LICENSED SOCIAL WORKERS IN HEALTH, 2004

Prepared by

Center for Health Workforce Studies
School of Public Health, University at Albany
Rensselaer, NY

For

The National Association of Social Workers
Center for Workforce Studies
Washington, DC

March 2006

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Chapter 1 of 7

Overview

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Preface

"Licensed Social Workers in Health, 2004" summarizes and interprets the responses of social workers in the practice area of Health obtained though a national sample survey of licensed social workers in the U.S. conducted in 2004. It is one of six reports prepared by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany.

Existing sources of data on social workers provide important but fragmented information on the field, preventing the development of an accurate comprehensive picture of the social work workforce. The NASW/CHWS study and this report provide comprehensive, up-to-date information on active licensed social workers working in the health care arena. This information includes: demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, career paths, and workplace issues.

The resulting profile of the licensed social work workforce will be a valuable resource for planners and policy makers making decisions about the future of the social work profession and its related education programs.

This report was prepared by Bonnie Primus Cohen, Sandra McGinnis, and Paul Wing of the CHWS staff, with assistance and guidance from Tracy Whitaker and Toby Weismiller of NASW. Reviews by a project advisory committee are gratefully acknowledged.

Funding support of the Robert Wood Johnson Foundation is also gratefully acknowledged. Findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the foundation.

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Chapter 1. Overview

Assuring quality health care is a national challenge.

Health care organizations deliver a broad range of preventive, acute and chronic care services in an environment that is undergoing constant change. Dramatic advances in technology are altering treatments available to address illness and injury. Demographic changes in the U.S. population, most notably the aging of the baby boom generation, are increasing demands for health services including the need for long-term management of illnesses. While the general health status of Americans has been improving, some health indicators, such as decreased levels of physical activity, are increasing risk for several chronic diseases and conditions. Further, the prevalence of individuals with diagnoses such as obesity, asthma and diabetes, are growing and further taxing health care systems.

Limitations in available resources, e.g. reimbursement levels and workforce shortages, have been additional catalysts leading to the restructuring of health care delivery systems. Preventive care management to reduce the need for expensive acute care treatment and the delivery of care in non-institutional settings are just two of the strategies employed to assure that patients in need of care, have access to cost effective, quality health services.

Health social workers play an important role within this system. They assist patients and their families cope with challenges associated with acute care and chronic care conditions. Health social workers provide individuals of all ages, racial/ethnic backgrounds and socioeconomic backgrounds with important direct care services including clinical behavioral health and social services. Social workers have expertise in providing case management and coordination of care functions, which are increasingly important in the current health care and social service system environments.

Goals of this Report

This report has been prepared to inform policy makers, educators and practitioners about the licensed social work workforce in the practice area of Health. Identifying what is common and what differs among these professionals and licensed social workers overall will facilitate educational planning, policy development and program design that ultimately will contribute to improving the quality of health care provided in the United States.

The workforce profile that follows is a comprehensive description of the licensed social work workforce in the practice area of Health in 2004. It is intended to increase understanding of the roles and practices of these social workers within key health care settings as well as of the issues they confront in providing services to clients. This baseline description will help focus attention and resources to engage and prepare current and future social workers for the health care system.

The Social Work Workforce in Health

Background

The data presented in *Licensed Social Workers in Health, 2004* is drawn from a study undertaken in 2004 by the National Association of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The study, *The Role and Use of Licensed Social Workers in the United States,* provides important new data on the nation's licensed social workers.

Despite the significant contributions of social workers to the American health care system, gaps continue to exist in knowledge about the roles and tasks Health social workers perform in different settings. Existing sources of data about the field (e.g. Bureau of Labor Statistics [BLS], Census Public-Use Microdata Sample [PUMS], and NASW studies) are valuable, but the picture they provide of the profession is fragmented. The NASW/CHWS study was undertaken to clarify practice patterns among licensed social workers.

Licensed social workers were selected for this study because they represent a major cohort of social workers that provide frontline services to clients, and that were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their pursuing licensure and the diversity of their practice, focuses makes them a very important group to study. Licensed social workers constitute 63 percent of the 460,000 reported by the Bureau of Labor Statistics (BLS), and the study findings provide an important baseline for monitoring changes within this profession. It is recognized, however, that practice patterns of licensed social workers ultimately need to be compared with other groups of social workers to gain a more complete understanding of this profession.

Legal regulation of professions, including social work, varies from state to state. Generally, jurisdictions may regulate as many as four broad areas of social work practice: baccalaureate social work degree upon graduation; master's degree in social work (MSW) upon graduation; MSW with two years of postgraduate supervised experience; and MSW with two years of post-master's direct clinical social work experience. Some jurisdictions regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, 35 jurisdictions recognize and regulate baccalaureate level practice, while all states recognize and regulate master's degree level practice. A few jurisdictions license at an associate level, and a small number offer more than four licensure categories. While the study sample of licensed social workers does not represent the full range of professionally educated social workers, it does offer a good representation of those providing frontline services.

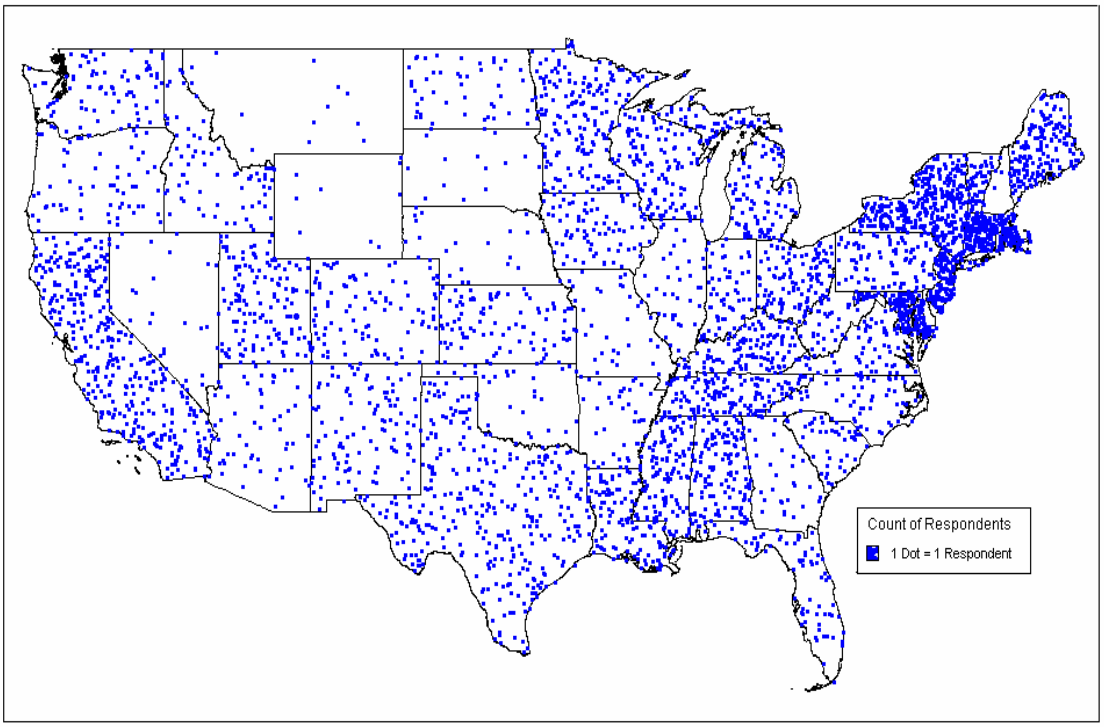
The report on licensed social workers nationally will be issued in early 2006. Four supplemental reports based on survey findings also are being prepared to examine the experiences of specific subgroups of licensed social workers. These include reports on 1) social workers providing any services to adults 55 years of age and older; 2) social workers providing services to children and/or adolescents; 3) social workers providing behavioral health services; and 4) social workers providing services related to medical health needs.

The study findings are based on a national survey distributed to a stratified random sample of 10,648 licensed social workers in 48 states plus the District of Columbia. It is estimated about 38,500 licensed social workers practice in Health nationwide. The study achieved a response rate of 49.4%. The distribution of licensed social workers that responded to the survey is seen below.

Data collected includes information on licensed social workers' demographic and educational backgrounds, practice patterns, the clients they serve and their perspectives on changes in their practice.

The findings of the larger report on social workers and this supplement pertain only to licensed social workers. Findings should not be generalized as conclusions about practice patterns of the non-licensed social work workforce. In addition, licensure requirements vary considerably by state, as previously indicated. Of the states sampled, 35 require the BSW as the minimum licensure; the minimum in the remaining states is the MSW. While the sample permits discussion of licensed social workers with these degrees, it is again important to caution against generalizing about practice patterns and perspectives by degree to non-licensed MSWs and BSWs.

Figure 1. Distribution of Responses to NASW/CHWS Survey



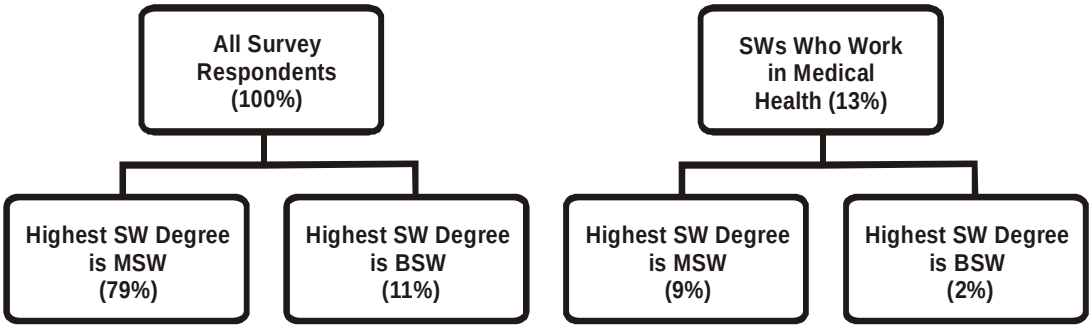
Note: The above map reflects only responses received to the NASW/CHWS survey, and is not intended for use in comparing actual numbers of social workers practicing in these states. Response rates varied dramatically from state to state. Furthermore, the original sampling frame was restricted to licensed social workers, and was subject to variations between states in licensing requirements.

Framework for Analysis

Thirteen percent (418) of active, licensed social workers responding to the NASW/CHWS survey identified Health as the primary focus of social work practice in their primary job. This made Health the third most common practice area among active, licensed social workers, following Mental Health (37%) and Children and Families (13%). Health related issues are common presenting problems for social workers in the practice area of Health: 82% say they have "many" clients with chronic medical conditions; 73% say they have "many" clients with acute medical conditions; and 54% say they have "many" clients with physical disabilities. In contrast, only 20% of social workers overall report that "many" of their clients have acute medical conditions, 28% report that "many" of their clients have chronic health conditions, and 19% report that "many" have physical disabilities.

The analytical framework used in the preparation of this report is summarized in Figure 2. Insights that result will assist in the development of policies and practices that can be targeted to improve the preparation and support of frontline social workers in healthcare settings as they seek to provide high quality care to individuals with health related problems.

Figure 2. Analytical Framework for the Discussion



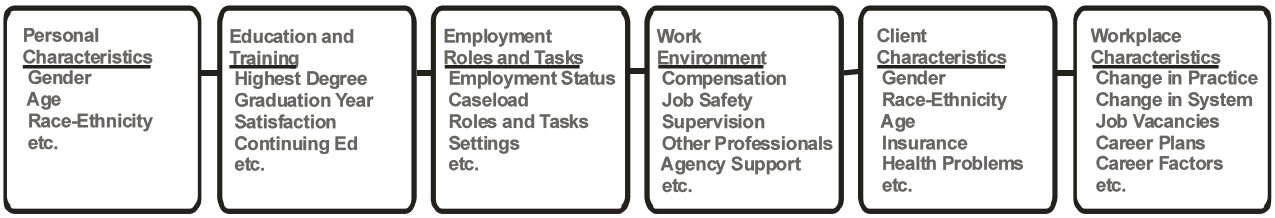
Note: Sum of %s for highest SW degree is less than % for previous category because DSWs and no SW degrees are not included.

This report describes the background and experiences of licensed Health social workers. Their practice patterns and perspectives are compared to all social workers (all respondents to the survey who were active in social work) in addition to comparisons by highest earned social work degree. Where relevant, social workers are also compared across employment settings and sectors and by the populations served. It should be noted that very few Health social workers were in private practice (0.5%, or 2 respondents), and so private practice is not analyzed as an employment sector in this report.

Health is the second most common practice area reported by social workers with a master's degree in social work (MSW). MSWs comprise 82 percent of social workers in this practice area, and BSWs 13 percent. While BSWs are a significantly smaller cohort, insights into the similarities and differences between these two groups is important since the number of BSWs being produced by schools of social work is increasing and as BSWs are a major feeder into higher degree programs.

The report will reference the following characteristics of social workers employed in Health.

Figure 3. Characteristics of Licensed Social Workers in the Practice Area of Health



Interesting variations in the patterns will be displayed throughout the report in tables and charts. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages was at least 10 percentage points have highlighted cells. Only differences among groups will be presented in the text.

Appendix. Methodology

Data were collected from 4,489 licensed social workers from forty-eight states and the District of Columbia through a mailed survey instrument. These responses resulted from surveys distributed to a stratified random sample of 10,000 licensed social workers across the U.S. Details of the sampling procedure are provided below.

Survey design. The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of child welfare/family social work, aging, behavioral health, and health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

Sampling and survey administration. A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were over-represented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census Divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table 1 shows that the final sample represented approximately 4% of the master list. This represented very different proportions of the social workers in each division, however–from 8% of social workers in the East South Central division to 2% of social workers in the South Atlantic division.

Table 1. Sampling Rates for Census Regions for 2004 Licensed Social Worker Survey

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
Total	**254,514**	**100**	**9,999**	**3.9%**

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample. The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division was similar to others. Each mailing offered responses an opportunity to participate in a lottery drawing for varying amounts of money: $1,000 for the first mailing, $500 for the second mailing, and $250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

Table 2. Response Patterns by Mailing

Mailing	Number	Percent of responses
First	2535	57%
Second	1445	32%
Third	510	11%

Response rates varied by Census division, with the highest response rate in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

Table 3. Response Rates by Census Division

Census Division	Total -- all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
Total	**4,489**	**1,531**	**10,648**	**49.2%**

Survey analysis. Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. "**Active**" status was defined as working either a full-time or a part-time job in social work. "**Sector**", which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work and another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an "**age at entry**", which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor's degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

Data limitations. Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized. Perhaps the most serious of these is that the data are not generalizable to non-licensed social

workers, who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become licensed in many states; and social workers, who are not required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word "licensed" should always be understood even if not explicitly stated.

There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which featured the NASW name and logo prominently. Also, because much of the instrument concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under "secondary" – for example, if they worked only one job treating addicted teenagers they may have indicated that the "primary" practice area was addictions and that their "secondary" practice area was adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.

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Chapter 2 of 7

Demographics

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March 2006

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Chapter 2. Demographic Profile of Social Workers in Health

Summary of Findings

- Health social workers are more likely to be female than social workers overall (89% v 83%).
- The percentage of men in the field of Health appears to be diminishing.
- Health MSWs and BSWs are similar in age (48 years verses 46.5 years) in contrast to social workers overall ((49 years verses 42 years).
- Health social workers are older than individuals in comparable professions or occupations.
- Licensed Health social workers are less racially and ethnically diverse than the U.S. the civilian labor force or the populations they serve.
- Eighty-six percent of l Health social workers practice in metropolitan (86%) areas, while only 2% practice in rural areas.
- Licensed social workers in Health have a median of 15 years experience in the field. MSWs have more years experience in the field than BSWs (16 years verses 12.5 years).
- The MSW is the predominant social work degree among social workers in Health (82%). Thirteen percent have BSWs and 4% have no formal social work degree.
- The majority of those in Health report that they were well prepared for social work practice by their formal degree (60%) and post degree training (69%).
- The percentages of new graduates entering this practice area are lower regardless of degree than the percent of recent social worker graduates overall.
- Recent BSW graduates are less likely to enter Health practice than MSWs.
- Clinical practice (33%), trauma/disaster preparedness (29%), specialty practice area (28%) and professional ethics (21%) are the training topics most desired by Health social workers.
- A significant group of Health social workers practicing in micropolitan (33%) and small towns (21%) report that continuing education programs are unavailable**.**

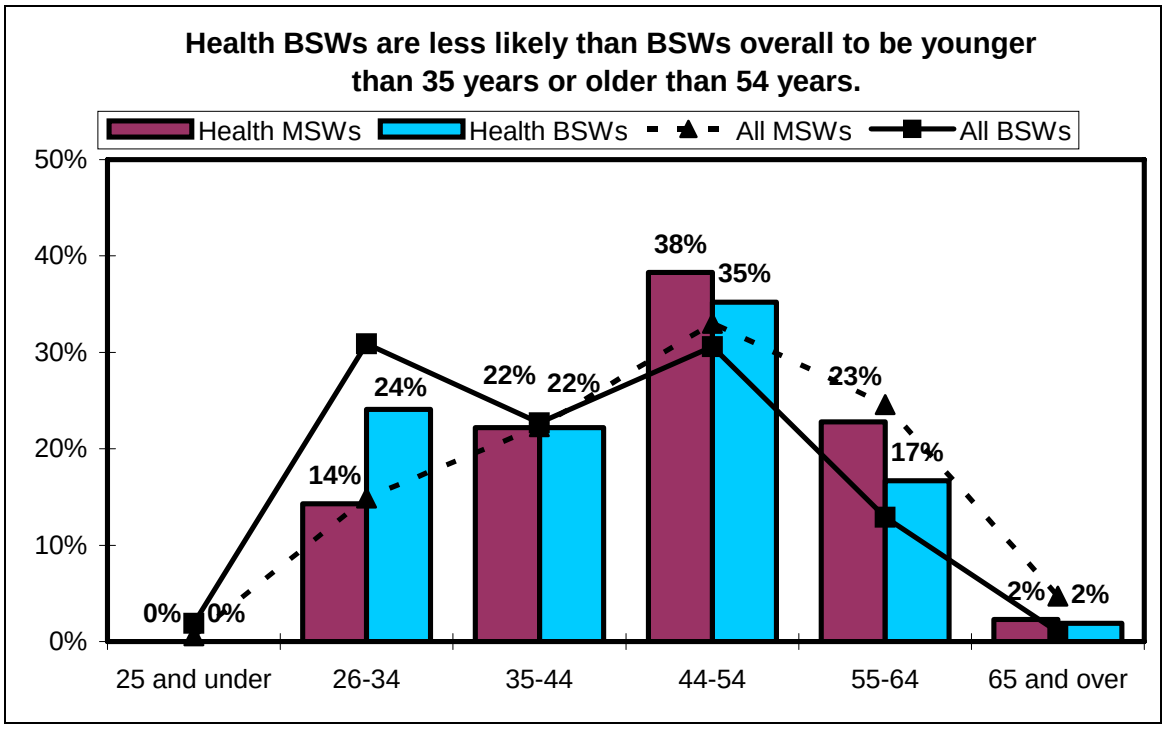
Demographic Profile

Age

The median age of social workers in Health is 48, similar to social workers overall. However, age distribution patterns between MSWs and BSWs in Health differ from licensed social workers overall. MSWs and BSWs in Health have similar median ages (48 years and 46.5 years respectively), while MSWs are substantially older than BSWs among social workers overall (49 years compared to 42 years).

As can be seen in the figure below, the distribution of social workers within Health shows fewer young BSWs in jobs in this arena as compared with licensed BSWs overall. Similarly, fewer BSWs ages 55 years or over work in this practice arena than licensed BSWs overall.

Figure 1. Age Distribution of Health Social Workers, by Degree



Gender

Figure 2 shows that social workers in Health are more likely to be women than men (89% versus 11%). Relatively small differences appear by degree: 11% of MSWs and 9% of BSWs are male. These distributions differ from patterns seen among social workers overall, where men constitute 18% of all social workers, 18% of MSWs and 10% of BSWs.

Figure 2. Gender of Health Social Workers

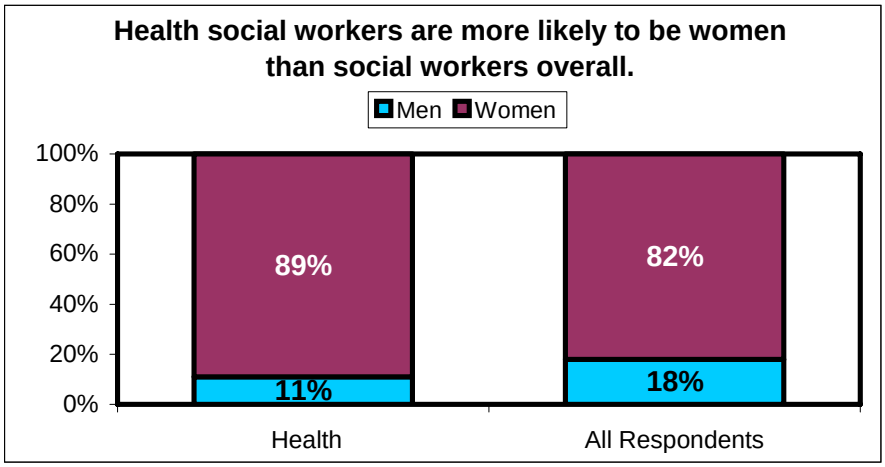
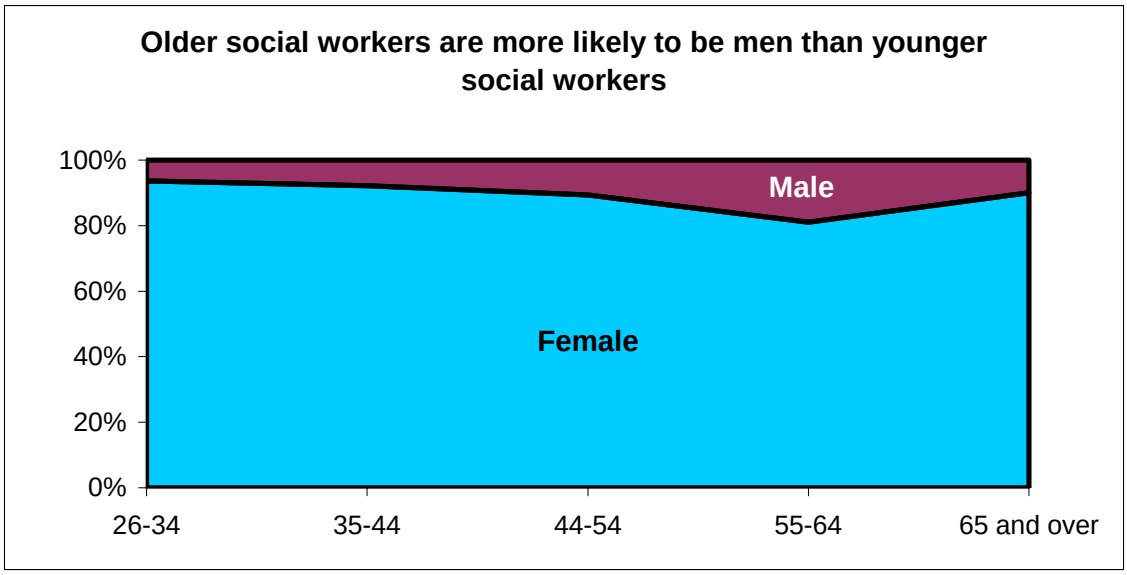


Figure 3 further suggests that the number of men in Health is diminishing among recent entrants.

Figure 3. Gender Mix of Licensed Social Workers in Health, by Age Group



Race/Ethnicity

Social workers in Health are predominantly non-Hispanic white (86%). As seen in Figure 4, they are less diverse than both the civilian labor force and the U.S. population. They are 7% Black/African-American, 4% Hispanic/Latino, and 3% Asian/Pacific Islander, similar to the racial/ethnic distribution of social workers overall.

Figure 4. Racial-Ethnic Distributions of Health Social Workers, the U .S. Population, and the U.S. Civilian Labor Force

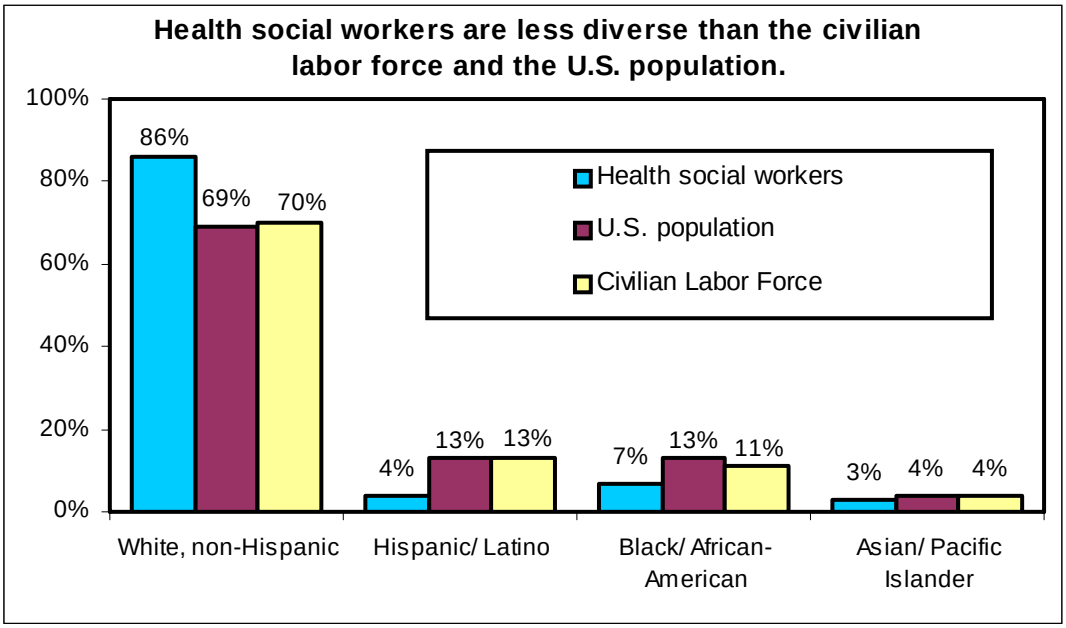
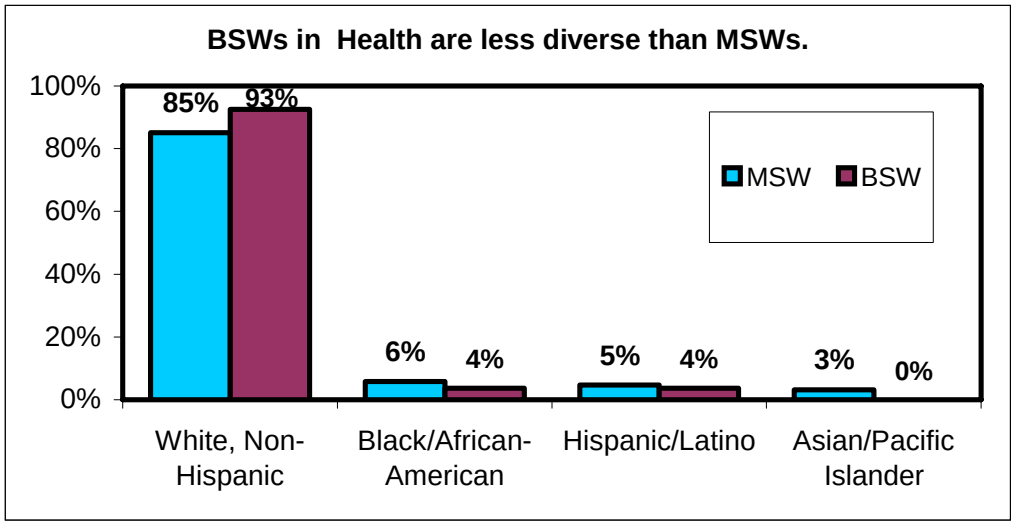


Figure 5 shows that, while little difference exists in race/ethnicity between Health social workers and licensed social workers overall, BSWs in Health are less diverse as a group than MSWs: 93% of BSWs are non-Hispanic white versus 85% of MSWs. This is different than the pattern observed among social workers overall, who differ little in race/ethnicity by degree.

