

ABSTRACT

AFTER HOURS: ANALYZING THE IMPACT OF ON-CALL DUTIES ON SOCIAL WORKERS' WORK-LIFE BALANCE, PHYSICAL AND MENTAL HEALTH, AND SERVICE DELIVERY IN CHILD WELFARE

Child welfare social workers play a vital role in supporting vulnerable children and families. While on-call duties are essential, they can negatively impact social workers' well-being. This mixed-methods study explored the impact of on-call duties on child welfare social workers in Tulare County Child Welfare Services (CWS). Using survey responses ($N = 44$) and in-depth interviews ($N = 9$), the study examined how on-call duties affect work-life balance, physical and mental health, service delivery, and coping strategies. The survey findings revealed high levels of stress, sleep disruption, and low work-life satisfaction. Feeling overwhelmed was a significant predictor of reduced work-life satisfaction ($p = .004$) and decreased confidence in service quality ($p = .005$). The interviews expanded on these patterns, revealing emotional fatigue, safety concerns, and a need for stronger organizational support. Although social workers used coping strategies such as self-care and peer support, their effectiveness was limited without agency-level support systems in place. Applying systems and narrative theory, this study highlights how workplace structures and personal professional narratives shape social workers' well-being, identity, and ethical practice. The findings emphasize the need for voluntary on-call shift scheduling, role-specific training, and consistent team-based support. These changes can strengthen social worker retention and improve outcomes for the children and families served by child welfare services.

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May 2025

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ON SOCIAL WORKERS' WORK-LIFE BALANCE, PHYSICAL AND
MENTAL HEALTH, AND SERVICE DELIVERY IN CHILD
WELFARE

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APPROVED

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DEDICATION

"I can do all things through Christ who strengthens me."

— **Philippians 4:13**

This project is dedicated to everyone who lifted me, believed in me, and reminded me of my strength, especially during the moments I doubted it the most.

Gracias a Dios, por ser mi guía, mi fuerza y mi refugio en los momentos más difíciles. Mi fe me sostuvo en cada paso de este camino, y sin Él, nada de esto sería posible.

A mis padres, Jeronimo y Josefina, gracias por todo el amor, apoyo incondicional y por cada sacrificio que hicieron para que yo saliera adelante. Gracias a ustedes soy una mujer fuerte que no se rinde ante nada. Este logro es tan suyo como mío. ¡Los amo con todo mi corazón!

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And to myself –

There were times I felt broken, exhausted, unsure, and overwhelmed by self-doubt. As someone who questioned if she belonged in spaces like this, I still showed up. For my children and for the woman I knew I could become, I kept pushing forward.

I came to this country as a little girl, not knowing the language and navigating a world that wasn't built for me, but with the relentless love of my parents and a deep determination to succeed, I found my way.

I am proud of how far I've come, not just as a student but as a woman, a mother, and a first-generation graduate. Today, I stand as a proud Latina, as the first in my family to earn a master's degree, and as living proof that with faith, sacrifice, and determination,

anything is possible. This is not just a personal achievement; it is a victory for every part of me that was told I couldn't do it.

This journey hasn't been easy, but it's been worth it.

¡Sí se pudo!

"You have power over your mind—not outside events. Realize this, and you will find strength."

— **Marcus Aurelius**

"The impediment to action advances action. What stands in the way becomes the way."

— **Marcus Aurelius**

Every setback became fuel. Every sacrifice had meaning. This is the result of strength, love, faith, and perseverance. I did it!

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CHAPTER 1: INTRODUCTION

Purpose Statement

Social workers in Child Welfare Services (CWS) play a vital role in ensuring the safety and well-being of children and families in our communities. Child welfare services, also known as Child Protection Services (CPS), is the system responsible for providing intervention services to abused and neglected children and their families (California Department of Social Services [CDSS], 2024). In 2022, a total of 382,145 referrals with allegations of child abuse or neglect were received by child protection services agencies in California, and 192,197 referrals were ultimately screened in, meaning they met agency criteria to receive an investigation by a CWS social worker (U.S. Department of Health and Human Services, Administration for Children and Families Administration on Children, Youth and Families, Children's Bureau, 2024). Social workers in child welfare investigate allegations, provide services, and work with families to create safe environments for vulnerable children. In 2022, CWS social workers provided investigation services to 292,782 children in California (U.S. Department of Health and Human Services, Administration for Children and Families Administration on Children, Youth and Families, Children's Bureau, 2024). Although social workers are vital to ensuring the safety and well-being of children and families, they often face high work demands, including the obligation to be available outside of regular working hours through on-call duties.

