access to it. Electronic information kept on a computer will be protected by a password on my computer, which is on a secure, private network. Once the study has been completed, the data will be destroyed within 6 months.

The results of the study will be shared in my thesis after the participant has had a chance to view the transcript of their interview and make changes, if they see the need for this.

b) Legally Required Disclosure

While I will protect your privacy as outlined above, there are instances that require me to reveal certain personal information.
Those instances are:

- If you tell me that you are intending to harm yourself
- If you tell me of your intent to harm another person
- If you tell me about a child under the age of 16 who is at risk or physical or sexual abuse.

What if I change my mind about being in the study?

Your participation in this study is completely voluntary. You can decide to withdraw even after you signed the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise, although this would not be possible once the data is analysed and the study is complete (August, 2012).
If you do not want to answer some of the questions you do not have to, but you can still be in the study

How do I find out what was learned in this study?

I expect to have this study completed by approximately August 2012. If you would like a brief summary of the results, please let me know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at:
Stefanie Goyert (905) 515 3121 or, *goyerts@mcmaster.ca*

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.
If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Stefanie Goyert, of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a copy of this form. I agree to participate in the study.

Signature: _____

Name of Participant (Printed) _____

Verbal consent: Name of Participant (Printed) _____

1. I agree that the interview can be audio recorded.
… Yes.
… No.

2. …Yes, I would like to receive a summary of the study's results.
Please send them to this email address _____
or to this mailing address: _____
_____
_____

… No, I do not want to receive a summary of the study's results.

3. I agree to be contacted about a follow-up interview, and understand that I can always decline the request.
… Yes. Please contact me at: _____
… No.

APPENDIX 2(b)

Time Tensions in Social Work Practice in Health Settings

Investigators:

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RESEARCHER'S LOG FOR RECORDING CONSENT

Participant's Name	Verbal Consent	Written consent	Date:

Appendix 3 –Interview Guide

Interview Guide

Time Tensions in Social Work Practice in Health Settings

Stefanie Goyert, (Master of Social Work student)

(Department of Social Work – McMaster University)

Information about these interview questions:

As is typical of qualitative social research the questions in this guide map out the semi-structured character of the interview conversations. Open-ended questions will be posed and participants invited to respond. For each area of questioning probes are listed and will be used as needed to stimulate elaboration and detail.

1) Can you tell me about a typical workday or shift?

- **When do you start**
- **What does your day consist of?**
- **When do you first realize moments of time pressures?**
- **Tell me more about the pressures that arise for you in those moments.**

2) Are there particular limits, expectations and deadlines in your work settings that shape your practice?

- **Can you give me examples?**

3) Would you say you generally conform to your agency's/hospital's/employer's expectations about time limits and deadlines?

- **Do you find yourself negotiating or stretching the official limits and demands?**
- **Can you give me examples?**

4) Can you tell me more about the time tensions you experience? What are the circumstances in which tensions rises – can you give me an example?

- **What happened to increase the tension?**
- **What can you do to decrease the tensions?**
- **What has worked for you in the past?**
- **Who benefits from these tensions?**

5) What do you lose because you are in a time crunch and who loses in these time crunches (i.e. clients, employer, yourself?)

- **Do you have time to "care"?**
- **Time for yourself?**
- **Time for others?**
- **How does that affect your work?**

6) Do you feel conflicted about the choices you make, if so, why?

- **How can you get around that?**
- **Who or what are your supports?**
- **Can you give me an example of what has been helpful for you?**

7) Is there something important we forgot? Is there anything else you think I need to know about the concept of time in social work?

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