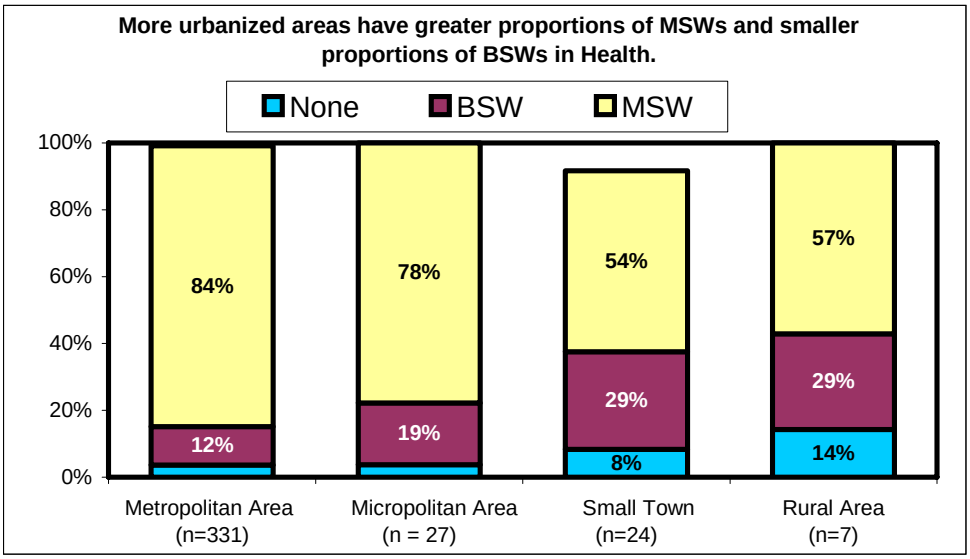
Figure 5. Racial-Ethnic Distribution of Health Social Workers by Degree



Geographic Location of Practice

Figure 6 shows that Health social workers are most likely to practice in metropolitan areas (85% versus 81% for social workers overall), while few practice in micropolitan areas (7% versus 10% overall), small towns (6% versus 6% overall), or rural areas (2% versus 3% overall). This pattern is similar to that for all licensed social workers. Social workers in rural areas and small towns together comprise 8% of social workers in Health. These social workers are much more likely to have BSWs (both 29%) than social workers in metropolitan or micropolitan areas (12% and 19%, respectively). This relationship between highest social work degree and rural/urban location is consistent with that observed for social workers overall.

Figure 6. Health Social Workers by Rural/Urban Area

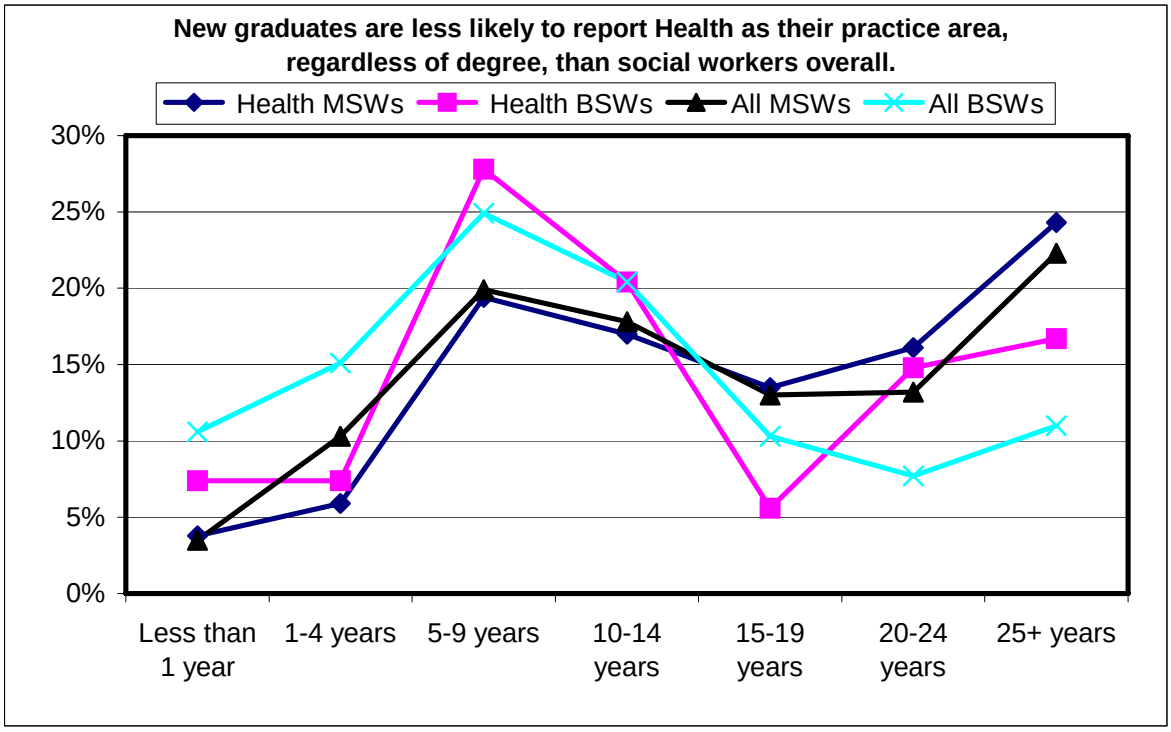


Years of experience

Licensed social workers in Health have a median of 15 years experience, compared to 13 years for social workers overall. MSWs in Health have a median of 16 years experience compared to 12.5 years for BSWs in this practice area. Figure 7 shows the distribution of years of professional experience for Health social workers.

Fewer new MSWs and BSWs appear to be in Health positions as compared to other new licensed social workers.

Figure 7. Years of Professional Experience of Health Social Workers, by Degree

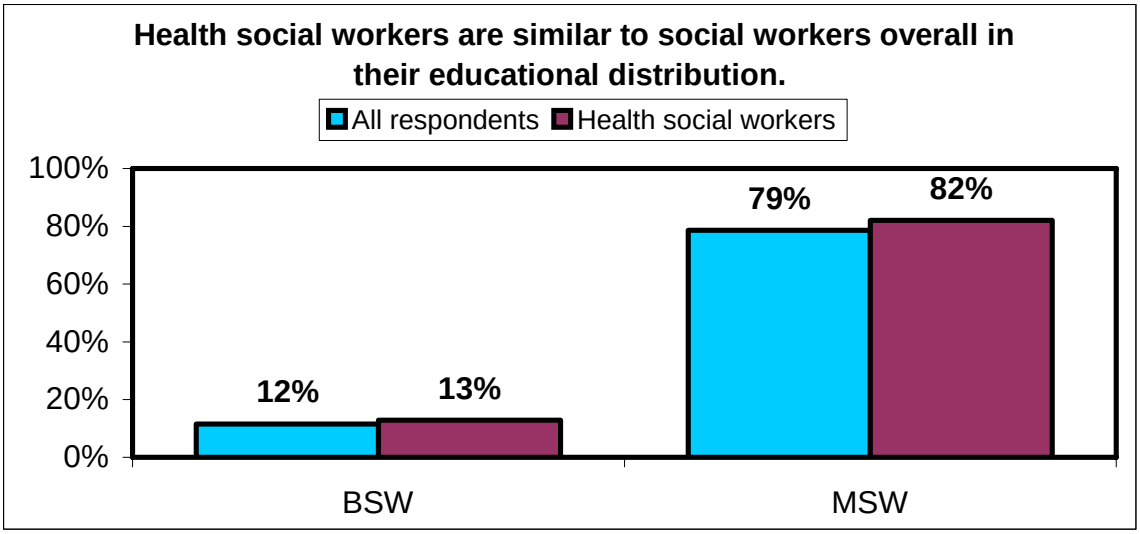


Education and Training

Highest Formal Degree

Figure 8 shows that the MSW is the predominant social work degree for licensed social workers in the practice area of Health (82%). Thirteen percent of social workers in Health have BSWs.

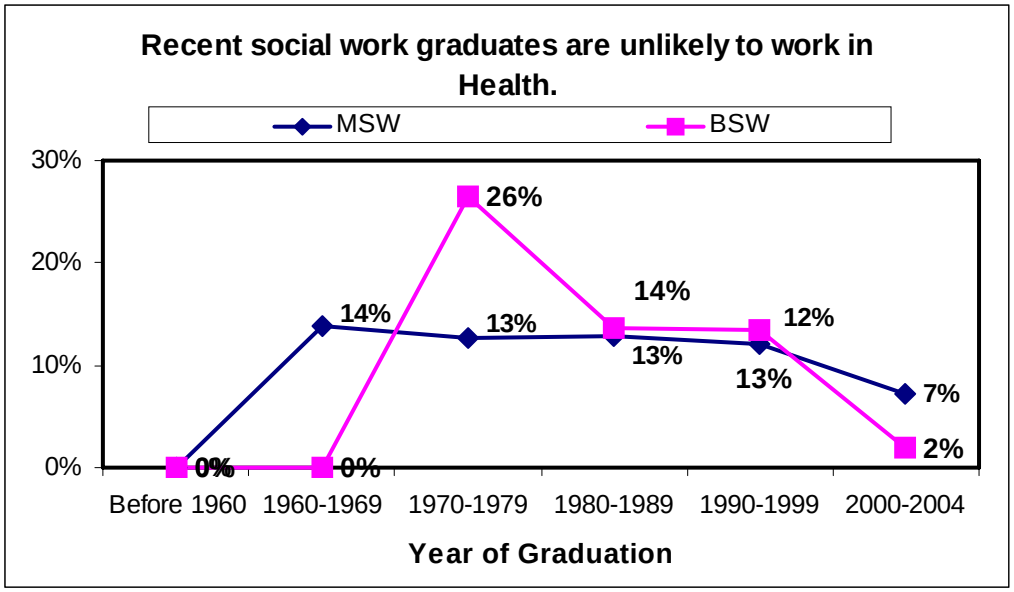
Figure 8. Educational Distribution of Health Social Workers and All Licensed Social Workers



Graduation Year and Work in Health Care

While 12% of all social workers report that Health is their practice area, this identification is much less common among recent graduates. This is particularly marked among BSWs, with only 2% of those graduating between 2000 and 2004 identifying Health as their practice area. In contrast, 7% of MSWs from this graduation cohort reported working in Health.

Figure 9. Year of Graduation of Health Social Workers, for MSWs and BSWs



Satisfaction with Education and Training

The majority of social workers in Health believe they were well prepared for social work practice by their social work degree program (60%) and post degree training (69%), comparable to social workers overall (60% and 71%, respectively). MSWs in Health are slightly more satisfied than BSWs with their degree program (61% versus 57%) and substantially more satisfied with post degree training (70% versus 55%).

Continuing Education (CE) and Training in Social Work

All social workers in Health reported that they participated in training/continuing education (CE) in the past two years (100%).

Sixty-one percent of social workers in Health report having "many" choices for continuing education programs related to social work practice. This varied by geographic location of practice, however, with those in metropolitan areas and small towns most likely to report "many" choices (64% and 63%), compared to social workers in rural areas (57%) and micropolitan areas (26%). These licensed social workers are more likely to work in hospices and less likely to work in hospitals than their peers in other geographic areas.

Figure 10. Percentages Reporting Having "Many" Choices for Continuing Education (4 or 5 on a 5-point scale)

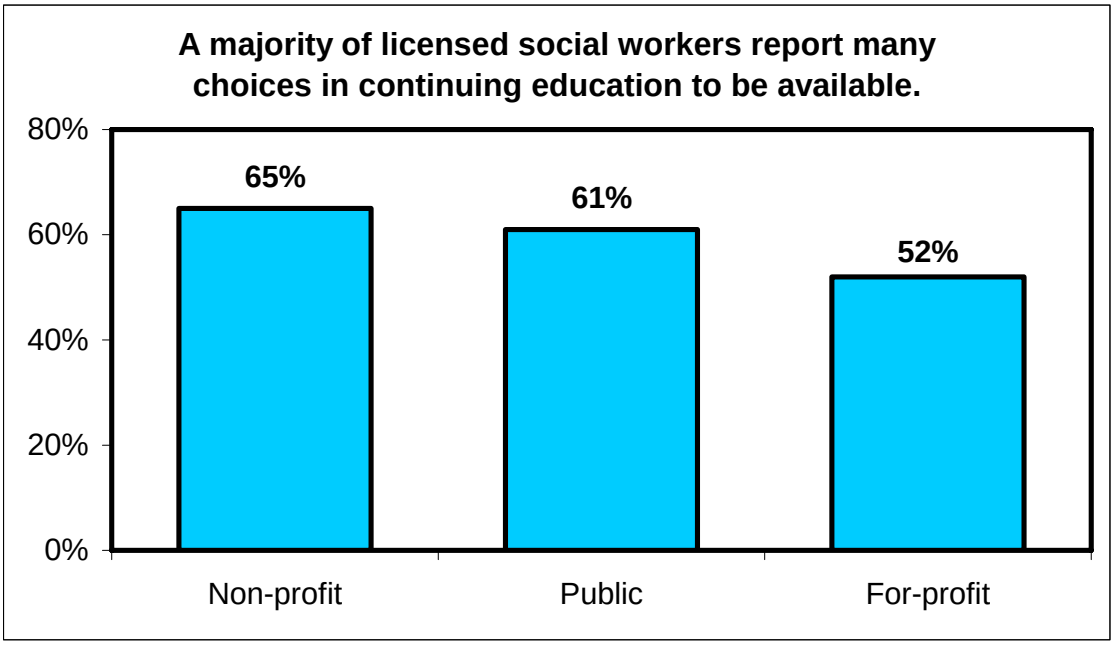


Table 1 identifies the percent of social workers by sector, practice location and settings that report that continuing education related to social work is unavailable.

Table 1. Percentages Reporting that Continuing Education Programs are "Unavailable" (1 or 2 on a 5-point scale), by Sector, Rural/Urban Location, and Setting

Sector		Rural/Urban		Setting	
Non-Profit	11%	Metropolitan	10%	Hospital	9%
Public	13%	Micropolitan	33%	Health clinic	13%
For-Profit	12%	Small Town	21%	Hospice	20%
Private Practice	N/A	Rural	0%	Other	13%

CE programs at conferences and short courses/workshops are the most common sources of training reported by licensed social workers in the Health practice area. Clinical practice (33%), trauma/disaster preparedness (29%), specialty practice area (28%), and professional ethics (21%) are the topics most desired for future training.

Table 2. Types Of Continuing Education/Training Programs Attended In The Past Two Years, By Degree

Type of Continuing Education	All	All Health	All MSWs	Health MSWs	All BSWs	Health BSWs
Conference CE Programs	81%	87%	79%	88%	83%	83%
Short Courses or Workshops	82%	79%	83%	80%	84%	74%
On-the-job Training	36%	41%	35%	42%	40%	33%
Professional Association Programs	31%	36%	31%	38%	24%	22%
Supervised Practice/Clinical Practice	33%	23%	39%	25%	13%	6%
Certificate Programs	23%	20%	22%	20%	29%	20%
Courses with Academic Credit	12%	10%	11%	10%	17%	9%
Distance Learning	8%	7%	8%	7%	9%	9%
Other CE	5%	3%	5%	3%	4%	4%

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 3 of 7

What Social Workers Do

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The National Association of Social Workers
Center for Workforce Studies
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March 2006

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Chapter 3. What Social Workers Do

Summary of Findings

- Approximately 13% of licensed[1] social workers identify Health as their primary area of practice. This is the third most common practice area among active licensed social workers, following Mental Health (37%) and Child Welfare / Families (13%).
- Health is the second most common practice area among licensed MSWs.
- Health MSWs and BSWs are more similar than licensed MSWs and BSWs overall on factors including the roles and tasks they perform and demographic background.
- Health social workers work a median of 40 hours per week in their primary job which is consistent with employment patterns of social workers overall.
- Health MSWs and BSWs are equally likely to work full-time for a single employer, an employment pattern that differs from social workers overall where MSWs are less likely to work full time for one employer.
- Health social workers are most likely to work full time in hospitals and part time in hospices.
- Half have been with their current employer less than five years.
- Licensed Health social workers carry significantly larger caseloads in their primary employment than social workers overall. Thirty seven percent have caseloads of 50 or more clients, compared to 22% of social workers overall.
- Social workers in health clinics were more than twice as likely to carry caseloads of 50 or more clients as compared with hospitals, the setting with the second greatest report of high caseloads (72% v 34%).
- While most Health social workers perform multiple roles in their jobs, 89% spend 20 or more hours performing one role.
- Direct service is the role most commonly reported by social workers in Health providing some services to older adults (98%), as well as the role they are most likely to perform 20 or more hours per week (67%).
- These social workers spend more hours per week providing direct services than social workers overall (28 hours verses 20 hours).
- MSWs and BSWs in Health spend the most time providing direct services to clients in hospital settings (MSWs, 80%; BSWs 87%).

[1] Heath social workers represent 12.7% of respondents to the NASW/CHWS survey. Child Welfare/ Families represent 13.2% of these respondents.

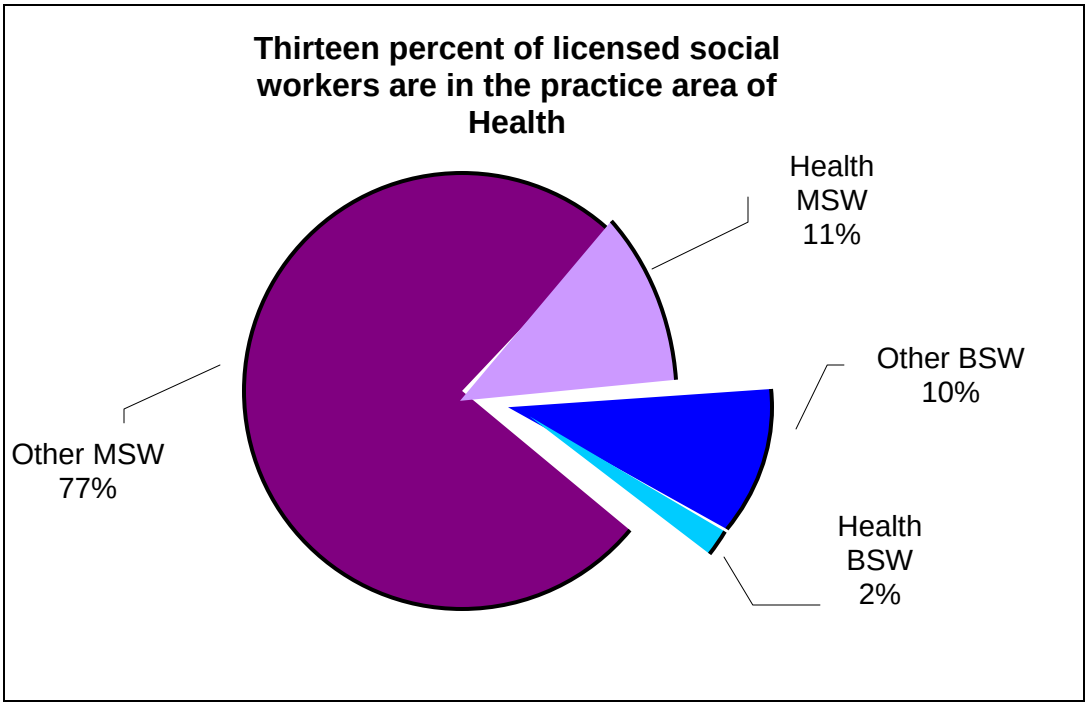
- Information/referral (88%), screening/assessment (85%), and crisis intervention (76%) are the tasks Health social workers are most likely to perform in their social work employment.
- They are most likely to spend more than 50% of their time on individual counseling (19%) or discharge planning (17%). Health is the only practice area that commits such significant time to discharge planning.
- Tasks performed vary by setting. Health social workers employed in hospitals are most likely to spend most time on discharge planning; those in health clinics on individual counseling; and those in hospices on home visits.
- Client diagnoses of chronic medical conditions, acute medical conditions and physical disabilities influence the type of tasks performed by Health social workers.
- Health social workers are more likely to report that tasks performed in their jobs are below their level of training compared to social workers overall (19% verses 13%), a factor that seems to influence consideration of job changes.
- Social workers working in health clinics are twice as likely to perceive tasks as below their skill level as compared to social workers overall (26% verses 14%).
- MSWs were more likely than BSWs to report tasks as below their level of training and skills (20% verses 11%) and were less likely to report tasks above their skill level (30% verses 43%).
- Two fifths of MSWs (42%) employed in hospices report that tasks are above their skill level, the highest percentage reported for MSWs by setting.

Practice Area

Thirteen percent (n = 418) of active, licensed social workers responding to the NASW/CHWS survey indicated that Health was their practice area in their primary job. This made Health the third most common practice area among active, licensed social workers overall.

Health is the second most common practice area reported by social workers with a master's degree in social work (MSW). MSWs comprise 82% of social workers in this practice area, and BSWs 13%. Figure 1 shows the percentages of MSWs and BSWs in Health and other practice areas. While BSWs are a significantly smaller cohort, insights into the similarities and differences between these two groups is important, since the number of BSWs being produced by schools of social work is increasing and as BSWs are a major feeder into higher degree programs.

Figure 1. Distribution of Licensed Social Workers by Practice Area and Degree



Among all active, licensed social workers who hold more than one job, 6% of those not in Health in their primary job report Health as their focus of practice in their second job. Most of these social workers identify Mental Health (49%) and Aging (24%) as their primary practice areas. Among Health social workers, Health (33%), Mental Health (27%) and Aging (11%) are the primary focuses of practice in secondary jobs.

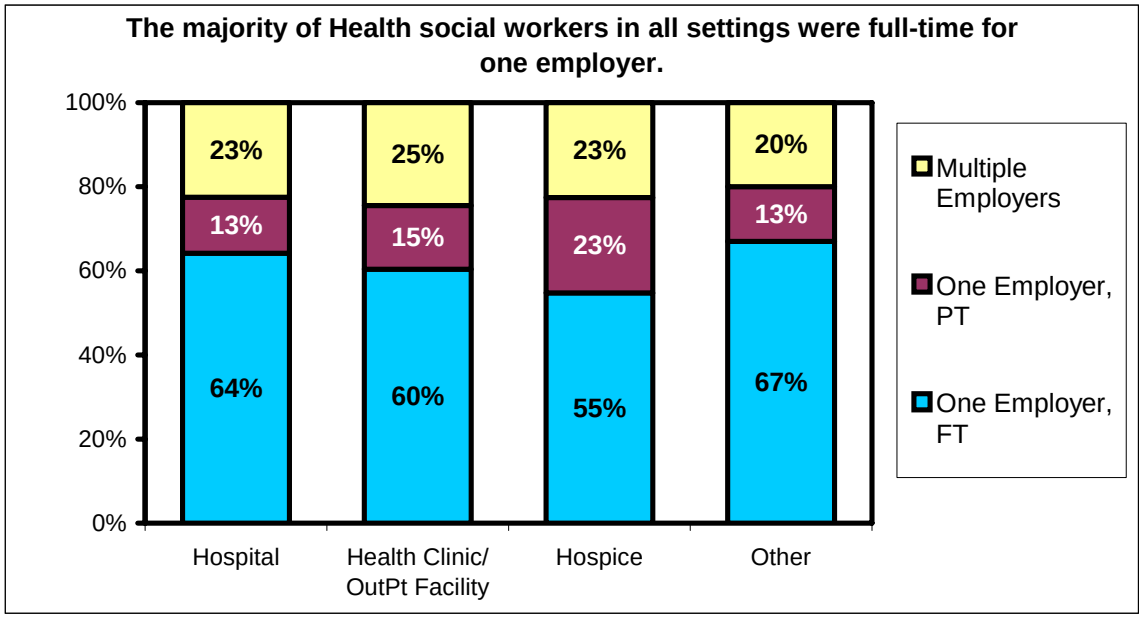
Employment Status

Social workers in Health work a median of 40 hours per week at their primary job, as do social workers overall.

The median hours worked per week by MSWs and BSWs are similar, an employment pattern that differs from social workers overall. MSWs and BSWs in Health are equally likely to work full-time for a single employer (both 61%). Among social workers overall, BSWs are more likely than MSWs to work full-time for a single employer. Health BSWs are more likely than MSWs to work part-time for a single employer (24% versus 15%), while MSWs are more likely to work for multiple employers (25% versus 15%).

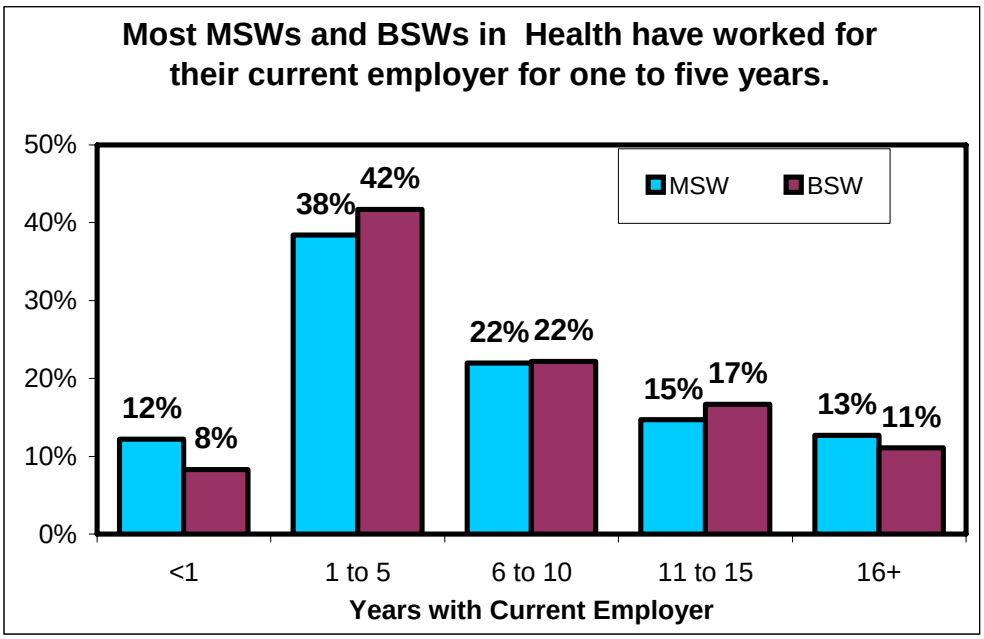
As can be seen in Figure 2, social workers in Health are most likely to work full-time for a single employer in hospitals and most likely to part-time for a single employer in hospices.

Figure 2. Numbers of Employers of Health Social Workers, by Employment Setting



Twelve percent of Health social workers have been with their current employer for less than one year. Half (50%) have been with their current employer five years or less, while 14% have been with their employer for more than 15 years. These figures are consistent with those for social workers overall. Little difference exists between Health MSWs and BSWs in terms of years with current employer, consistent with social workers overall (Figure 3).

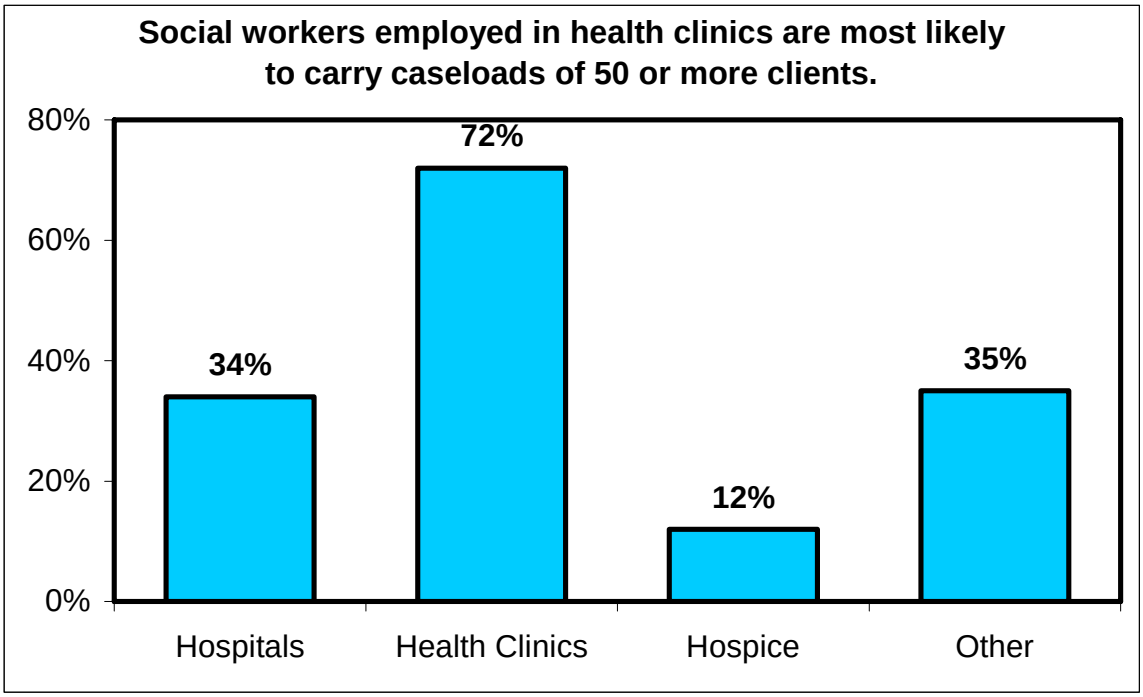
Figure 3. Years with Current Employer of Health SWs, by MSW and BSW



Caseload Size

Licensed social workers in Health have significantly larger caseloads in their primary job than social workers overall. Thirty-seven percent of social workers in Health have caseloads of 50 or more clients, compared to 22% of other social workers. This varied little by highest social work degree. Figure 4 shows that caseloads of this size were most common in health clinics, where 72% of Health social workers had caseloads of 50 or more. Health social workers employed in hospitals (34%) and hospices (12%) carried much smaller caseloads.

Figure 4. Percentages of Health Social Workers with Primary Caseloads of 50 or More Clients, by Setting



Note: See p.41 for further description of "other" settings.

Roles

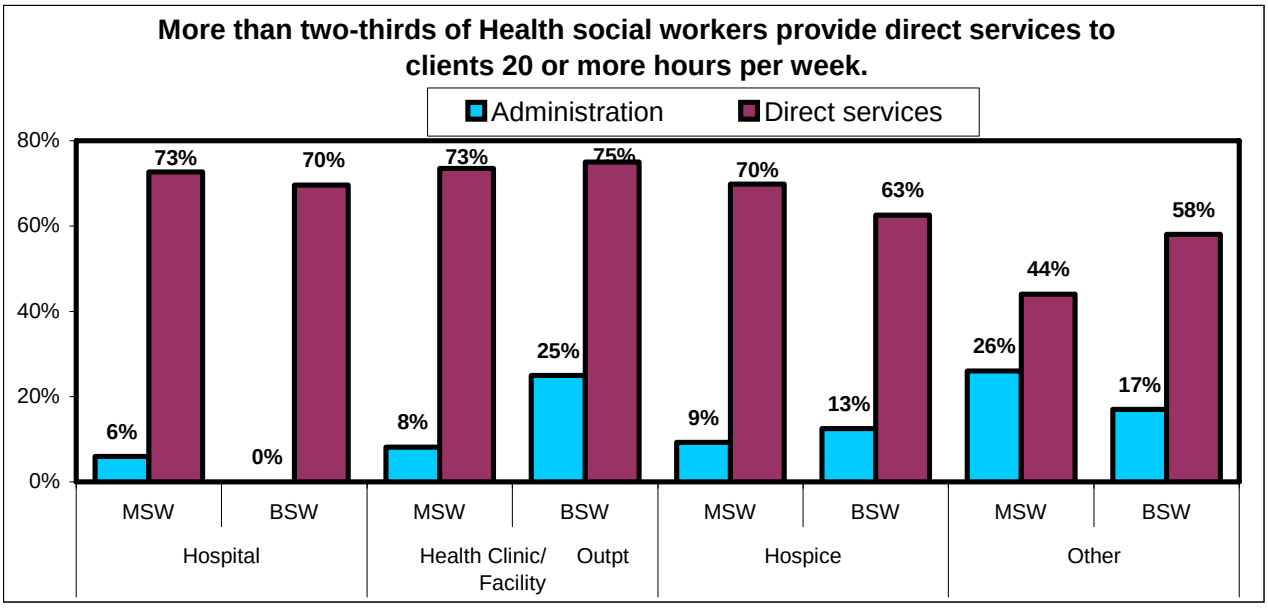
Although Health social workers participate in a wide variety of roles, 89% spend 20 hours or more per week performing one primary role. Table 1 shows that providing direct services to clients is the most common role performed by these social workers (98%), and the most likely to be performed 20 hours a week or more (67%). The majority of Health social workers spend fewer than 10 hours per week on any single role other than their major role across settings. This involvement with multiple roles but concentration on only one role (usually direct services) is consistent with the findings for other practice areas and for social workers overall.

Table 1. Percentages of Licensed Social Workers That Spend Any Time or 20 or More Hours per Week Performing Selected Roles

Roles	All social workers		Health social workers	
	Any	20 hours or more	Any	20 hours or more
Direct services	93%	59%	98%	67%
Administration/management	50%	12%	55%	11%
Consultation	48%	4%	65%	4%
Planning	38%	3%	63%	3%
Supervision	35%	3%	47%	2%
Community organizing	18%	1%	32%	1%
Teaching	22%	2%	35%	1%
Training/Education	35%	1%	52%	0%
Policy development	15%	0%	34%	0%
Research	9%	0%	14%	0%

BSWs in Health spend slightly more time on average in community organizing than MSWs[2], and MSWs spend more time on training/education[3], but otherwise time spent on roles does not vary significantly by degree. There is some variation, however, by degree within setting as shown below in Figure 5.

Figure 5. Percentages Spending Twenty Hours per Week or More on Direct Services and Administration, by Degree and Employment Setting



[2] p = 0.039
[3] p = 0.006

Direct Services

Health social workers spent a median of 28 hours per week on direct services in their primary job, with a median 75% of total hours spent on direct care services. Hours spent providing services were very different from social workers overall, who spend a median of 20 hours on direct services (a median of 68% of total hours).

Health social workers did not differ in time and percentage of time spent in this role by degree, which is again a different pattern than that of social workers overall (where MSWs spend somewhat fewer hours, but a greater percentage of their total hours, on direct care). However, they did vary by setting and by degree within setting, as seen in Figures 6 and 7.

Figure 6. Median Hours Spent by Health Social Workers on Direct Services to Clients, by Degree and Employment Setting

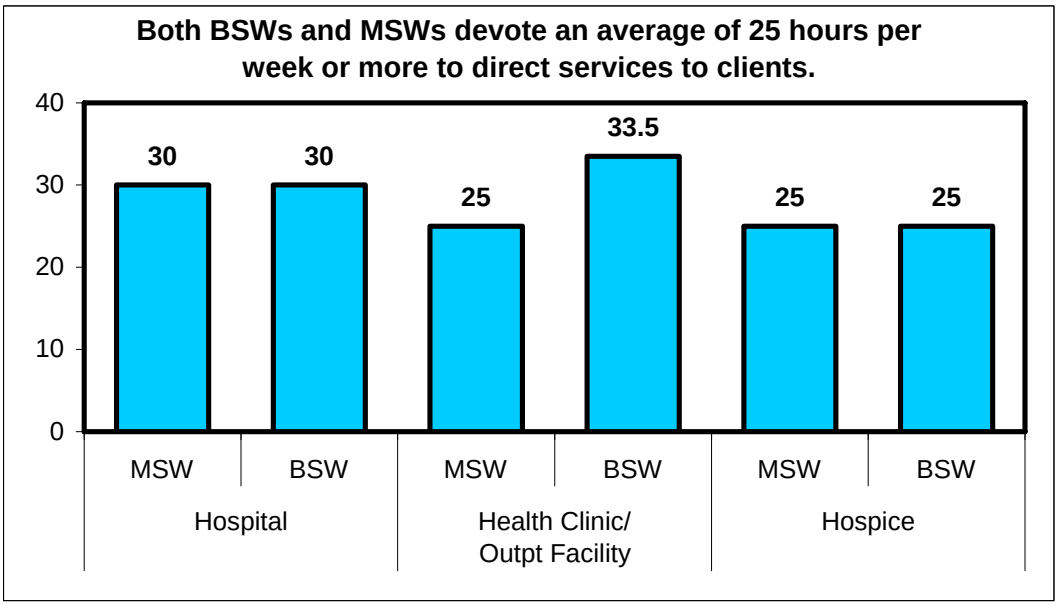
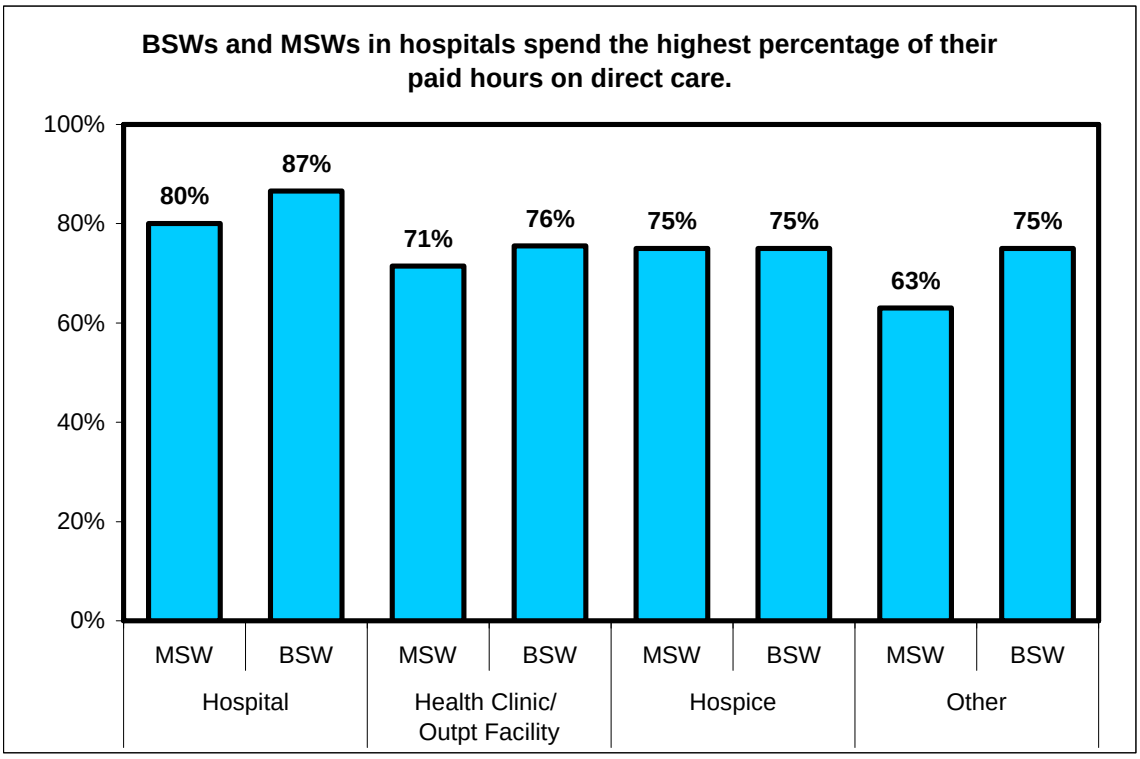


Figure 7. Median Percentage of Paid Hours Spent by Health Social Workers on Direct Services, by Degree and Employment Setting



Tasks

Information/referral (88%), screening/assessment (85%), and crisis intervention (76%) are the tasks Health social workers are most likely to perform. Few of these tasks consume more than half of social workers' time. As seen in Table 2, Health social workers are most likely to spend more than half their time on individual counseling (19%) or discharge planning (17%).

Table 2. Percentages of Health Social Workers Spending Any Time or More Than 50% of Time Performing Selected Tasks

Social Work Tasks	Spend any time	More than 50% of time
Information/referral	88%	13%
Screening/assessment	85%	15%
Crisis intervention	76%	6%
Case management	70%	15%
Client education	70%	9%
Individual counseling	67%	19%
Treatment planning	62%	5%
Discharge planning	59%	17%
Family counseling	50%	7%
Medication adherence	44%	4%
Advocacy	39%	2%
Home visits	34%	15%
Psychoeducation	34%	2%
Program development	29%	1%
Supervision	27%	1%
Psychotherapy	26%	3%
Couples counseling	25%	2%
Group counseling	25%	0%
Program management	22%	2%

Tasks performed by Health social workers are similar regardless of degree (Table 3). This is unique from other practice areas, where MSWs and BSWs typically have different functions. It is consistent, however, with emerging findings that Health MSWs and BSWs are more similar to each other than are MSWs to BSWs in other practice areas, e.g. demographically.

Table 3. Tasks That Health MSWs and BSWs Are Most Likely to Perform and Spend the Most Time On

	MSW	BSW
Most likely to do...	Information/referral (88%)	Information/referral (94%)
	Screening/assessment (85%)	Screening/assessment (87%)
	Crisis intervention (78%)	Client education (70%)
	Case management (72%)	Crisis intervention (78%)
	Client education (71%)	Discharge planning (59%)
Spend most time on... (average on a 6-point scale)	Screening/assessment	Screening/assessment
	Information/referral	Information/referral
	Individual counseling	Individual counseling
	Case management	Case management
	Discharge planning	Discharge planning

Table 4 shows that information/referral, screening/assessment, and individual counseling are among the most common tasks performed by MSWs and by BSWs regardless of employment sector. There is greatest similarity in tasks performed by MSWs and BSWs in the for profit sector. In the nonprofit sector, MSWs are more likely to provide discharge-planning services while BSWs are more likely to provide client education. In the public sector, MSWs are also more likely to do discharge planning while BSWs are more likely to make home visits.

Table 4. Top Five Tasks Most Time-Consuming Tasks, by Sector

Public MSW	Public BSW	All Public
Information/referral	Case management	Information/referral
Screening/assessment	Screening/assessment	Screening/assessment
Case management	Individual counseling	Case management
Individual counseling	Information/referral	Individual counseling
Discharge planning	Home visits	Client education
Nonprofit MSW	**Nonprofit BSW**	**All Nonprofit**
Screening/assessment	Discharge planning	Screening/assessment
Information/referral	Screening/assessment	Information/referral
Individual counseling	Information/referral	Discharge planning
Case management	Client education	Individual counseling
Discharge planning	Individual counseling	Case management
For-profit MSW	**For-profit BSW**	**All For-Profit**
Information/referral	Information/referral	Information/referral
Screening/assessment	Screening/assessment	Screening/assessment
Individual counseling	Individual counseling	Individual counseling
Case management	Client education	Case management
Client education	Case management	Client education

The tasks Health social workers spend most time on vary across settings. Health social workers in hospitals spend most time on discharge planning; those in health clinics spend most time on individual counseling; and those in hospices spend most time on home visits. Screening/assessment and individual counseling are among the top five tasks performed in all three settings in which Health social workers are likely to be employed (Table 5).

Table 5. Top Five Tasks Most Time-Consuming Tasks and Median Category of Percent of Time Spent, by Setting

Hospital	Health Clinic	Hospice
Discharge planning (11-25%)	Individual counseling (11-25%)	Home visits (51-75%)
Screening/assessment (11-25%)	Case management (11-25%)	Screening/assessment (11-25%)
Information/referral (11-25%)	Information/referral (11-25%)	Family counseling (11-25%)
Case management (11-25%)	Screening/assessment (11-25%)	Client education (11-25%)
Individual counseling (1-10%)	Client education (1-10%)	Individual counseling (1-10%)

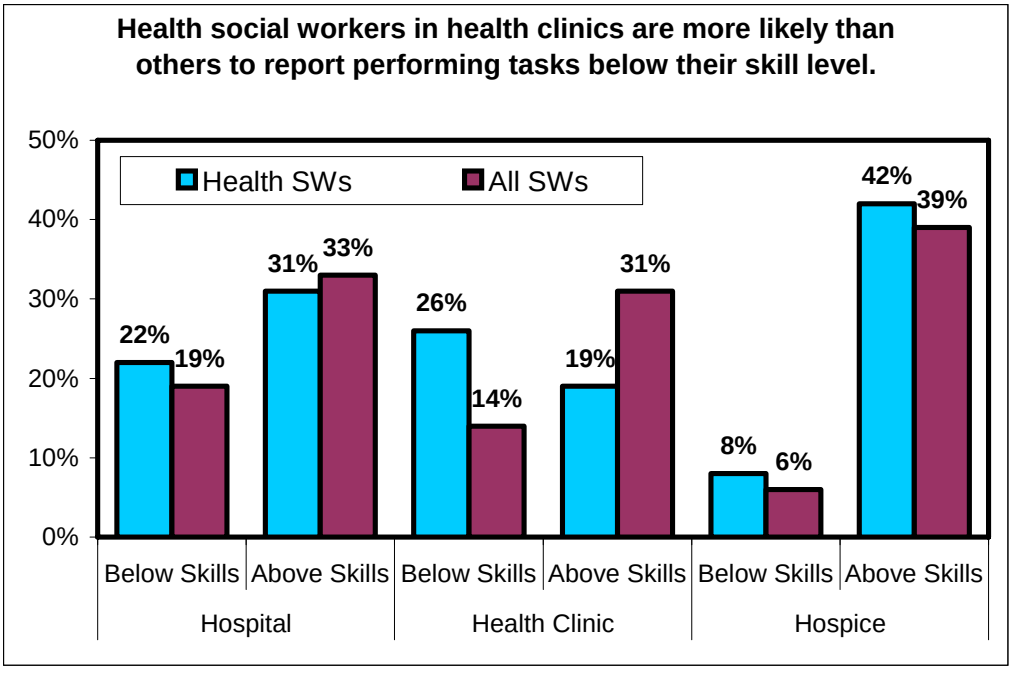
Tasks performed also vary by the number of clients within social workers' caseloads diagnosed with chronic medical conditions, acute medical conditions, or physical disabilities. For example:

- The number of clients with chronic medical conditions is significantly correlated with less time spent on psychotherapy ($p = 0.027$) and program management ($p = 0.038$).
- The number of clients with physical disabilities is correlated with more time spent on information/referral ($p = 0.039$) and discharge planning ($p = 0.033$).
- The number of clients with acute medical conditions is correlated with more time spent on information/referral ($p = 0.015$), screening/assessment ($p = 0.011$), treatment planning ($p = 0.015$), family counseling ($p = 0.004$), and discharge planning ($p < 0.0005$).

Tasks Appropriate to Training

Thirty-two percent of Health social workers report that the tasks they perform tend to be above their level of training and skills, comparable to social workers overall (34%). More Health social workers report tasks performed to be below their level of training, however, than licensed social workers overall (19% versus 13%). This is an important finding. Earlier analyses of licensed social workers suggest that social workers who perceive tasks as being below one's level of skill and training are more likely to be dissatisfied with their jobs and more likely to consider leaving the field. As seen below in Figure 8, Health social workers employed in health clinics were almost twice as likely to perceive tasks as below their skill level compared with social workers overall (26% versus14%).

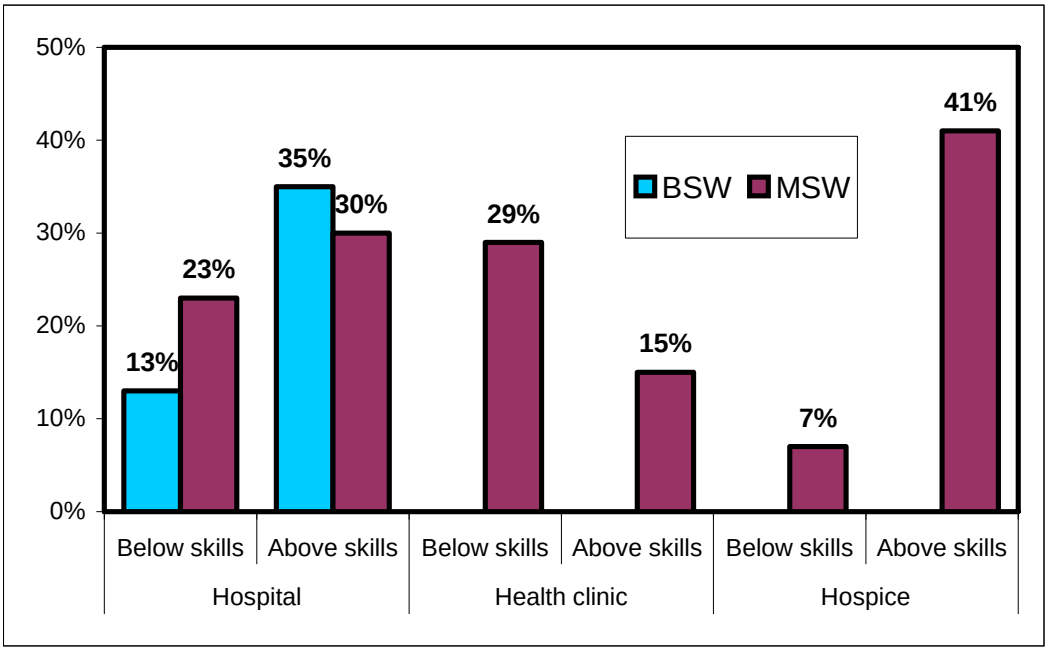
Figure 8. Percentages of Health and All Social Workers Reporting Tasks Below or Above Their Level of Skills and Training, by Setting



Health MSWs were more likely than BSWs to report that tasks were below their level of training and skills (20% versus 11%), and were less likely to report that tasks were above their level of training and skills (30% versus 43%). Further variation was found by employment setting as well.

Figure 9 shows that Health social workers in hospices were more likely than those in hospitals and health clinics to report that their tasks were above their level of skills (42% versus 31% and 19%), and less likely to report that their tasks were below their level of skills (8% versus 22% and 26%).

Figure 9. Percentages of Health MSWs and Health BSWs Reporting Tasks Below or Above Their Level of Skills and Training, by Setting



Note: There are too few BSWs in health clinics (3) and hospices (8) for meaningful comparisons, so they are omitted in the above chart.

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 4 of 7

Where Social Workers Work

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March 2006

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Chapter 4. Where Social Workers Work

Summary of Findings

- Social workers are employed across employer sectors and settings. This demonstrates the broad need for social workers, but presents challenges in terms of formulating practices and policies that address varied missions, resources and funding available to support social work services.
- A majority of Health social workers (57%) are employed in the private non-profit sector. This is also the most common employment sector for social workers overall (37%). Twenty four percent of Health social workers work in the private for profit sector and 19% work in the public sector. Only 1% are in private practice.
- While a majority of both MSWs and BSWs work in the private non-profit sector (56% and 59% respectively), MSWs are twice as likely as BSWs to work in the public sector (21% verses 9%). In contrast, BSWs are more likely than MSWs to work in the private for profit sector (32% verses 22%).
- Over half of Health social workers work in hospitals (57%), followed by health clinics/outpatient facilities (14%) and hospices (14%).
- More than half work in hospitals in metropolitan areas.

Employment Sector

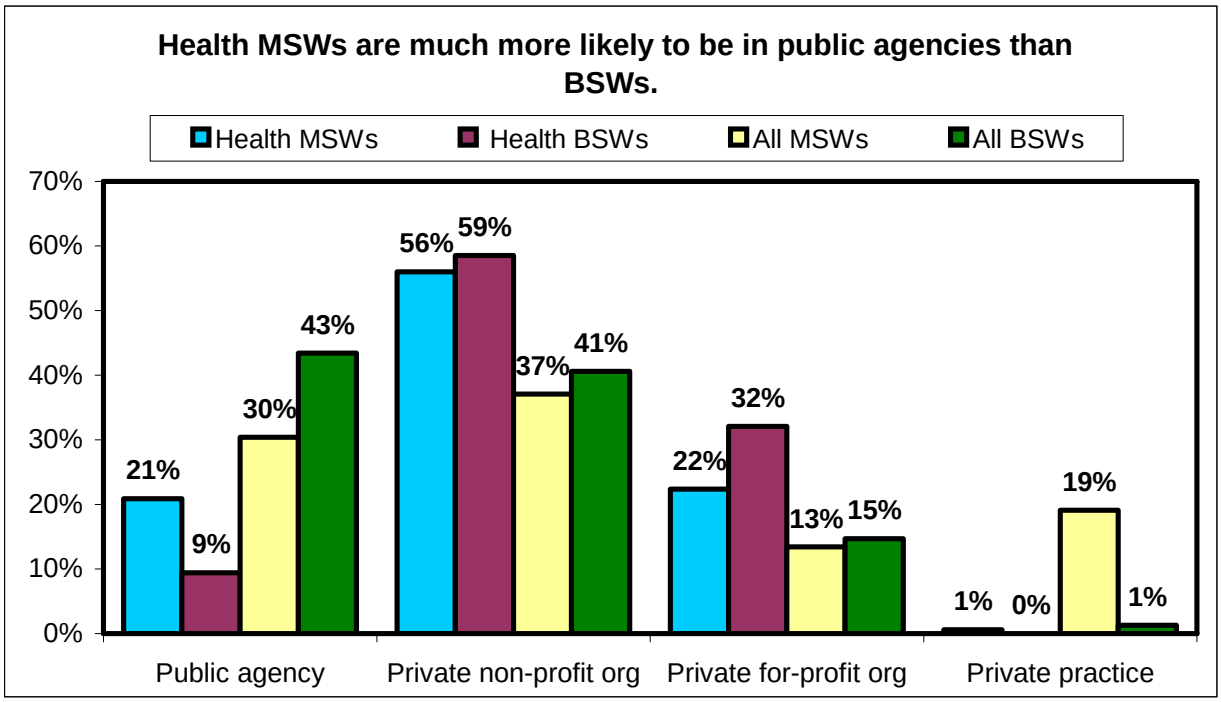
Social workers in Health are much more likely to work in the private non-profit sector than social workers overall (57% versus 37%), followed by the private for-profit sector (24% versus 14%), and public sector (19% versus 33%). Fewer than 1% of social workers in Health are in private practice, compared to 17% of licensed social workers overall. [1]

Men were more likely than women to work in public agencies (29% versus 18%), and slightly less likely to be in non-profit or for-profit organizations. Black/African-American and Hispanic/Latino social workers were also more likely to work in public agencies than non-Hispanic white social workers (42% and 33% versus 17%). Black/African-American social workers were less likely than white social workers to be in non-profit organizations (17% versus 61%), and more likely to be in for-profit organizations (42% versus 22%). Hispanic/Latino social workers were less likely than white social workers to be in either non-profit (56% versus 61%) or for-profit (11% versus 22%) organizations.

The employment sectors in which Health social workers are employed varies by highest social work degree. MSWs are more heavily concentrated in public agencies than BSWs, while BSWs are somewhat more likely to be in for-profit organizations than MSWs.

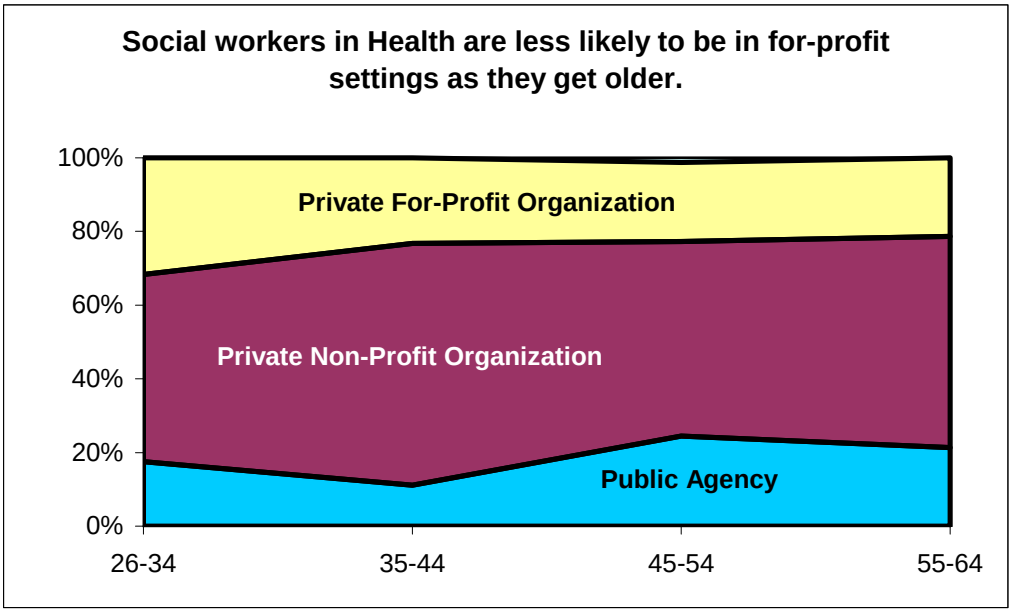
[1] The two active social workers in our sample who practiced Health in private practice were both MSWs ages 45-54. Both reported working for multiple employers – one with a private practice as their secondary employment as well, and one with a home health agency as their secondary employment.

Figure 1. Distribution of Primary Employment Sector by Degree, Health Social Workers and All Social Workers



There is some variation in employment sector by social worker age, as shown below in Figure 2. Although many of these variations do not reflect a consistent pattern, it appears clear that younger Health social workers are more likely than older ones to be in for-profit settings.

Figure 2. Primary Employment Settings of Health Social Workers, by Age



Note: Private practice is shown as a very small sliver at the top of the chart in the 45-54 age range. These were the only Health social workers in private practice.

Settings

Settings can cross sectors, complicating the understanding of the distribution of licensed social work employment by sector. For example, Figure 3 shows that the majority of hospitals (65%) are in the private non-profit sector, but substantial numbers are also found in the public (19%) and the for-profit (17%) sectors. Health clinics are typically for-profit (53%), but can also be non-profit (33%) or public sector organizations (15%). Even hospices, which are overwhelmingly non-profit (74%), can be for-profit (22%) or even public agencies (4%).

Figure 3. Sector Distribution of Common Employment Settings for Health Social Workers

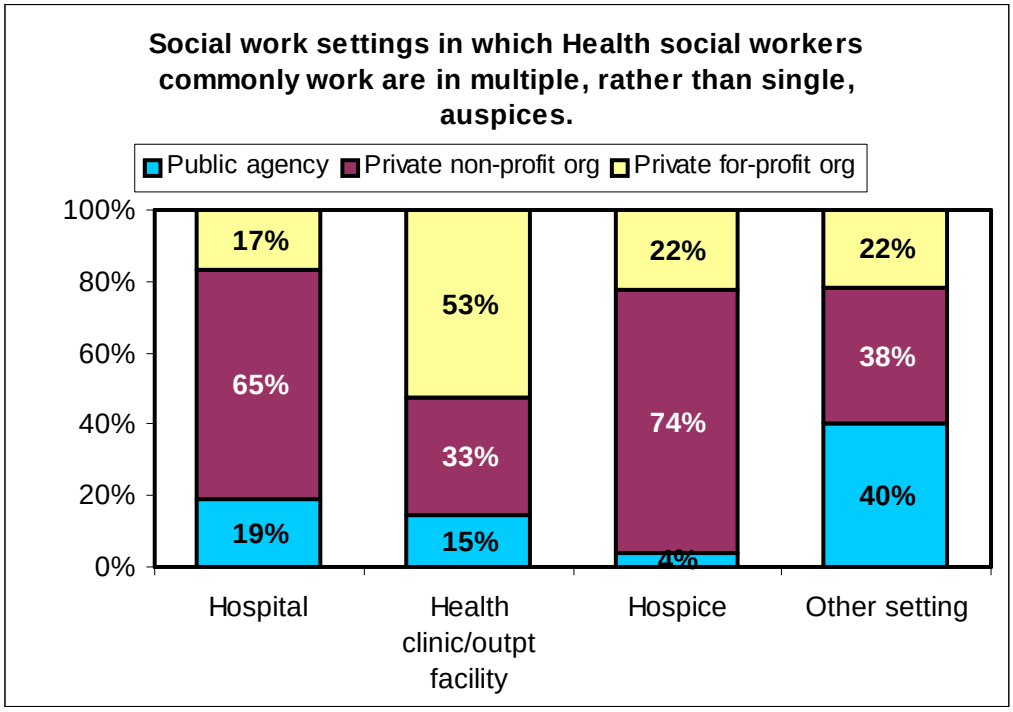


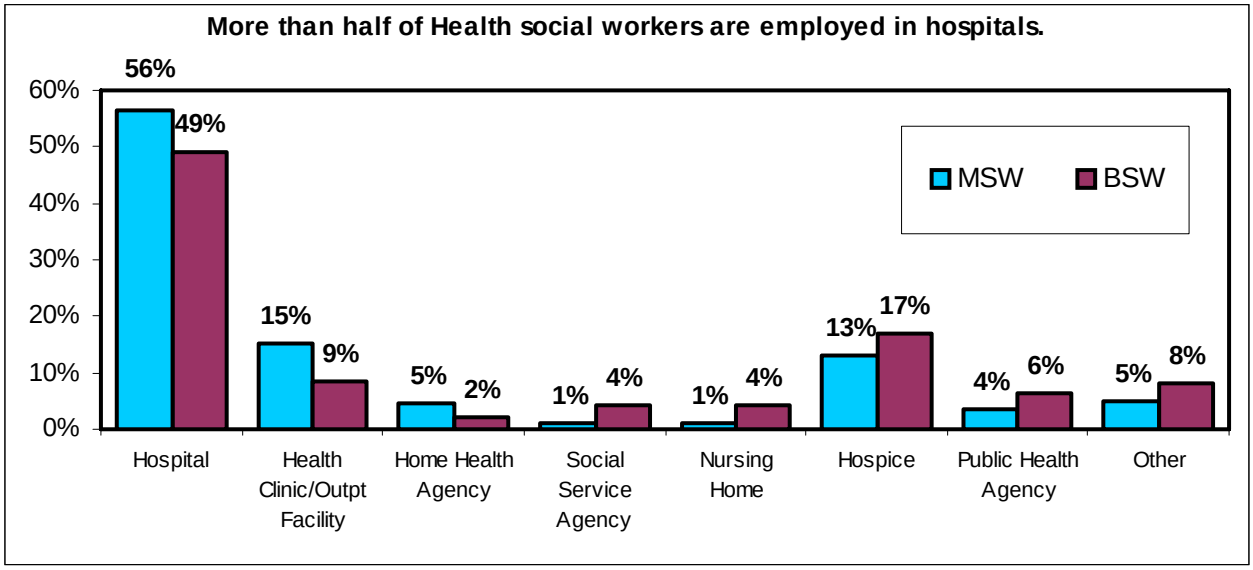
Table 1 shows that hospitals are the most common primary employment setting for Health social workers (56%). Significant numbers of these social workers also work in health clinics (14%) and hospices (14%). Smaller numbers are employed in home health agencies and public health agencies (both 4%). Few additional settings employ significant numbers of Health social workers, e.g. nursing homes, employee assistance programs, case management agencies, insurance companies, social service agencies, other governmental agencies and private practice.

Table 1. Primary Employment Settings for Health Social Workers

Employment Setting	Percent
Hospital	56%
Health Clinic/Outpt Facility	14%
Hospice	14%
Home Health Agency	4%
Public Health Agency	4%
Social Service Agency	2%
Nursing Home	1%
Psychiatric Hospital	1%
Insurance Company/HMO	1%
Other Government Agency	1%
Case Mgmt Agency - Other	1%
EAP	0%
Case Mgmt Agency - Older Adults	0%
Resource Center	0%
Other	1%
Total	100%

Figure 4 shows that Health MSWs and BSWs are both most likely to be employed in hospitals (49% versus 56%), hospices (17% versus 13%), and health clinics (9% versus 15%).

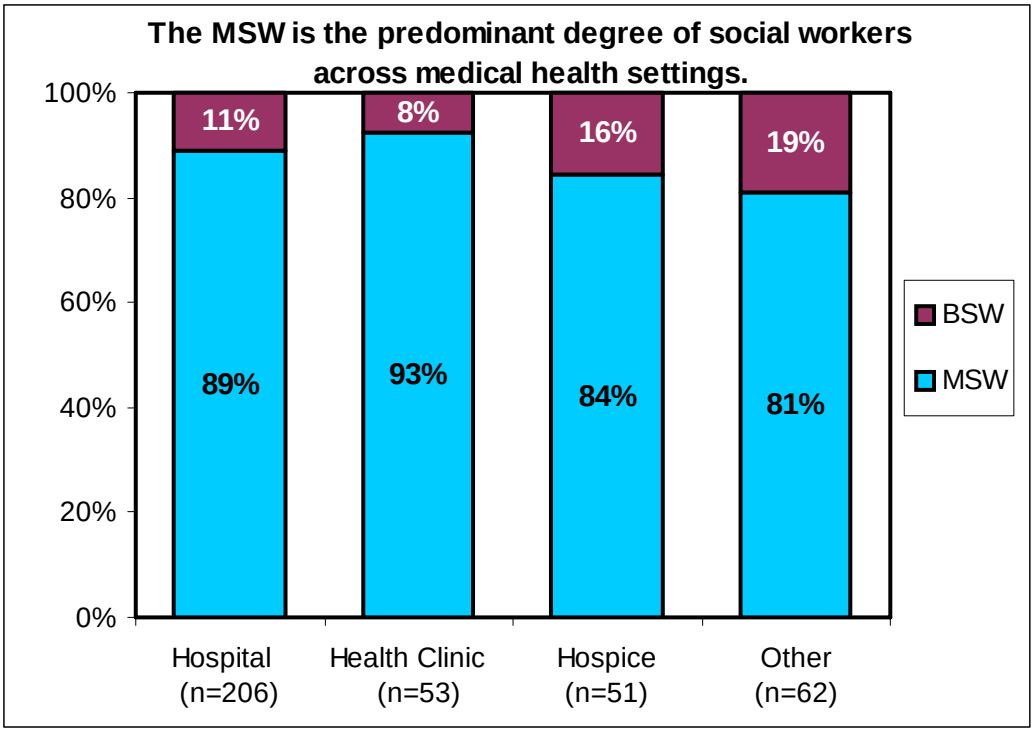
Figure 4. Primary Employment Settings of Health Social Workers, by Degree



As seen in Figure 5, the majority of Health social workers employed across employment settings are MSWs. The number of BSW respondents in both health clinics and hospices was very small

(4 and 8 respectively), allowing us to draw few conclusions about the role of BSWs within these settings.

Figure 5. Highest Degree of Health Social Workers, by Primary Employment Setting



The distribution of licensed Health social workers varies by practice location, as shown in Table 2.

Table 2. Percentages of Health Social Workers in Selected Employment Settings, by Practice Location

Employment Setting	Metropolitan Area (n=309)	Micropolitan Area (n=27)	Small Town (n=24)	Rural Area (n=5)
Hospital	58%	33%	63%	60%
Health Clinic/Outpt Facility	14%	19%	0%	40%
Hospice	11%	37%	21%	0%
Other	17%	11%	17%	0%

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 5 of 7

Work Environment

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For

The National Association of Social Workers
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Washington, DC

March 2006

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Chapter 5. Work Environment

Summary of the Findings

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

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

Wages and Benefits

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

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

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

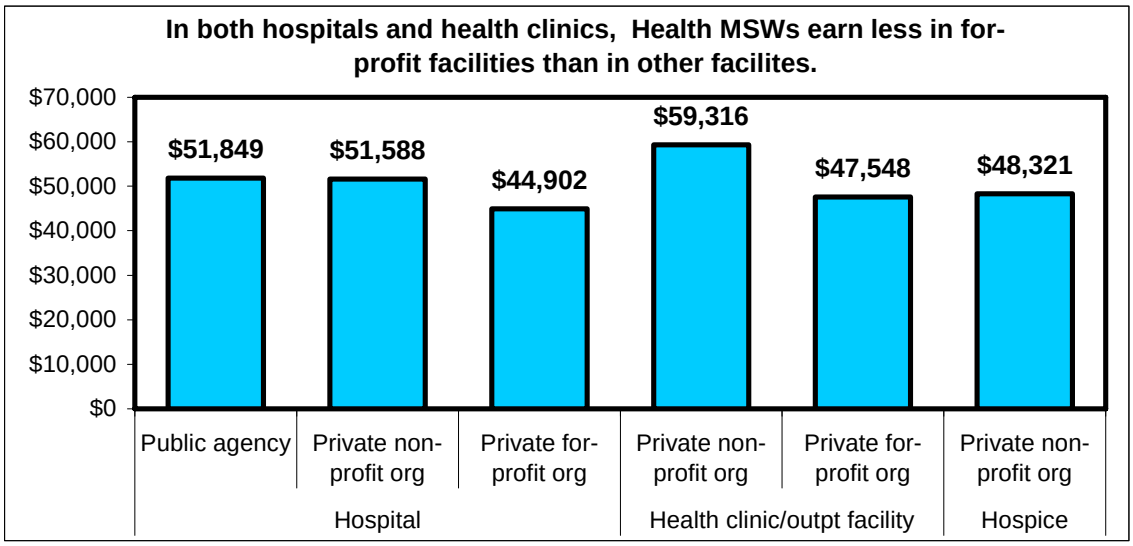
Category of Social Worker	2003 U.S. Employment	Mean Salary	Median Salary
Licensed Social Worker, BSW	37,400	$34,274	$32,356
Licensed Social Worker, MSW	249,136	$48,782	$46,825
Licensed Social Worker, DSW	6,676	$64,798	$94,314
MSW – Practice area is Health	32,890	$53,051	$50,707
BSW – Practice area is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

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

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

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

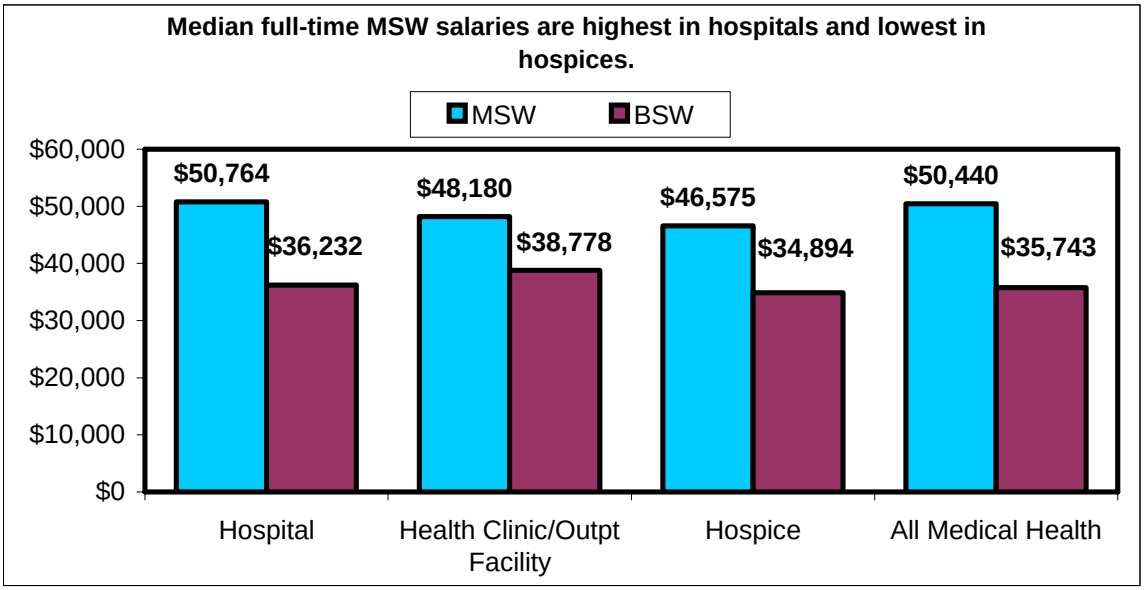
Figure 1. Median Full-Time Salaries of Health MSWs by Sector and Setting



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

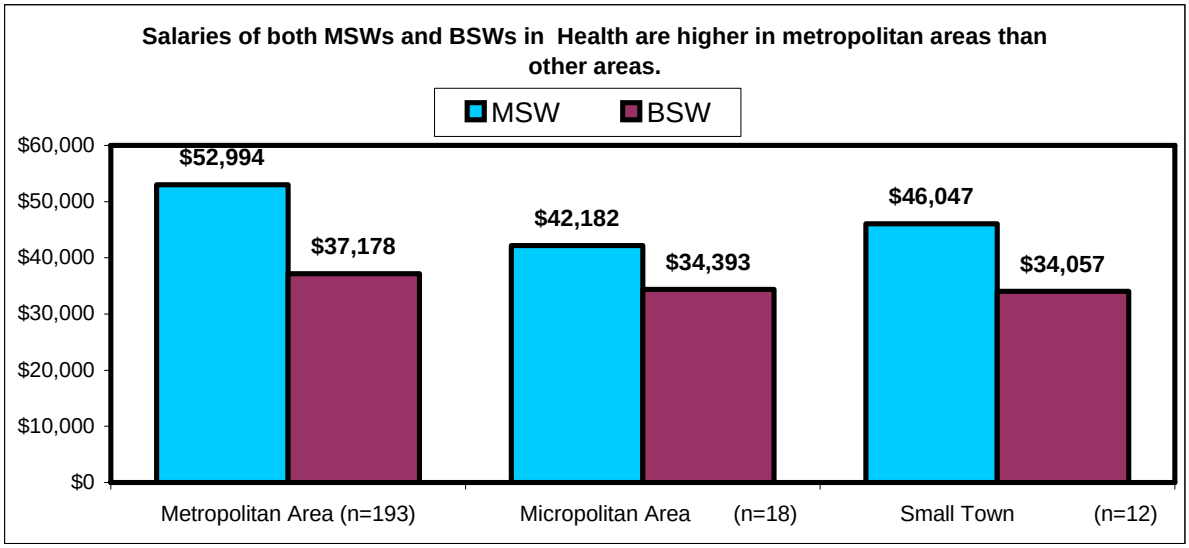
MSWs in Health earn the most in hospitals and the least in hospices, while BSWs earn the most in health clinics and the least in hospices.

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



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

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



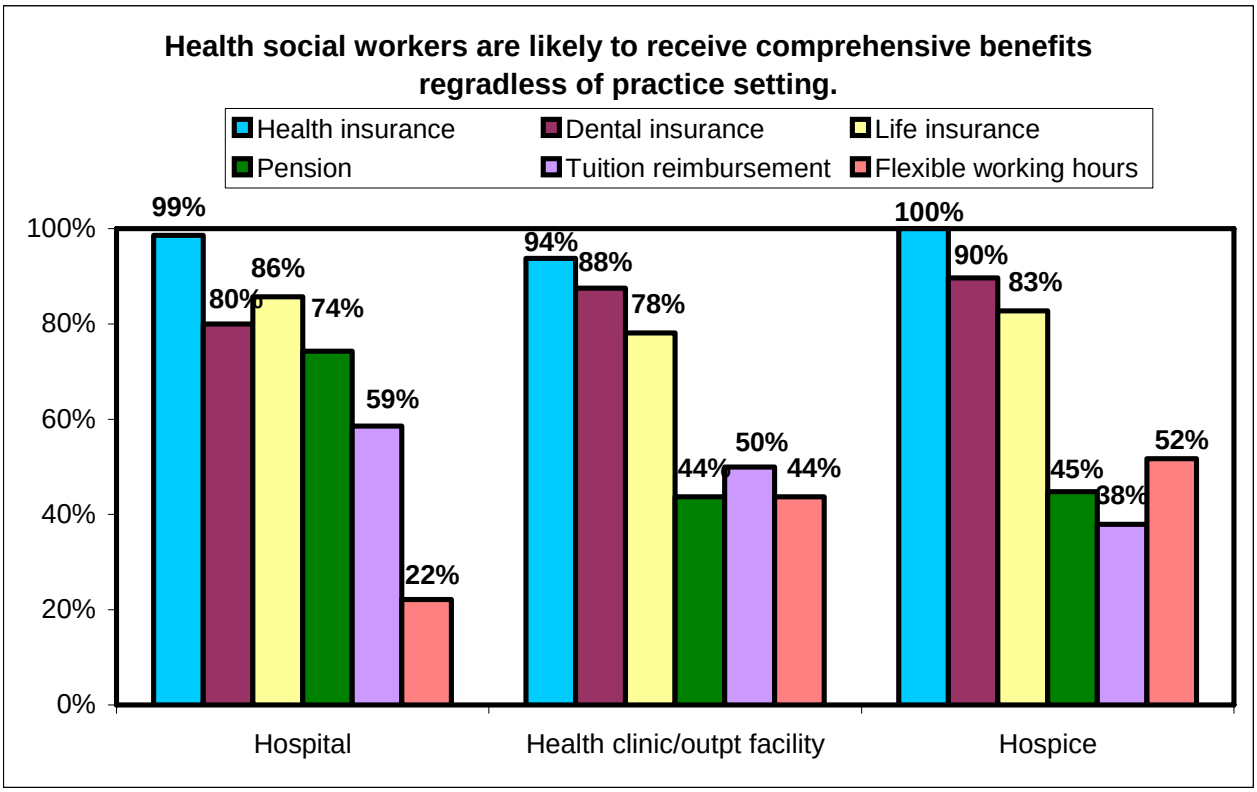
Note: Number of social workers in rural areas (1) was too small for analysis. Estimates for small town and for BSWs in micropolitan areas should also be used with caution.

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

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

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

Figure 4. Percent Reporting Selected Benefits Available, by Setting



Satisfaction with Wages and Benefits

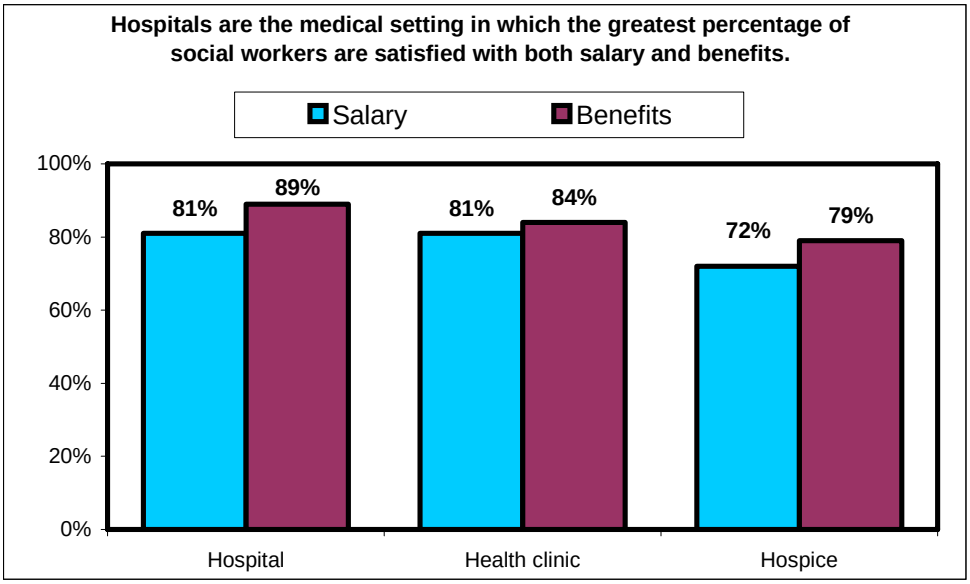
Seventy-eight percent of full-time social workers in Health report satisfaction with their salary, and 85% report satisfaction with their benefits. This is substantially higher than the percentage of licensed social workers overall who are satisfied with their salary (70%) or benefits (72%). MSWs in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

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

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

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

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



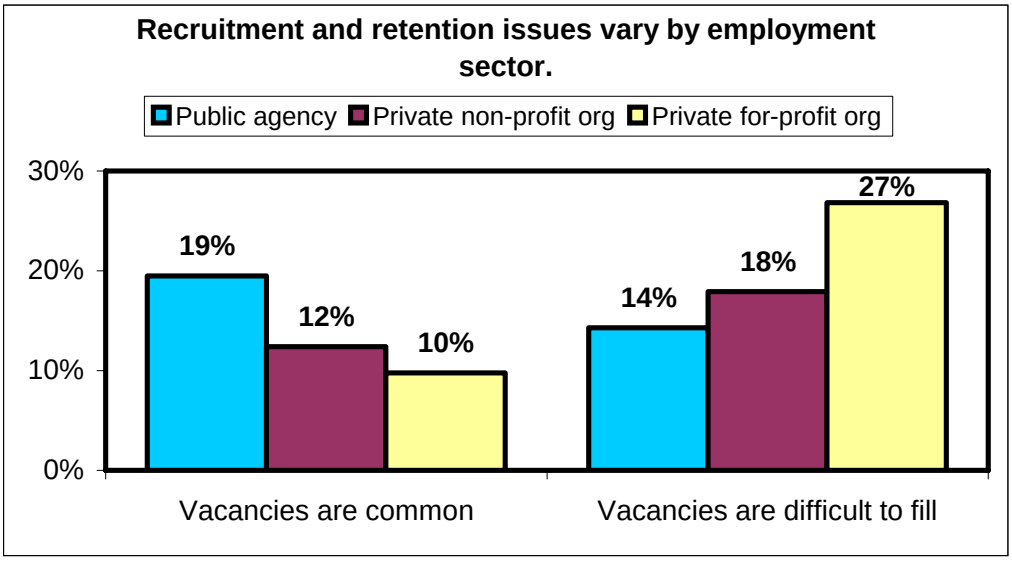
Vacancies and Outsourcing of Social Work Roles

Vacancies

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

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

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



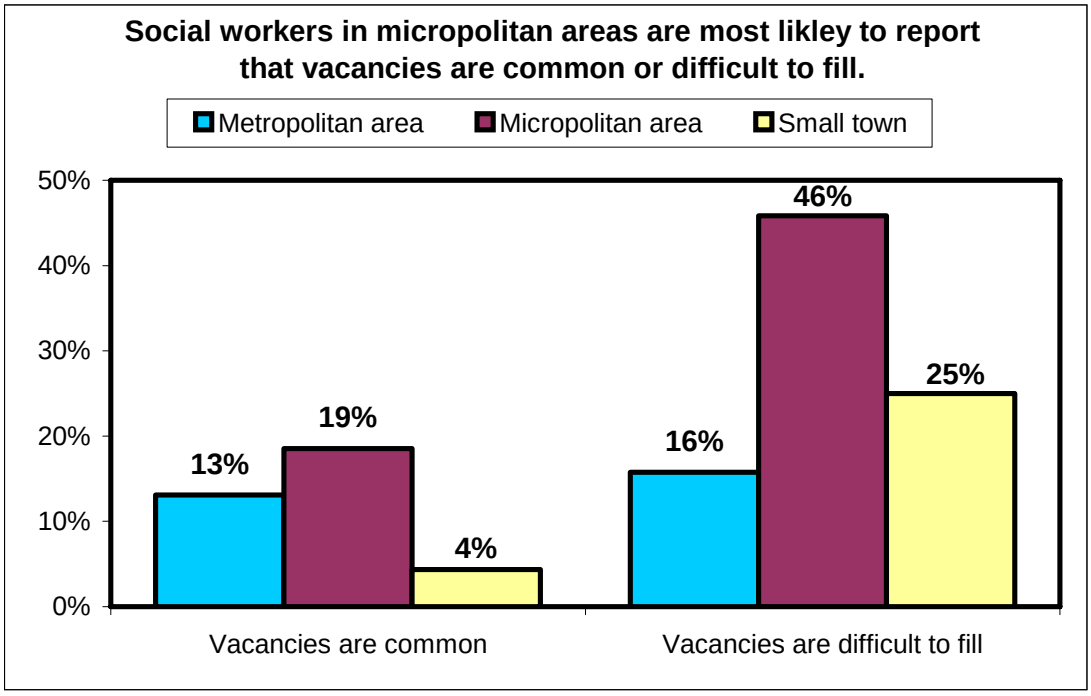
Reports of vacancies varied by both degree and employment settings, as shown below in Table 2. The number of BSWs in health clinics and hospitals was insufficient to permit the drawing of conclusions.

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

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

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

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



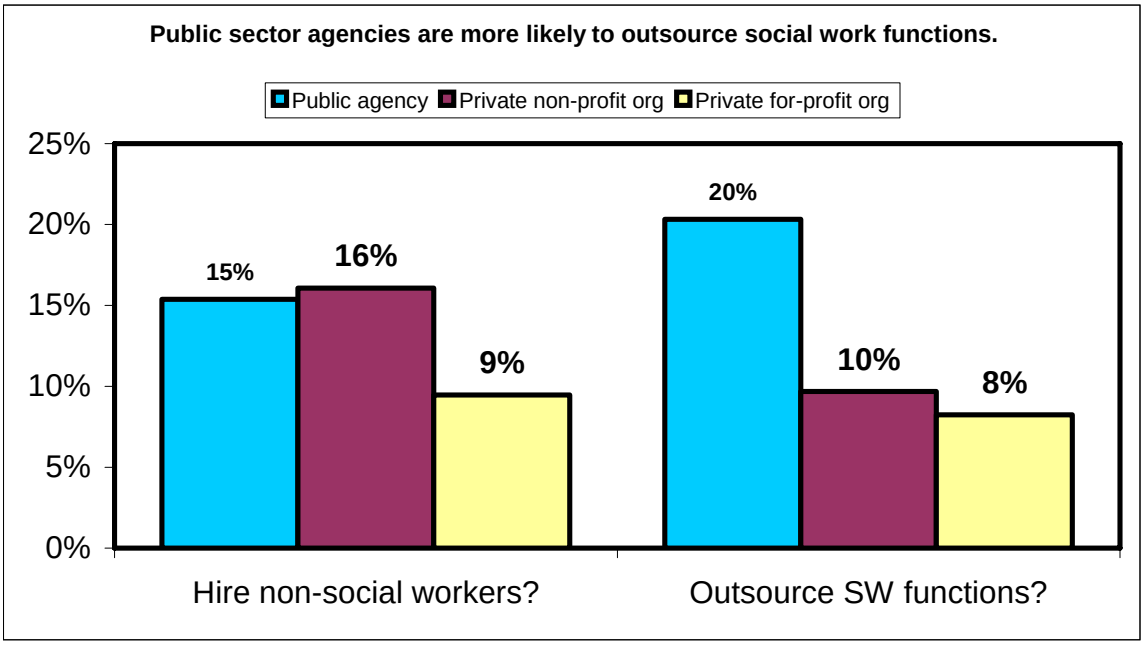
Note: Too few social workers in rural area (5) for analysis.

Outsourcing and Hiring Nonprofessional Staff

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

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

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



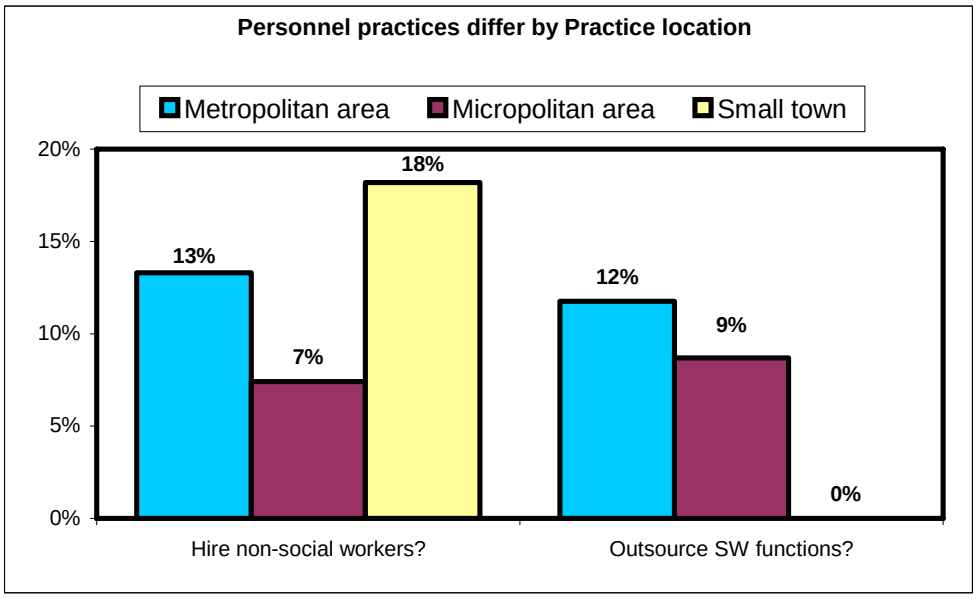
Hospitals and health clinics both appear to outsource more than hospices do, while differences are small across settings in the hiring of non-social workers for social work roles. BSWs were more likely to report the hiring of non-social workers in their facilities than MSWs, as seen below in Table 3.

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

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

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

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

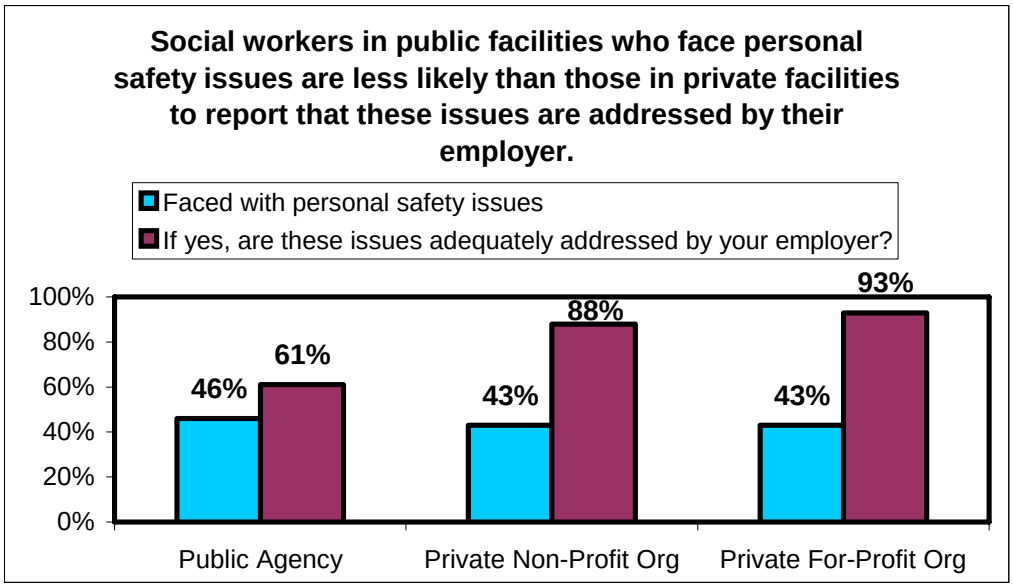


Job Safety

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

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

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



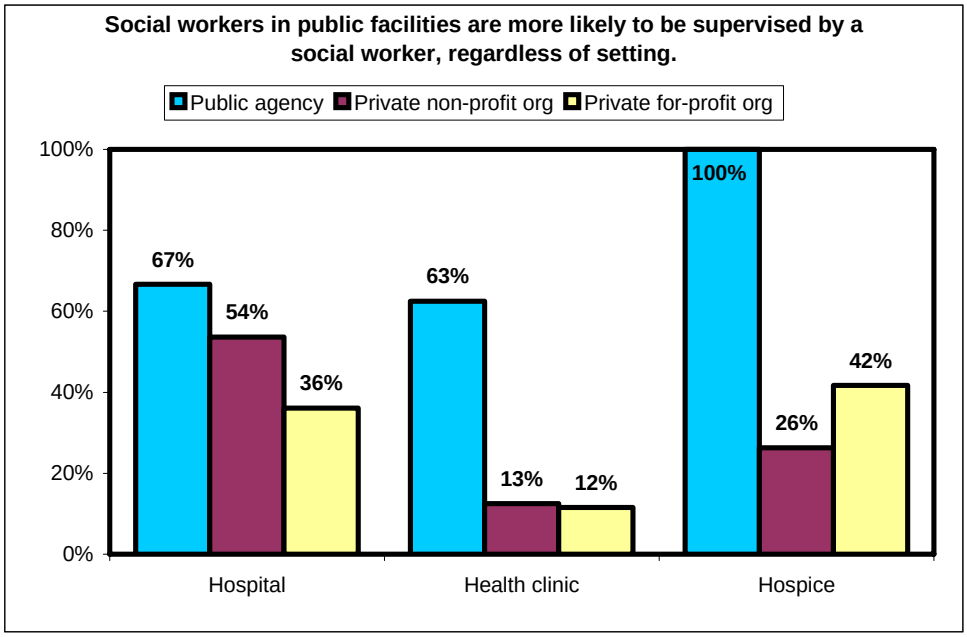
Social workers in hospices were most likely to report facing safety issues (65%), while those in health clinics and hospital settings were much less likely to face such issues (45% and 38%). Hospice social workers were, however, more likely than those in health clinics and hospitals to report that employers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

Supervision by Social Workers

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

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

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

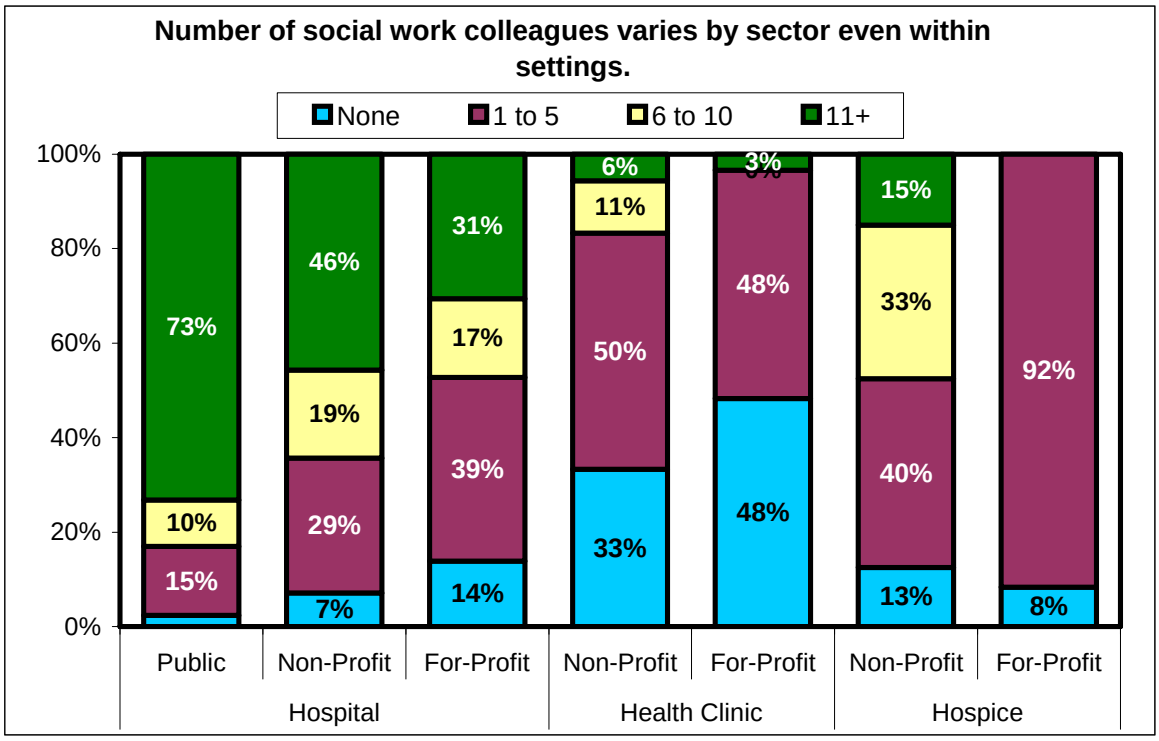


Work with Other Social Workers

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

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

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



Agency Participation in Professional Activities

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

Table 4. Employer Participation in Professional Activities by Employment Setting

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

Agency Support and Guidance

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

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

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

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 6 of 7

Who Do Social Workers Serve?

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March 2006

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Chapter 6. Who Do Social Workers Serve? A Demographic Overview of Clients

Summary of the Findings

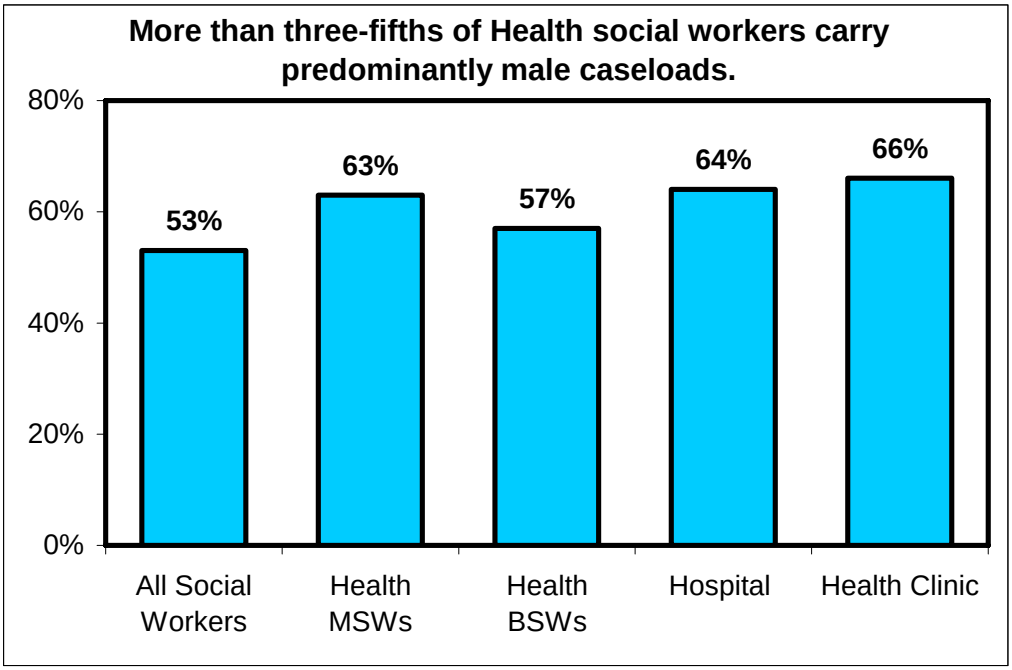
- Health social workers are more likely to carry client caseloads that are predominantly male (62%) than social workers overall (53%).
- These social workers are more likely to serve clients of color than social workers overall (52% verses 43%).
- Health social workers are more likely than social workers overall to serve older adults (56% verses 39%).
- Health BSWs are more likely than MSWs to provide services to older adults.
- Health social workers see clients from all age groups
- Social workers in health clinics have the most diverse case mix, and those in hospices the least.
- Over three quarters of the clients of Health social workers receive health coverage through publicly funded programs. Over half are covered through Medicare (57%), and a quarter are covered through Medicaid (25%). Nine per cent of clients receive coverage through private insurance.
- BSWs are more likely than MSWs to serve clients who receive Medicaid (32% verses 24%).
- Licensed Health social workers see clients with a broad range of diagnoses. Over half see "many clients" with chronic medical conditions (82%), psychosocial stressors (80%), acute medical conditions (73%), co-occurring disorders (63%), and physical disabilities (54%).

Demographics

Gender

Health social workers are more likely to serve caseloads that are predominantly male than social workers overall (62% verses 53%). BSWs are somewhat less likely to serve predominantly male caseloads than MSWs (57% versus 63%). Social workers in health clinics are most likely to have predominantly male caseloads (66%), followed by those in hospitals (64%) and hospices (60%).

Figure 1. Percentages of Social Workers With Predominantly (More Than 50%) Caseloads, by Practice Area, Degree, and Employment Setting



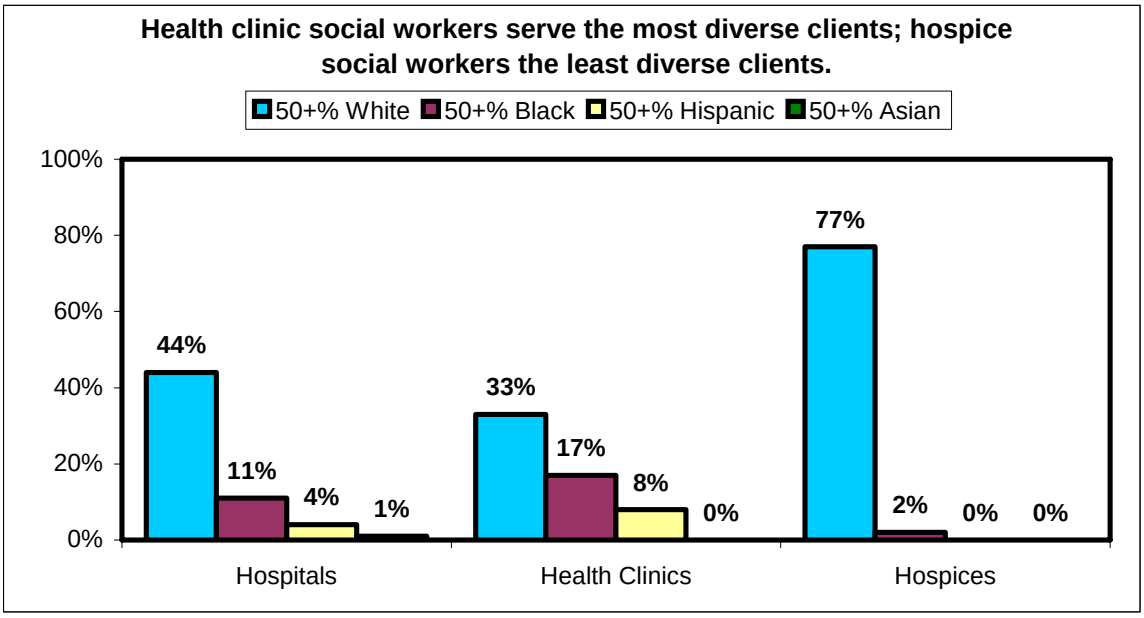
Race/Ethnicity

Caseloads of Health social workers are more diverse than those of licensed social workers overall. Almost half (48%) serve caseloads that are predominantly non-Hispanic white compared to almost three/fifths (57%) of social workers overall.

Few social workers carry caseloads that are predominantly composed of any *single* minority group: Eleven percent have caseloads that are predominantly Black/African-American versus 10% for all social workers, and 5% have caseloads that are predominantly Hispanic/Latino versus 5% for all social workers. Fewer than 1% see caseloads that are predominantly Asian or Native American, consistent with social workers overall.

Figure 2 shows that those in health clinics had the most diverse caseloads, with two-thirds (66%) carrying caseloads that are predominantly clients of color. Those in health clinics are most likely to see caseloads that are predominantly Black/African-American (17%) or Hispanic/Latino (8%). This was followed by hospitals, where 44% of social workers reported that their caseload was predominantly non-Hispanic white, 11% see caseloads that are predominantly Black/African-American, and 4% see caseloads that are predominantly Hispanic. Hospices are the settings with the least diverse client mix, with 77% of social workers reporting that their caseloads are predominantly non-Hispanic white, compared to 44% of hospital social workers. Only 2% of hospice social workers see caseloads that are predominantly Black/African-American, and none see caseloads that are predominantly Hispanic.

Figure 2. Race/Ethnicity of Clients of Health Social Workers, by Employment Setting



Age

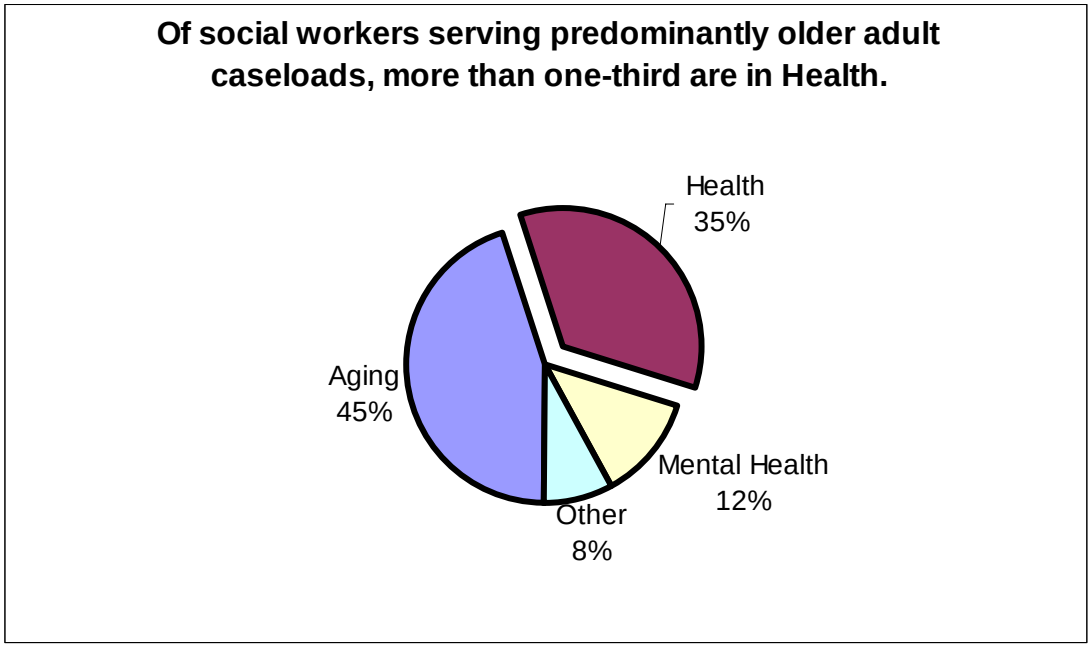
Ninety-four percent of Health social workers see clients from multiple age groups. As shown in Table 1 below, they are more likely than social workers overall to serve adults and older adults, but less likely to serve children and adolescents.

Table 1. Ages of Clients, Health Social Workers and Social Workers Overall

	Serve any...		Serve predominantly...	
	Health	Overall	Health	Overall
Children	50%	61%	6%	15%
Adolescents	67%	76%	2%	24%
Adults 22-54	95%	87%	20%	76%
Older Adults	89%	75%	56%	39%

Health social workers comprise more than one-third of all social workers who serve predominantly older adult caseloads. Although social workers in Aging comprise nearly half of those serving caseloads of more than half older adult clients (45%), the overall numbers of Health social workers are larger (13% versus 9% of all active licensed social workers), making them a key source of social work services to older adults.

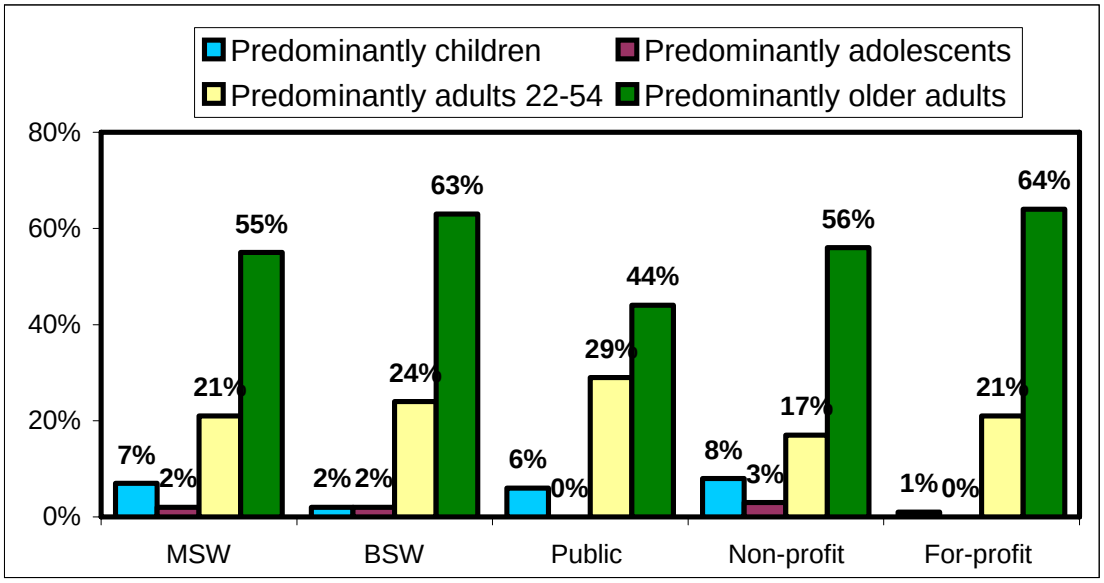
Figure 3. Practice Area of Social Workers Serving Predominantly Older Adult Caseloads.



There was relatively little variation in age of caseload by highest social work degree. However, Figure 4 shows that Health BSWs were more likely than MSWs to report that their caseloads were predominantly older adults (63% versus 55%).

Figure 4 also shows that Health social workers in the non-profit sector were more likely than those in other sectors to serve predominantly child or adolescent caseloads (8% and 3% versus 6% and 0% in the public sector and 0% for both populations in the for-profit sector). In contrast, those in the for-profit sector (who are mostly in hospitals, health clinics, and hospices) were most likely to report that their caseloads were predominantly older adults (64%), followed by those in the non-profit sector (56%) and the public sector (44%).

Figure 4. Age of Clients of Health Social Workers by Degree and Employment Sector



Health social workers in hospitals were most likely to see predominantly child caseloads (8% compared to 0% in health clinics and 3% in hospices). Roughly half of the social workers in hospitals and health clinics reported seeing predominantly older adults (50% and 52%), compared to 87% of those in hospices.

Health Care Coverage

Over four fifths of the clients of Health social workers receive health coverage through publicly funded programs. Medicare is the most common source of health coverage reported for their clients (57%), followed by Medicaid (25%). This reinforces earlier observations that Health social workers are key frontline providers of services to older adults as well as for clients in economically disadvantaged populations. Reimbursement policies in publicly funded healthcare programs will have a considerable impact on social work practice in healthcare as well as access to health care services for clients.

As seen below, an additional 10% of Health social workers report health coverage for clients through private insurance. Seven percent report that their clients are predominantly uninsured, and 1% report that their clients are "private pay". Another 1% does not know the most common source of health insurance among their clients.

BSWs in Health were more likely than MSWs to report that Medicaid as the most common sources of health coverage among their clients (32% versus 24%).

Figure 5. Predominant Source of Client Health Coverage among Health Social Workers, by Degree

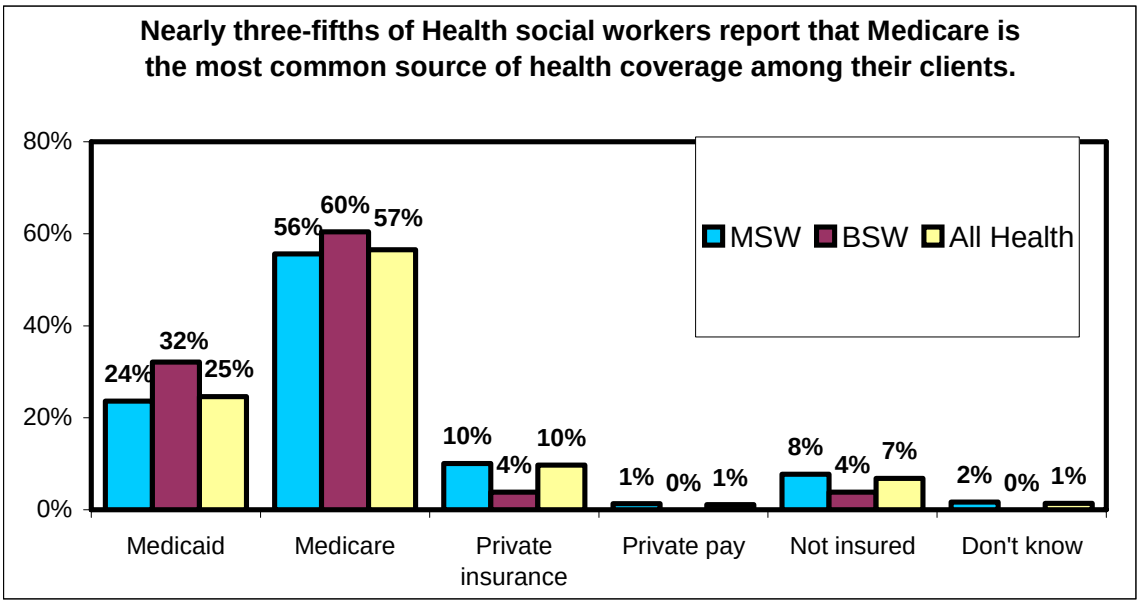
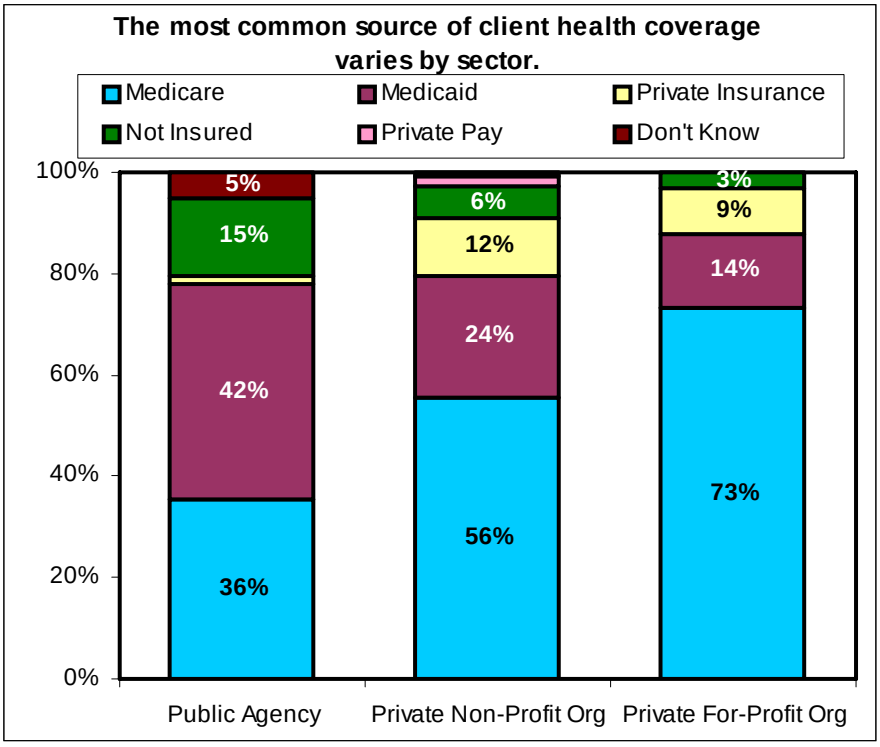


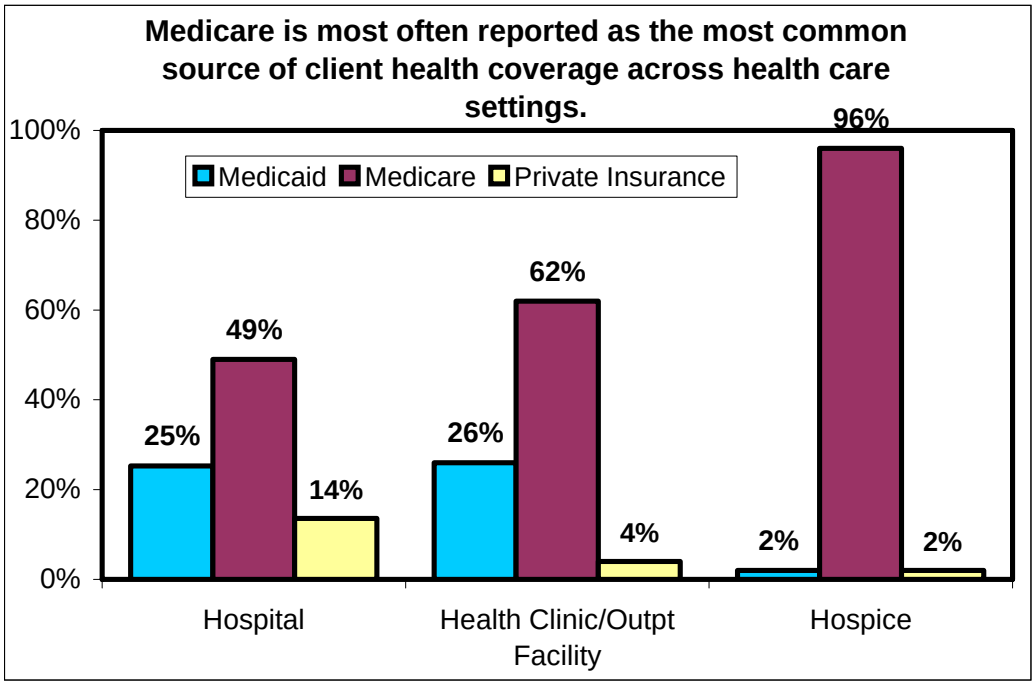
Figure 6 shows that social workers in public sector facilities were more likely to work with primarily Medicaid populations than those in the non-profit or for-profit sectors (42% versus 24% and 14%), while those in for-profit facilities were more likely to work with primarily Medicare populations than those in the public or non-profit sectors (73% versus 56% and 36%). Private insurance was most common in the non-profit sector (12%) compared to the public sector (2%) or for-profit sector (9%).

Figure 6. Most Common Source of Client Health Coverage, by Sector



Medicare is the primary source of health coverage among clients in the most common healthcare settings in which social workers are employed. As seen below, almost all patients in hospices are covered through Medicare (96%). Medicaid is as common a source of health coverage in hospitals as it is in health clinics (25% and 26%), while private insurance was only common in hospitals (14%).

Figure 7. The Most Common Source of Client Health Coverage, by Setting



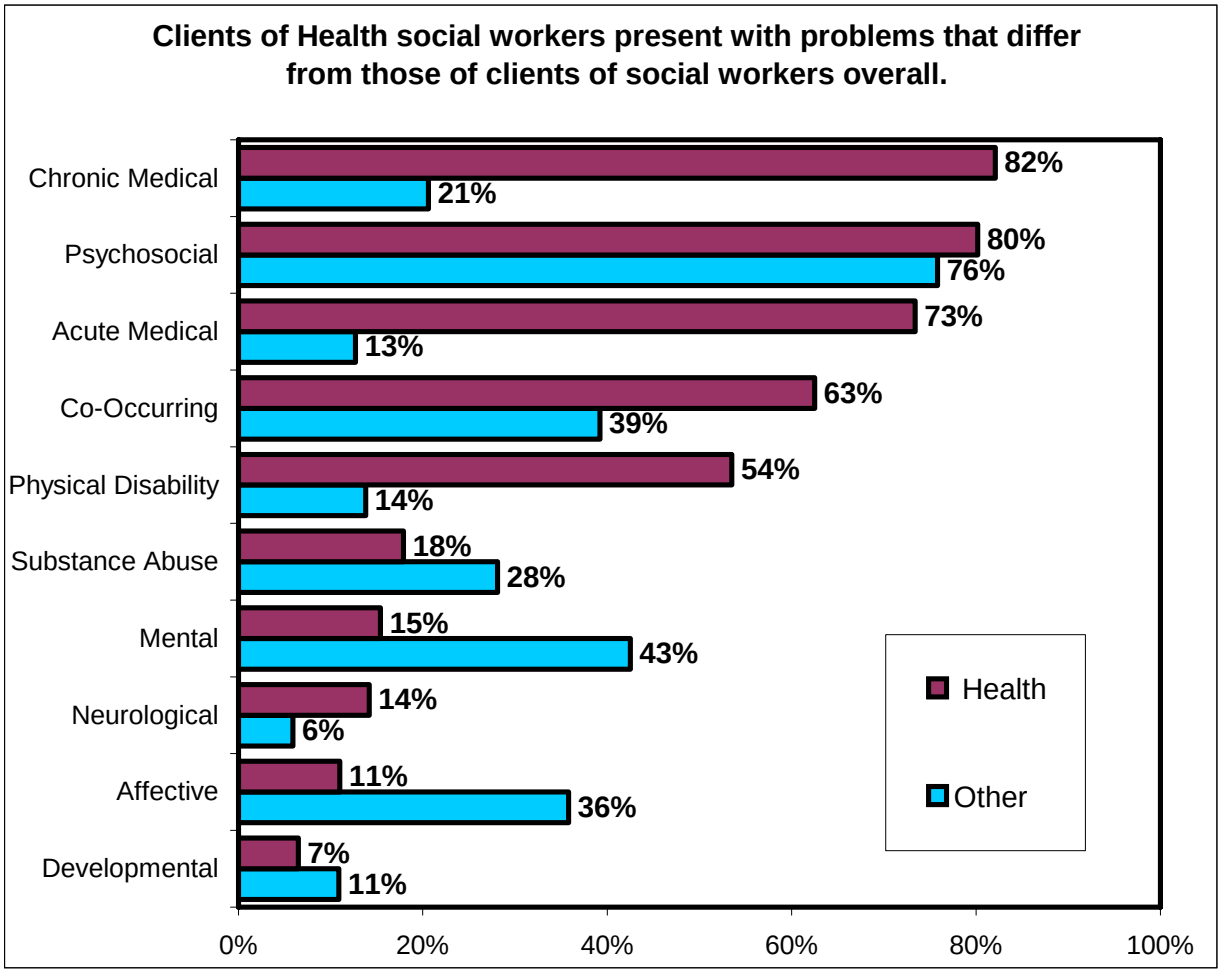
Presenting Problems

Health social workers see patients with a broad range of diagnoses. As would be expected, most see patients with acute medical conditions (98%), chronic medical conditions (100%), physical disabilities (98%), and co-occurring conditions (98%). It is important to also highlight that significant numbers of these social workers also report seeing patients with psychosocial stressors (100%), mental illness (98%), substance abuse conditions (95%), and affective conditions (85%).

High percentages of these social workers serve "many" clients with these conditions, i.e. chronic medical conditions (82%); acute medical conditions (73%); and physical disabilities (54%). Eighty percent serve "many" clients with psychosocial stressors; 18% serve "many" clients with substance abuse conditions; and 15% serve "many" clients with mental illness.

Figure 8 below, demonstrates that the presenting problems in the caseloads of Health social workers differ from those frequently addressed by other practice areas.

Figure 8. Percentages Reporting "Many" Clients With Selected Conditions, Health and Other Social Workers



MSWs serve significantly more clients with psychosocial stressors[1] and co-occurring conditions[2] than BSWs, but otherwise client conditions do not vary by degree among Health social workers. Although medical conditions (acute, chronic, physical disability) are similarly common across practice settings, other conditions vary by setting as shown in Table 2.

[1] $p < 0.000$
[2] $p = 0.043$

Table 2. Percentages Reporting Any or "Many" Clients with Types of Conditions, by Employment Setting

Type of Conditions	Any clients with...			Many clients with...		
	Hospital	Health Clinic	Hospice	Hospital	Health Clinic	Hospice
Acute Medical Conditions	99%	98%	98%	81%	61%	81%
Chronic Medical Conditions	100%	98%	100%	81%	91%	83%
Physical Disabilities	99%	96%	98%	51%	51%	54%
Mental Illness	99%	94%	96%	14%	22%	2%
Affective Conditions	89%	87%	77%	8%	15%	8%
Neurological Conditions	91%	85%	94%	14%	8%	16%
Developmental Disabilities	80%	71%	67%	5%	2%	4%
Substance Abuse Conditions	96%	94%	92%	21%	22%	4%
Psychosocial Stressors	100%	98%	100%	79%	78%	88%
Co-Occurring Conditions	99%	94%	96%	63%	71%	60%

There is also variation in the prevalence of common types of conditions by geographic location of practice, as shown in Table 3 below.

Table 3. Percentages Reporting "Many" Clients with Types of Conditions, by Geographic Location of Practice

Type of Conditions	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Acute Medical Conditions	74%	70%	67%	83%
Chronic Medical Conditions	83%	82%	79%	86%
Physical Disabilities	54%	58%	44%	43%
Mental Illness	16%	4%	8%	43%
Affective Conditions	11%	4%	9%	43%
Neurological Conditions	16%	4%	4%	14%
Developmental Disabilities	8%	4%	0%	0%
Substance Abuse Conditions	19%	4%	14%	29%
Psychosocial Stressors	82%	78%	75%	71%
Co-Occurring Conditions	63%	70%	50%	71%

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 6 of 7

Who Do Social Workers Serve?

Prepared by

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For

The National Association of Social Workers
Center for Workforce Studies
Washington, DC

March 2006

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Chapter 6. Who Do Social Workers Serve? A Demographic Overview of Clients

Summary of the Findings

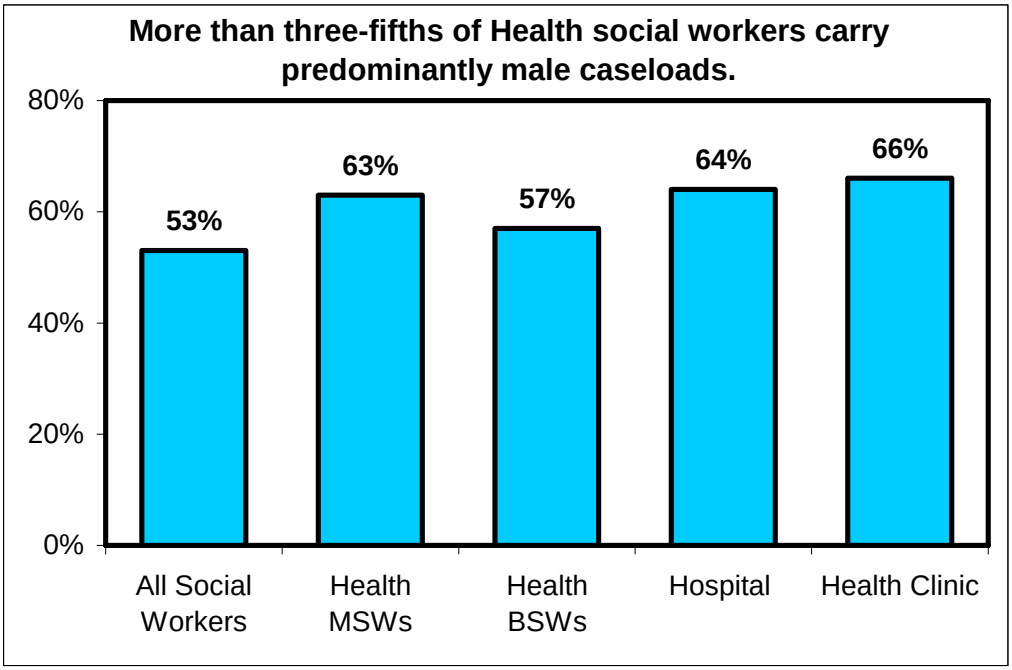
- Health social workers are more likely to carry client caseloads that are predominantly male (62%) than social workers overall (53%).
- These social workers are more likely to serve clients of color than social workers overall (52% verses 43%).
- Health social workers are more likely than social workers overall to serve older adults (56% verses 39%).
- Health BSWs are more likely than MSWs to provide services to older adults.
- Health social workers see clients from all age groups
- Social workers in health clinics have the most diverse case mix, and those in hospices the least.
- Over three quarters of the clients of Health social workers receive health coverage through publicly funded programs. Over half are covered through Medicare (57%), and a quarter are covered through Medicaid (25%). Nine per cent of clients receive coverage through private insurance.
- BSWs are more likely than MSWs to serve clients who receive Medicaid (32% verses 24%).
- Licensed Health social workers see clients with a broad range of diagnoses. Over half see "many clients" with chronic medical conditions (82%), psychosocial stressors (80%), acute medical conditions (73%), co-occurring disorders (63%), and physical disabilities (54%).

Demographics

Gender

Health social workers are more likely to serve caseloads that are predominantly male than social workers overall (62% verses 53%). BSWs are somewhat less likely to serve predominantly male caseloads than MSWs (57% versus 63%). Social workers in health clinics are most likely to have predominantly male caseloads (66%), followed by those in hospitals (64%) and hospices (60%).

Figure 1. Percentages of Social Workers With Predominantly (More Than 50%) Caseloads, by Practice Area, Degree, and Employment Setting



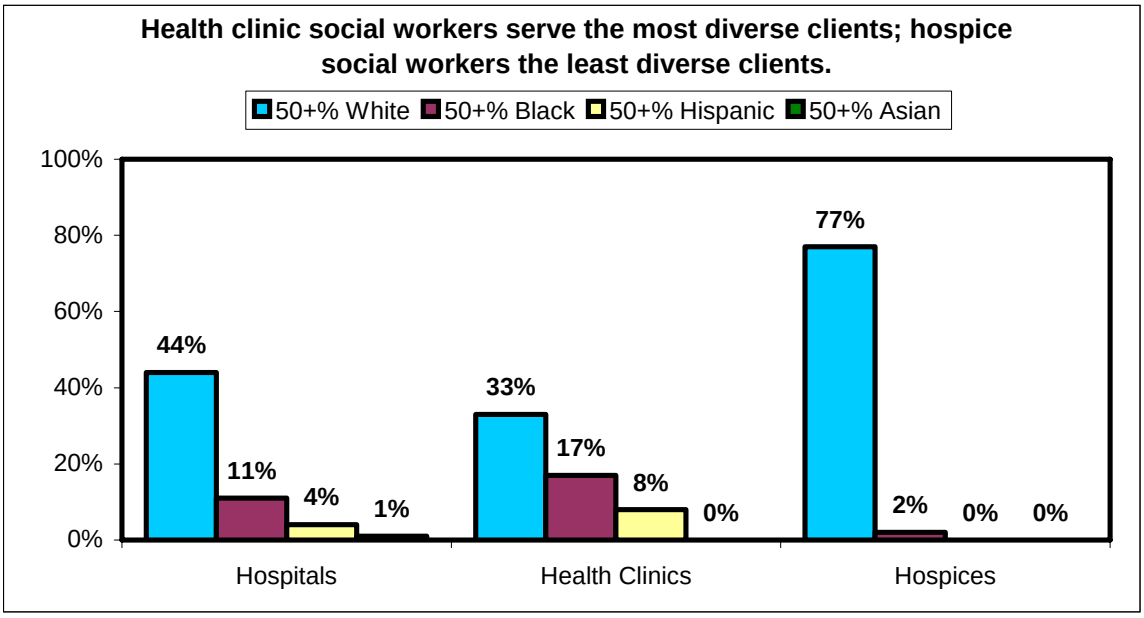
Race/Ethnicity

Caseloads of Health social workers are more diverse than those of licensed social workers overall. Almost half (48%) serve caseloads that are predominantly non-Hispanic white compared to almost three/fifths (57%) of social workers overall.

Few social workers carry caseloads that are predominantly composed of any *single* minority group: Eleven percent have caseloads that are predominantly Black/African-American versus 10% for all social workers, and 5% have caseloads that are predominantly Hispanic/Latino versus 5% for all social workers. Fewer than 1% see caseloads that are predominantly Asian or Native American, consistent with social workers overall.

Figure 2 shows that those in health clinics had the most diverse caseloads, with two-thirds (66%) carrying caseloads that are predominantly clients of color. Those in health clinics are most likely to see caseloads that are predominantly Black/African-American (17%) or Hispanic/Latino (8%). This was followed by hospitals, where 44% of social workers reported that their caseload was predominantly non-Hispanic white, 11% see caseloads that are predominantly Black/African-American, and 4% see caseloads that are predominantly Hispanic. Hospices are the settings with the least diverse client mix, with 77% of social workers reporting that their caseloads are predominantly non-Hispanic white, compared to 44% of hospital social workers. Only 2% of hospice social workers see caseloads that are predominantly Black/African-American, and none see caseloads that are predominantly Hispanic.

Figure 2. Race/Ethnicity of Clients of Health Social Workers, by Employment Setting



Age

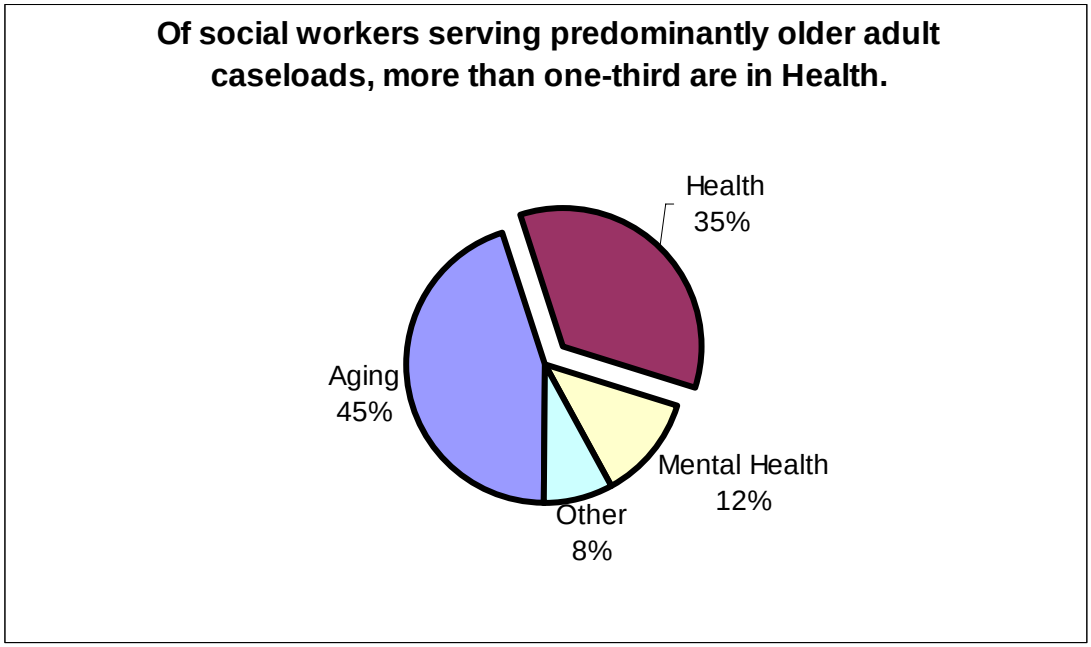
Ninety-four percent of Health social workers see clients from multiple age groups. As shown in Table 1 below, they are more likely than social workers overall to serve adults and older adults, but less likely to serve children and adolescents.

Table 1. Ages of Clients, Health Social Workers and Social Workers Overall

	Serve any...		Serve predominantly...	
	Health	Overall	Health	Overall
Children	50%	61%	6%	15%
Adolescents	67%	76%	2%	24%
Adults 22-54	95%	87%	20%	76%
Older Adults	89%	75%	56%	39%

Health social workers comprise more than one-third of all social workers who serve predominantly older adult caseloads. Although social workers in Aging comprise nearly half of those serving caseloads of more than half older adult clients (45%), the overall numbers of Health social workers are larger (13% versus 9% of all active licensed social workers), making them a key source of social work services to older adults.

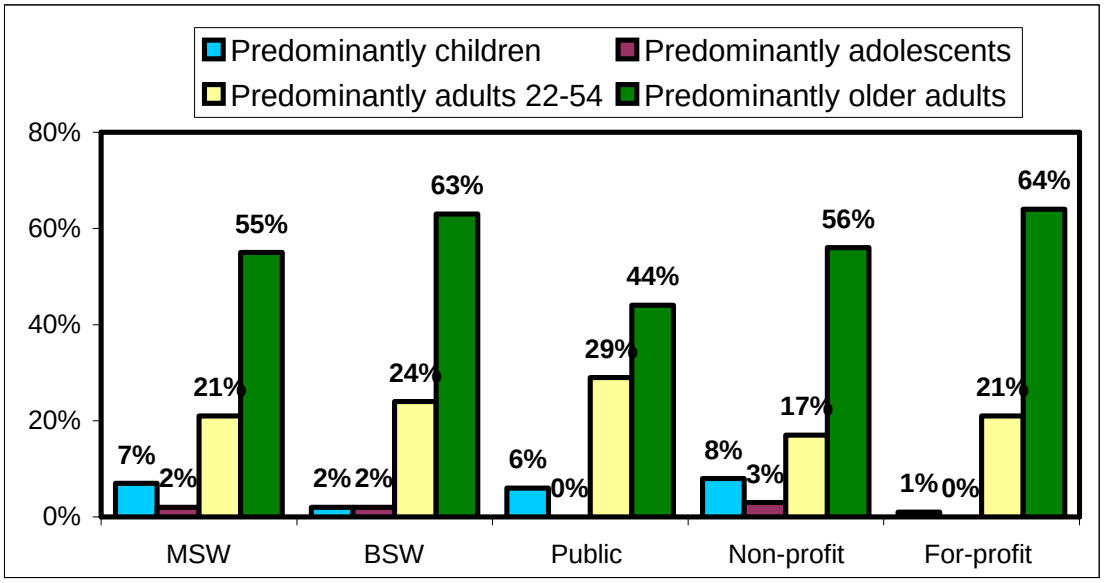
Figure 3. Practice Area of Social Workers Serving Predominantly Older Adult Caseloads.



There was relatively little variation in age of caseload by highest social work degree. However, Figure 4 shows that Health BSWs were more likely than MSWs to report that their caseloads were predominantly older adults (63% versus 55%).

Figure 4 also shows that Health social workers in the non-profit sector were more likely than those in other sectors to serve predominantly child or adolescent caseloads (8% and 3% versus 6% and 0% in the public sector and 0% for both populations in the for-profit sector). In contrast, those in the for-profit sector (who are mostly in hospitals, health clinics, and hospices) were most likely to report that their caseloads were predominantly older adults (64%), followed by those in the non-profit sector (56%) and the public sector (44%).

Figure 4. Age of Clients of Health Social Workers by Degree and Employment Sector



Health social workers in hospitals were most likely to see predominantly child caseloads (8% compared to 0% in health clinics and 3% in hospices). Roughly half of the social workers in hospitals and health clinics reported seeing predominantly older adults (50% and 52%), compared to 87% of those in hospices.

Health Care Coverage

Over four fifths of the clients of Health social workers receive health coverage through publicly funded programs. Medicare is the most common source of health coverage reported for their clients (57%), followed by Medicaid (25%). This reinforces earlier observations that Health social workers are key frontline providers of services to older adults as well as for clients in economically disadvantaged populations. Reimbursement policies in publicly funded healthcare programs will have a considerable impact on social work practice in healthcare as well as access to health care services for clients.

As seen below, an additional 10% of Health social workers report health coverage for clients through private insurance. Seven percent report that their clients are predominantly uninsured, and 1% report that their clients are "private pay". Another 1% does not know the most common source of health insurance among their clients.

BSWs in Health were more likely than MSWs to report that Medicaid as the most common sources of health coverage among their clients (32% versus 24%).

Figure 5. Predominant Source of Client Health Coverage among Health Social Workers, by Degree

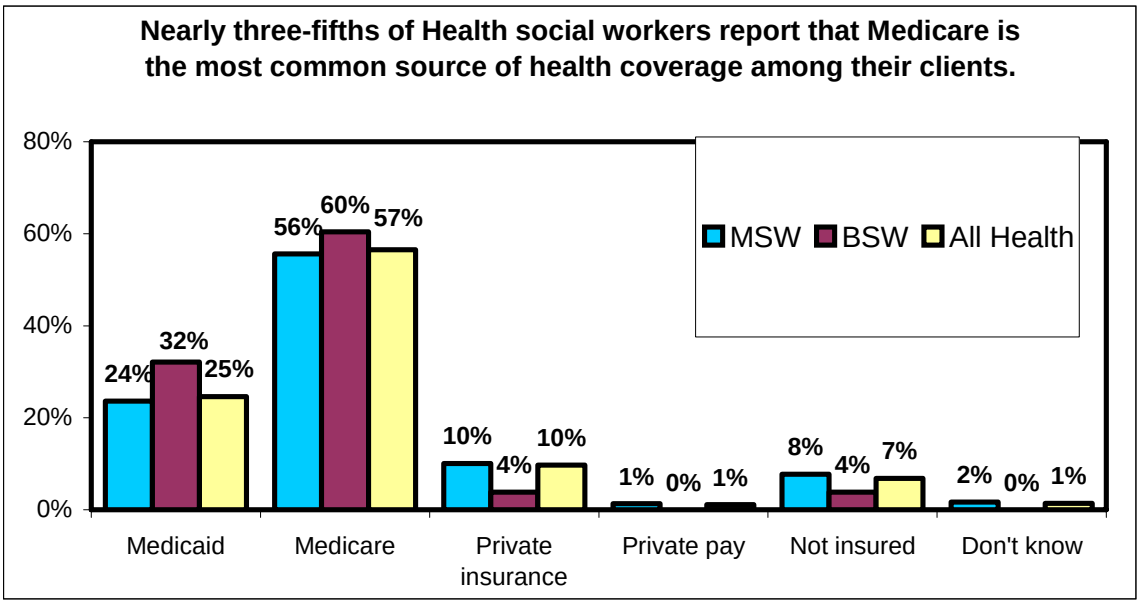
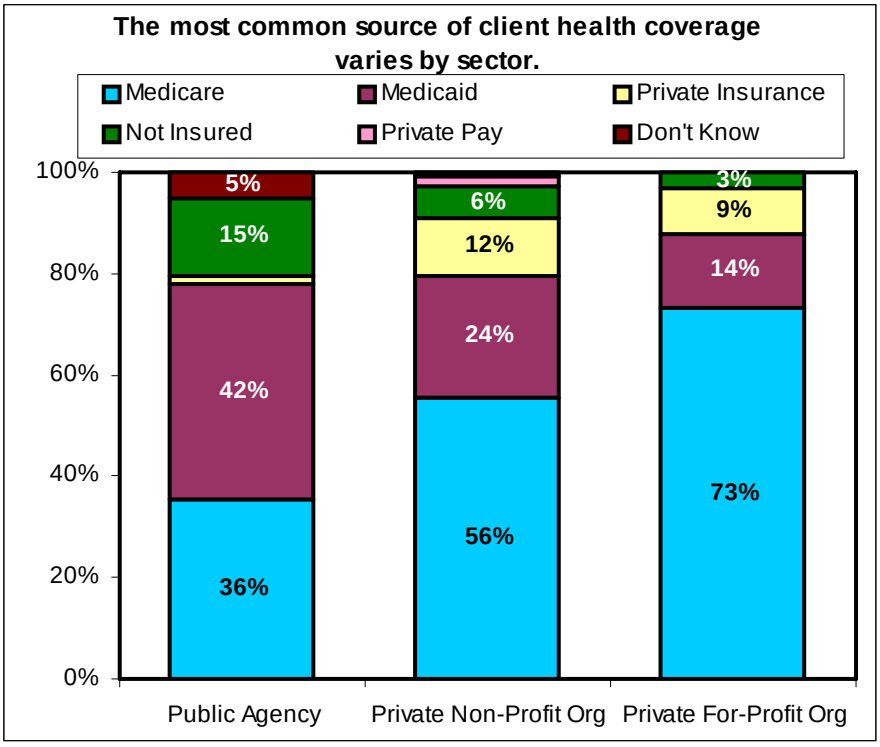


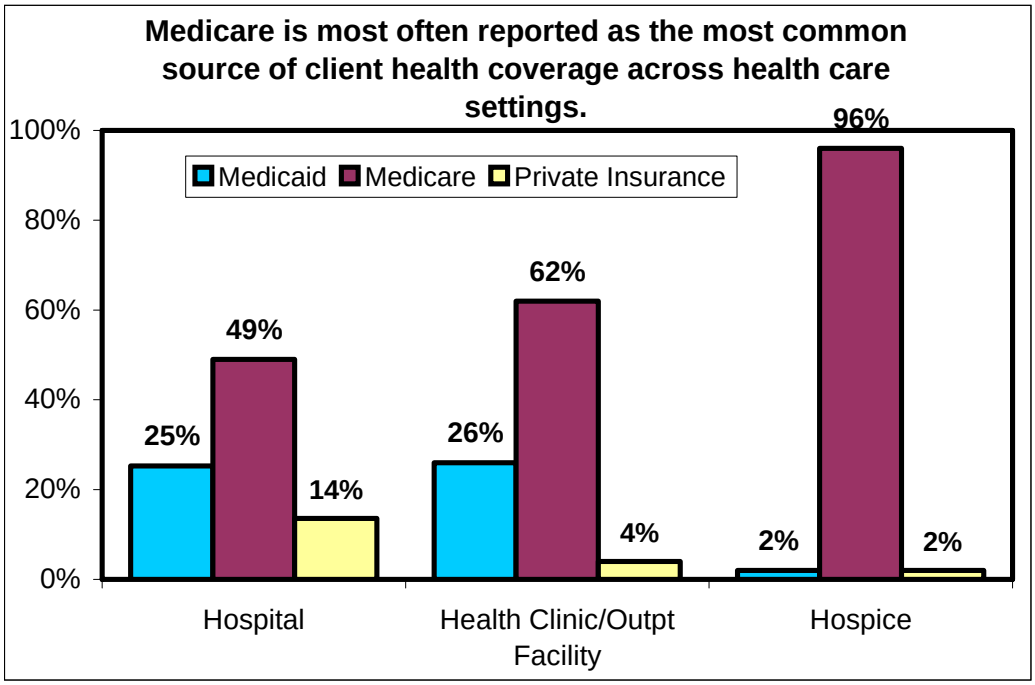
Figure 6 shows that social workers in public sector facilities were more likely to work with primarily Medicaid populations than those in the non-profit or for-profit sectors (42% versus 24% and 14%), while those in for-profit facilities were more likely to work with primarily Medicare populations than those in the public or non-profit sectors (73% versus 56% and 36%). Private insurance was most common in the non-profit sector (12%) compared to the public sector (2%) or for-profit sector (9%).

Figure 6. Most Common Source of Client Health Coverage, by Sector



Medicare is the primary source of health coverage among clients in the most common healthcare settings in which social workers are employed. As seen below, almost all patients in hospices are covered through Medicare (96%). Medicaid is as common a source of health coverage in hospitals as it is in health clinics (25% and 26%), while private insurance was only common in hospitals (14%).

Figure 7. The Most Common Source of Client Health Coverage, by Setting



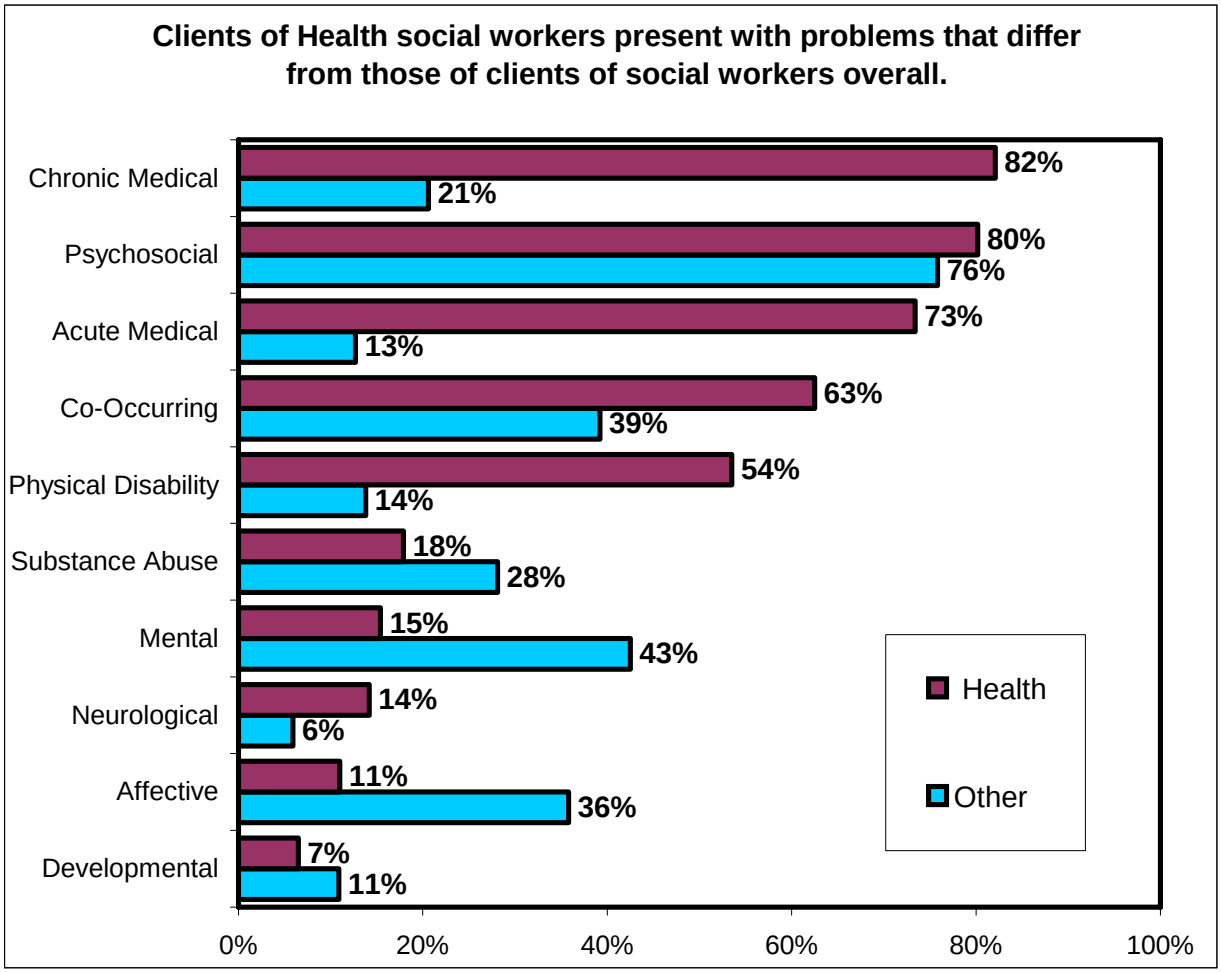
Presenting Problems

Health social workers see patients with a broad range of diagnoses. As would be expected, most see patients with acute medical conditions (98%), chronic medical conditions (100%), physical disabilities (98%), and co-occurring conditions (98%). It is important to also highlight that significant numbers of these social workers also report seeing patients with psychosocial stressors (100%), mental illness (98%), substance abuse conditions (95%), and affective conditions (85%).

High percentages of these social workers serve "many" clients with these conditions, i.e. chronic medical conditions (82%); acute medical conditions (73%); and physical disabilities (54%). Eighty percent serve "many" clients with psychosocial stressors; 18% serve "many" clients with substance abuse conditions; and 15% serve "many" clients with mental illness.

Figure 8 below, demonstrates that the presenting problems in the caseloads of Health social workers differ from those frequently addressed by other practice areas.

Figure 8. Percentages Reporting "Many" Clients With Selected Conditions, Health and Other Social Workers



MSWs serve significantly more clients with psychosocial stressors[1] and co-occurring conditions[2] than BSWs, but otherwise client conditions do not vary by degree among Health social workers. Although medical conditions (acute, chronic, physical disability) are similarly common across practice settings, other conditions vary by setting as shown in Table 2.

[1] $p < 0.000$
[2] $p = 0.043$

Table 2. Percentages Reporting Any or "Many" Clients with Types of Conditions, by Employment Setting

Type of Conditions	Any clients with...			Many clients with...		
	Hospital	Health Clinic	Hospice	Hospital	Health Clinic	Hospice
Acute Medical Conditions	99%	98%	98%	81%	61%	81%
Chronic Medical Conditions	100%	98%	100%	81%	91%	83%
Physical Disabilities	99%	96%	98%	51%	51%	54%
Mental Illness	99%	94%	96%	14%	22%	2%
Affective Conditions	89%	87%	77%	8%	15%	8%
Neurological Conditions	91%	85%	94%	14%	8%	16%
Developmental Disabilities	80%	71%	67%	5%	2%	4%
Substance Abuse Conditions	96%	94%	92%	21%	22%	4%
Psychosocial Stressors	100%	98%	100%	79%	78%	88%
Co-Occurring Conditions	99%	94%	96%	63%	71%	60%

There is also variation in the prevalence of common types of conditions by geographic location of practice, as shown in Table 3 below.

Table 3. Percentages Reporting "Many" Clients with Types of Conditions, by Geographic Location of Practice

Type of Conditions	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Acute Medical Conditions	74%	70%	67%	83%
Chronic Medical Conditions	83%	82%	79%	86%
Physical Disabilities	54%	58%	44%	43%
Mental Illness	16%	4%	8%	43%
Affective Conditions	11%	4%	9%	43%
Neurological Conditions	16%	4%	4%	14%
Developmental Disabilities	8%	4%	0%	0%
Substance Abuse Conditions	19%	4%	14%	29%
Psychosocial Stressors	82%	78%	75%	71%
Co-Occurring Conditions	63%	70%	50%	71%

LICENSED SOCIAL WORKERS IN HEALTH, 2004

Chapter 7 of 7

Perspectives on Social Work Practice

Prepared by

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For

The National Association of Social Workers
Center for Workforce Studies
Washington, DC

March 2006

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Chapter 7. Perspectives on Social Work Practice

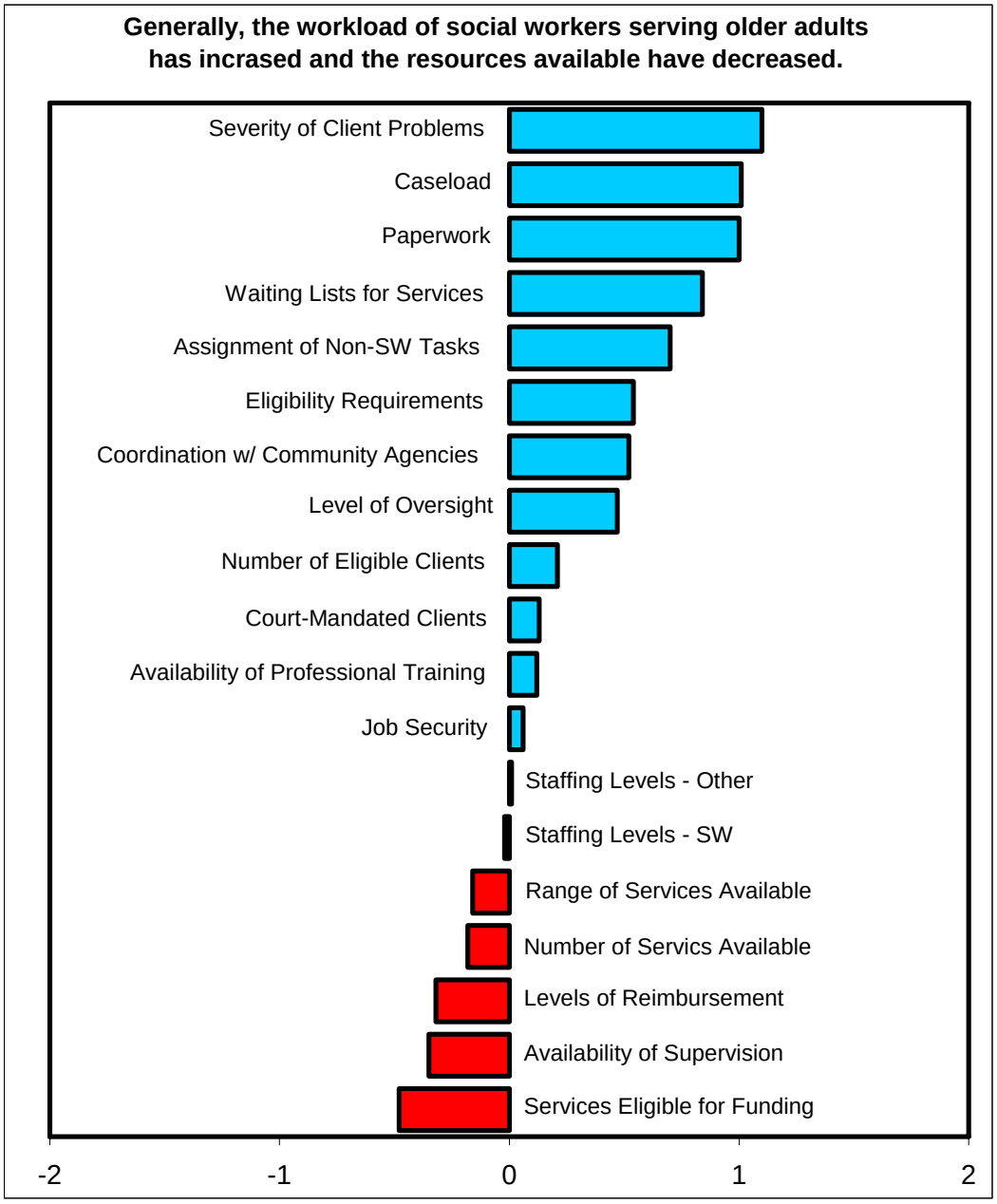
Summary of the Findings

- Social workers have experienced increased demands in their work, but decreased resources and supports over the past two years. Increases in paperwork, severity of client problems, caseload size, waiting lists for services and assignment of non social work tasks are the most frequently reported changes in practice.
- A majority of Health social workers are satisfied with their access to resources for clients with the exception of access to mental health services.
- Health social workers are significantly less satisfied with client access to mental health services than licensed social workers overall (43% versus 59%).
- Health social workers practicing in rural areas are least satisfied with access to all types of resources, unlike social workers in rural areas in other practice areas.
- Social workers employed in the for-profit sector report the greatest access to resources.
- Over four-fifths of social workers believe they are effective in helping clients.
- Three quarters of licensed Health social workers plan to remain in their current position in the next two years, consistent with licensed social workers overall.
- Higher salary, lifestyle/ family concerns, more interesting work and job stress are the primary reasons given for considering job changes, consistent with social workers overall.

Changes in Social Work Practices and in the Service Delivery System

Licensed Health social workers report significant changes in social work practice and the service delivery system in the past two years that have increased barriers to service (Figure 48). More than three-fifths of these social workers report increases in severity of client problems (76%), caseload size (71%), paperwork (69%), and waiting lists for services (62%).

Figure 1. Ratings by Health Social Workers of Changes in Social Work Practice and Changes in the Social Work Delivery System in the Past Two Years



Perspectives on changes in social work practice among Health social workers generally mirror those of social workers overall. Differences reported among Health social workers are seen in Tables 1 and 2. As shown in Table 1, MSWs are more likely to experience barriers than BSWs including: decreases in the availability of supervision; decreases in non-social worker staffing levels; increases in severity of client problems; decreases in services eligible for funding, number of services available and range of services available; and increases in clients receiving services for reasons other than personal choice (e.g. court-mandated). BSWs, in contrast, were more likely to report increases in paperwork and in the assignment of non-social work tasks.

Table 1. Percentages of Social Workers Reporting Selected Changes in Factors Related to Social Work Practice and Service Delivery Systems

Social Work Practice Barriers	All Social Workers	Health Social Workers		
		All	MSWs	BSWs
Practice of Social Work				
Availability of supervision decreased	30%	36%	37%	29%
Levels of reimbursement decreased	46%	44%	44%	46%
Staffing levels decreased - SW	33%	30%	32%	22%
Staffing levels decreased - other	34%	30%	33%	18%
Job security decreased	30%	27%	27%	31%
Availability of professional training decreased	17%	18%	18%	13%
Level of oversight increased	52%	45%	46%	41%
Coordination with community agencies decreased	11%	7%	7%	7%
Assignment of non-SW tasks increased	56%	53%	51%	60%
Waiting lists for services increased	60%	62%	63%	63%
Paperwork increased	75%	69%	67%	78%
Caseload increased	68%	71%	71%	73%
Severity of client problems increased	73%	76%	76%	70%
Service Delivery System				
Services eligible for funding decreased	50%	49%	50%	43%
Number of services available decreased	40%	39%	41%	27%
Range of services available decreased	38%	37%	38%	27%
Clients court-mandated increased	44%	25%	25%	17%
Number clients eligible increased	40%	39%	38%	41%
Eligibility requirements increased	51%	51%	51%	52%

Differences by employment settings are also notable, as shown below in Table 2. Health social workers in hospices report fewer negative changes as compared to those in hospitals and health clinics.

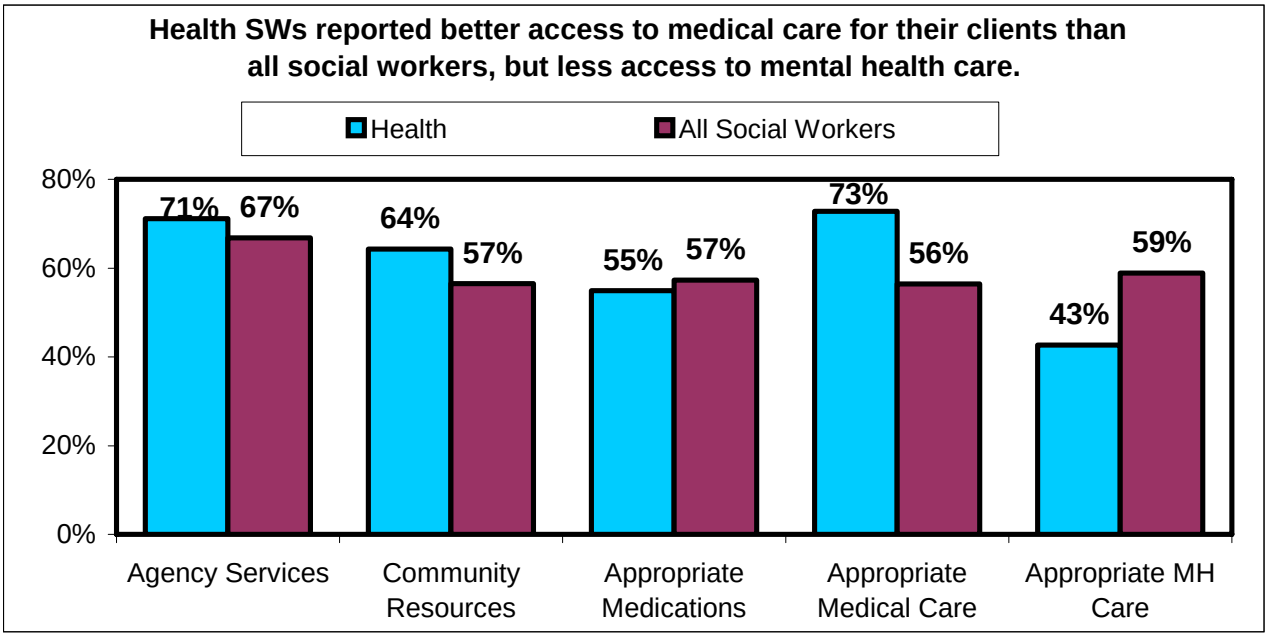
Table 2. Percentages of Social Workers Reporting Selected Changes in Factors Related to Social Work Practice and Service Delivery Systems

Social Work Practice Barriers	All Social Workers	Health Social Workers			
		All Health	Hospitals	Health Clinics	Hospices
Practice of Social Work					
Availability of supervision decreased	30%	36%	36%	37%	33%
Levels of reimbursement decreased	46%	44%	50%	44%	19%
Staffing levels decreased - SW	33%	30%	35%	23%	18%
Staffing levels decreased - other	34%	30%	34%	28%	26%
Job security decreased	30%	27%	26%	23%	24%
Availability of professional training decreased	17%	18%	17%	15%	25%
Level of oversight increased	52%	45%	46%	48%	37%
Coordination w/ community agencies decreased	11%	7%	7%	10%	2%
Assignment of non-SW tasks increased	56%	53%	54%	61%	27%
Waiting lists for services increased	60%	62%	65%	54%	42%
Paperwork increased	75%	69%	68%	79%	59%
Caseload increased	68%	71%	73%	80%	72%
Severity of client problems increased	73%	76%	81%	71%	65%
Service Delivery System					
Services eligible for funding decreased	50%	49%	56%	50%	16%
Number of services available decreased	40%	39%	43%	38%	13%
Range of services available decreased	38%	37%	41%	38%	11%
Clients court-mandated increased	44%	25%	25%	23%	14%
Number clients eligible increased	40%	39%	36%	26%	58%
Eligibility requirements increased	51%	51%	53%	52%	30%

Satisfaction with Resources and Skills

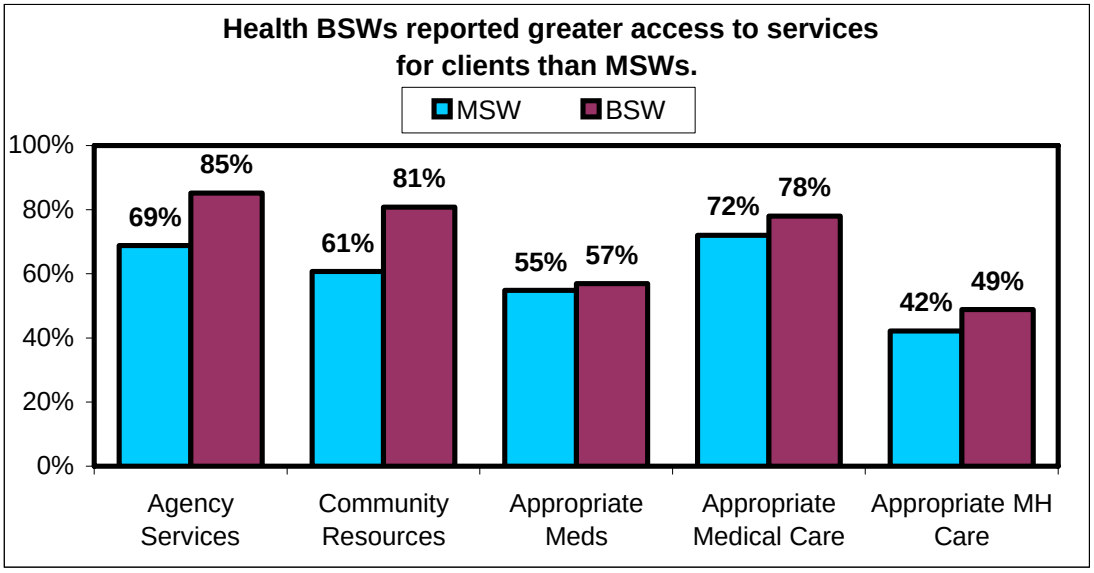
A majority of Health social workers are satisfied with their access to agency services (71%), community resources (64%), appropriate medications (55%), and appropriate medical care for their clients (73%). As seen in Figure 2, Health social workers are more satisfied than social workers overall with their access to appropriate medical care, but less satisfied than others with their access to appropriate mental health care. Mental health services are also the area of greatest dissatisfaction (30%) for social workers in this practice area, compared to agency services (8%), community resources (12%), appropriate medications (20%), and appropriate medical care for their clients (9%).

Figure 2. Percentages Satisfied with Access to Selected Types of Resources, Health Social Workers and All Social Workers



BSWs in this practice area are more likely to be satisfied with their access to all types of resources than MSWs. This difference is particularly pronounced in regard to agency services and community resources, as shown below in Figure 3.

Figure 3. Percentages Satisfied with Access to Selected Services for Clients, by Degree



While a small cohort among Health social workers, social workers in rural areas are the least satisfied with all types of resources. This is somewhat different than the pattern seen among

social workers overall. Social workers in rural areas overall tend to be less satisfied with access to medications, more satisfied with access to medical care, and do not differ in their satisfaction with access to other types of resources. It is not clear why this geographic disparity is more pronounced among Health social workers.

Table 3. Percentages Satisfied with Access to Selected Types of Resources, by Urban/Rural Location of Practice

Type of Resources	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Agency Services	71%	74%	67%	57%
Community Resources	65%	70%	58%	43%
Appropriate Meds	56%	54%	57%	43%
Appropriate Medical Care	73%	69%	79%	72%
Appropriate MH Care	43%	46%	42%	29%

Health social workers in the for-profit sector reported the greatest access to resources, as shown below in Table 4. Those social workers employed in hospice settings tended to be more satisfied with nearly all types of resources than those in hospitals and health clinics.

Table 4. Percentages Satisfied with Access to Selected Types of Resources by Sector and Setting of Primary Employment

Type of Resources	Sector			Setting		
	Public	Non-Profit	For-Profit	Hospital	Health Clinic	Hospice
Agency Services	68%	69%	78%	66%	65%	91%
Community Resources	68%	62%	70%	62%	68%	70%
Appropriate Meds	54%	55%	56%	50%	59%	81%
Appropriate Medical Care	61%	77%	74%	71%	80%	86%
Appropriate MH Care	44%	37%	53%	39%	53%	49%

Perceived Satisfaction and Efficacy

Health social workers are very similar to social workers overall in their reported satisfaction with their efficacy in helping others. Social workers in Health report that that they were highly effective in helping clients with a range of problems (93%); as well as in improving the quality of life for clients (86%); helping clients address a few key problems (82%); helping clients resolve crisis situations (79%); and helping families respond to client needs (79%).

Table 5. Percentages Agreeing with Statements about Satisfaction/Efficacy

Statement About Satisfaction/Efficacy	All Social Workers	Health Social Workers		
		All	MSWs	BSWs
Help clients with range of problems	91%	93%	94%	93%
Improve quality of life	87%	86%	86%	89%
Help clients address few key problems	86%	82%	83%	77%
Help clients resolve crisis situations	80%	79%	80%	73%
Help clients meet objectives	79%	72%	72%	77%
Satisfied with ability in cultural differences	74%	69%	70%	69%
Help families respond to client needs	70%	79%	77%	85%
Satisfied with ability to address complex problems	68%	75%	73%	88%
Satisfied with ability to help clients navigate	59%	68%	65%	85%
Satisfied with amount of time spend with clients	58%	51%	47%	60%
Satisfied with ability to coordinate care	54%	56%	54%	65%
Effectively respond to number of requests for help	52%	53%	51%	64%
Work with community orgs to adapt system	46%	51%	47%	71%
Satisfied with ability to influence service design	46%	40%	37%	58%

Mean levels of satisfaction with their efficacy and resources varies with the demographic location of their practice, as shown in Table 6 below. Generally, those in rural areas are least satisfied: they are least likely to say that they help clients with a range of problems, that they help families respond to client needs, that they are satisfied with their ability to help clients navigate the service delivery system or their ability to coordinate care, that they work with community organizations to adapt the service delivery system, that they are satisfied with their ability in cultural differences or their ability to influence service design.

Table 6. Percentages Agreeing with Statements about Satisfaction/Efficacy, by Geographic Location of Practice

Statement About Satisfaction/Efficacy	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Improve quality of life	87%	92%	79%	100%
Help clients meet objectives	72%	79%	65%	71%
Help clients with range of problems	93%	100%	92%	86%
Help clients address few key problems	82%	81%	79%	100%
Help clients resolve crisis situations	80%	78%	70%	72%
Help families respond to client needs	79%	85%	83%	71%
Satisfied with ability to help clients navigate	67%	69%	74%	57%
Satisfied with ability to coordinate care	56%	67%	57%	43%
Effectively respond to number of requests for help	54%	67%	33%	43%
Work with community orgs to adapt system	50%	69%	62%	43%
Satisfied with ability to address complex problems	76%	78%	70%	71%
Satisfied with amount of time spend with clients	49%	70%	46%	57%
Satisfied with ability in cultural differences	69%	81%	61%	43%
Satisfied with ability to influence service design	37%	62%	41%	29%

There are also differences in satisfaction by practice setting. Generally, those in hospices are the most satisfied with their efficacy, while those in hospitals and health clinics tend to be less satisfied, as shown in Table 7.

Table 7. Percentages Agreeing with Statements About Satisfaction/Efficacy, by Employment Setting

Statement About Satisfaction/Efficacy	Hospital	Health Clinic	Hospice
Improve quality of life	82%	90%	98%
Help clients meet objectives	68%	65%	80%
Help clients with range of problems	93%	98%	96%
Help clients address few key problems	81%	82%	85%
Help clients resolve crisis situations	78%	75%	85%
Help families respond to client needs	79%	67%	92%
Satisfied with ability to help clients navigate	65%	71%	69%
Satisfied with ability to coordinate care	53%	58%	60%
Effectively respond to number of requests for help	46%	51%	64%
Work with community orgs to adapt system	46%	58%	51%
Satisfied with ability to address complex problems	77%	71%	76%
Satisfied with amount of time spend with clients	44%	37%	73%
Satisfied with ability in cultural differences	71%	64%	69%
Satisfied with ability to influence service design	35%	29%	62%

Satisfaction with time. Social workers were asked whether time was adequate to address client needs. Over three-fifths of Health social workers were satisfied with time available to address presenting problems, provide clinical services, and address the severity of client problems. Differences by degree are not pronounced, but MSWs in Health are more likely than BSWs to be satisfied with time to provide clinical services, while BSWs are more likely to be satisfied with time to access basic services, address breath of problems, and participate in training, as shown in Table 8.

Table 8. Percentages Satisfied with Time for Selected Tasks

Satisfied with time to:	All Social Workers	Health Social Workers		
		All	MSW	BSW
Providing clinical services	71%	62%	62%	57%
Address presenting problems	70%	68%	68%	69%
Addressing severity of problems	67%	61%	60%	64%
Addressing breadth of problems	59%	48%	47%	58%
Providing services to client families	55%	58%	59%	61%
Participating in training	50%	46%	46%	52%
Access basic services	48%	59%	59%	65%
Addressing service delivery issues	43%	44%	45%	49%
Performing administrative tasks	40%	41%	43%	40%
Conducting investigations	38%	39%	39%	39%

Health social workers in hospices were most likely to be satisfied with time available for most tasks, followed by social workers in health clinics. Those in hospitals were least likely to be satisfied with time for selected tasks, as shown in Table 9.

Table 9. Percentages Satisfied with Time for Selected Tasks, by Employment Setting

	Hospital	Health Clinic	Hospice
Address presenting problems	60%	67%	87%
Access basic services	51%	62%	73%
Providing services to client families	54%	35%	83%
Addressing severity of problems	56%	56%	75%
Addressing breadth of problems	37%	47%	69%
Addressing service delivery issues	33%	44%	70%
Providing clinical services	54%	67%	83%
Conducting investigations	31%	41%	58%
Participating in training	42%	51%	50%
Performing administrative tasks	35%	35%	48%

Career Plans

Three-quarters (75%) of Health social workers reported that they would remain in their current position over the next two years. Six percent plan leave employment to pursue a social work degree; 4% plan to retire; 5% plan to leave the field but remain employed; 1% plan to stop working. It is important to note that statements about career plans are informative, but not necessarily borne out in practice. Future tracking of social workers entry and exit patterns within this practice area will further assist in predicting sufficiency within the workforce.

Table 10 shows that Health social workers are somewhat more likely to plan to stay in their current position than other social workers, but are otherwise similar in their career plans.

Table 10. Career Plans of Health Social Workers in Next Two Years, By SW Degree

Career Option	All Social Workers	Health Social Workers		
		All	MSWs	BSWs
Remain in current position	70%	75%	74%	78%
Seek new opportunity/promotion as SW	26%	22%	23%	17%
Pursue non-degree SW training	14%	11%	12%	9%
Decrease SW hours	10%	12%	13%	6%
Increase SW hours	8%	5%	4%	7%
Pursue additional non-SW degree	7%	7%	6%	7%
Pursue additional SW degree	6%	6%	3%	17%
Retire	6%	4%	3%	6%
Leave SW but continue to work	5%	5%	4%	7%
Stop working	2%	1%	2%	2%
Other	6%	5%	6%	4%

Note: Columns do not sum to 100% because responses were not mutually exclusive.

Despite a high level of satisfaction generally, Health social workers in hospices are least likely to plan to remain in their current position and most likely to plan to seek a new opportunity or promotion as a social worker. None of the hospice social workers in our sample reported plans to retire.

Table 11. Career Plans of Health Social Workers in Next Two Years, by Employment Setting

Career Option	Hospital	Health Clinic	Hospice
Remain in current position	76%	71%	67%
Seek new opportunity/promotion as SW	23%	22%	30%
Pursue non-degree SW training	12%	7%	15%
Decrease SW hours	10%	16%	17%
Increase SW hours	4%	4%	6%
Pursue additional non-SW degree	7%	7%	7%
Pursue additional SW degree	6%	6%	6%
Retire	4%	6%	0%
Leave SW but continue to work	5%	4%	6%
Stop working	1%	0%	6%
Other	2%	13%	7%

Table 12 shows that Health social workers in rural areas were least likely to plan to remain in their current position, most likely to plan to seek a new opportunity or promotion within social work, and most likely to plan to reduce their hours as a social worker.

Table 12. Career Plans of Health Social Workers in Next Two Years, by Geographic Location of Practice

Career Option	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Remain in current position	75%	63%	79%	57%
Seek new opportunity/promotion as SW	22%	30%	17%	57%
Pursue non-degree SW training	12%	4%	8%	14%
Decrease SW hours	11%	19%	13%	29%
Increase SW hours	5%	4%	4%	0%
Pursue additional non-SW degree	8%	7%	8%	0%
Pursue additional SW degree	4%	7%	17%	29%
Retire	5%	0%	0%	0%
Leave SW but continue to work	4%	7%	4%	0%
Stop working	2%	0%	4%	0%
Other	5%	7%	4%	0%

Health social workers reported several primary factors that might cause them to consider changing jobs: higher salary (74%), lifestyle/family concerns (53%), interesting work (40%), job

stress (39%), and better benefits (33%). These do not differ from those reported by social workers overall, but vary by highest degree, as shown below in Table 13.

Table 13. Potential Factors in Career Change for Health Social Workers, By SW Degree

Career Change Factor	All Social Workers	Health Social Workers		
		All	MSW	BSW
Higher salary	73%	74%	75%	74%
Lifestyle/family concerns	52%	53%	55%	48%
Interesting work	37%	40%	42%	33%
Stress of current job	35%	39%	39%	46%
Personal reasons	34%	32%	30%	41%
Location	32%	32%	32%	37%
Better benefits	30%	33%	30%	48%
Increased mobility	24%	22%	23%	20%
Lighter workload	22%	23%	23%	24%
Opportunities training/educ.	19%	17%	18%	13%
Different supervisor/mgmt	15%	19%	18%	20%
Increased responsibility	10%	13%	13%	6%
Quality of supervision	10%	11%	10%	15%
Agency mission	9%	11%	11%	11%
Peer support	9%	10%	9%	17%
Other	9%	7%	7%	6%
Ethical challenges	6%	5%	5%	4%

Potential reasons for changing positions varied by employment setting. Hospital social workers more likely to say they would do so due to stress; those in health clinics for increased mobility, and hospice social workers for a different supervisor/management or personal reasons.

Table 14. Potential Factors in Career Change for Health Social Workers, by Employment Setting

Career Change Factor	Hospital	Health Clinic	Hospice
Higher salary	76%	76%	69%
Interesting work	42%	46%	32%
Increased mobility	22%	31%	20%
Different supervisor/mgmt	18%	15%	37%
Opportunities training/educ.	15%	22%	19%
Location	34%	36%	13%
Lifestyle/family concerns	53%	51%	50%
Agency mission	10%	15%	7%
Peer support	10%	11%	4%
Lighter workload	22%	29%	28%
Increased responsibility	16%	9%	13%
Quality of supervision	12%	7%	13%
Personal reasons	32%	18%	44%
Ethical challenges	5%	6%	6%
Stress of current job	42%	35%	35%
Better benefits	31%	33%	37%
Other	6%	6%	9%

Table 15. Potential Factors in Career Change for Health Social Workers, by Geographic Location of Practice

Career Change Factors	Metropolitan Area (n=331)	Micropolitan Area (n=27)	Small Town (n=24)	Rural Area (n=7)
Higher salary	74%	63%	83%	71%
Lifestyle/family concerns	55%	44%	46%	71%
Interesting work	41%	33%	29%	57%
Stress of current job	40%	37%	42%	29%
Personal reasons	33%	41%	29%	29%
Location	33%	22%	42%	0%
Better benefits	30%	33%	63%	71%
Lighter workload	24%	22%	17%	14%
Increased mobility	22%	37%	13%	14%
Different supervisor/mgmt	19%	4%	29%	43%
Opportunities training/educ.	17%	19%	8%	29%
Increased responsibility	13%	30%	4%	0%
Agency mission	11%	11%	8%	29%
Peer support	11%	0%	13%	29%
Quality of supervision	10%	19%	17%	14%
Other	7%	4%	8%	14%
Ethical challenges	4%	7%	4%	29%