Child welfare services agencies are required by law to maintain a hotline 24 hours a day, seven (7) days a week, and to have staff available to respond to crisis situations involving child abuse and neglect. This means social workers must be available to work on-call. Social workers are aware that on-call duties are part of their job responsibilities. However, these responsibilities can affect social workers' personal and professional lives, health, and emotional well-being. This can affect the quality of services social workers

provide to the vulnerable children and families they encounter in the communities they serve (Virtanen et al., 2009). Although there is a considerable amount of literature discussing the stress and burnout social workers experience in child welfare (Font, 2012), there is limited literature on the effects of on-call duties on social workers in child welfare services. Therefore, this study aims to examine the effects of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and their coping mechanisms within child welfare services. Understanding these impacts and discussing some of the coping mechanisms social workers utilize to help mitigate the challenges of on-call can bring awareness to CWS agencies to support social workers' wellness and, in turn, improve service delivery outcomes.

Problem Identification

Several key concepts must be considered to examine the effects of on-call responsibilities on social workers in child welfare services. First, on-call itself is central to the focus, as social workers are required to be available outside of their regular working hours, including nights, weekends, and holidays. This often results in irregular or disrupted personal time for social workers in child welfare, which leads to the concept of work-life balance. The demands of on-call can cause conflict with social workers' personal and family time (Marc et al., 2023). This can cause stress and anxiety and impact the social workers' overall well-being. The concept of physical and mental health is another key concept that must be considered when examining the effects of on-call on social workers in child welfare services. On-call responsibilities can lead to burnout, anxiety, and physical health issues such as sleep disturbances and fatigue (Hall et al., 2017 and Nicol & Botterill, 2004). These factors can further influence the service delivery social workers provide to children and families in our communities, as social workers' cognitive skills may be impacted by the fatigue, they are experiencing from

being on-call (Virtanen et al., 2009). Lastly, coping mechanisms are crucial for mitigating the impacts of on-call duties. Social workers may utilize various coping mechanisms, adaptive and maladaptive, to cope with on-call challenges. Understanding these key concepts and their interconnectedness will help provide a comprehensive framework to analyze how on-call duties affect social workers in child welfare services.

The following key terms related to on-call and its impact on social workers in child welfare services will be defined to provide clarity and consistency throughout this study. These terms are crucial to understanding the scope and context of the study.

- ***On-Call Duty:*** The requirement for social workers in child welfare services to be available outside of their regular business working hours, including nights, weekends, and holidays, to take incoming calls of allegations of child abuse, neglect, and/or exploitation, and to respond to emergency investigations of suspected child abuse, neglect and/or exploitation as well as being available to crisis situations involving dependent CWS youth (Tulare County Health & Human Services: Child Welfare Services Division, 2021).
- ***Work-Life Balance:*** The equilibrium between a social worker's professional and personal life, including time for family, household roles, rest, and self-care (Wu et al., 2013).
- ***Burnout:*** A state of emotional, physical, and mental exhaustion caused by prolonged stress or overwork, which can lead to decreased job performance and social worker's overall well-being (Maslach & Leiter, 2016).
- ***Coping Mechanisms:*** The strategies and behaviors utilized by social workers to manage stress, maintain their well-being, and cope with the challenges of on-call (Algorani & Gupta, 2024).
- ***Service Delivery:*** The ability of social workers to provide services to children and families in the child welfare system, including investigations, interventions, case

management services, and referrals for support to community resources (National Association of Social Workers [NASW], 1992).

These definitions are important to understanding the influence that on-call has on social workers' overall well-being and the services they provide. By defining these concepts early, the study aims to provide a clear and consistent understanding of the key concepts influencing social workers' experiences with on-call duties in child welfare services.

Population

This study's population will consist of social workers employed by Tulare County Child Welfare Services Agency who are required to work on-call and have at least one (1) year of on-call experience. The study will include social workers from various demographic backgrounds, age groups, and years of experience. Social workers not currently working on-call or who have never experienced on-call will be excluded, as their insights would not be relevant to the study's focus.

Conceptual theoretical framework

This study will be guided by Systems Theory, which focuses on understanding the relationships between social workers, their work environment, and the children and families they serve (Payne, 2020.). Narrative Theory will also be used to examine how social workers make sense of their lived experiences with on-call duties and how these personal narratives influence their coping mechanisms and professional identities (Payne, 2020). Utilizing these theories will help provide a comprehensive understanding of the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services.

Methodology

This study will utilize a mixed-method approach, combining a survey questionnaire and qualitative interview to understand the impacts of on-call duties on social workers in child welfare services. The study will focus on social workers in Tulare County Child Welfare Services.

Research Questions

This research study will examine the impact of on-call duties for social workers in child welfare services by focusing on the following questions:

1. How do on-call duties in Child Welfare Services impact the social worker's work-life balance, physical and mental health, and service delivery?
2. What coping mechanisms do social workers use to manage and mitigate the impacts of on-call duties?
3. How can organizational factors/policies support and minimize the impact of on-call duties while enhancing social workers' overall well-being and improving service delivery?

Plans

This research study aims to understand the impacts of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms. This study will investigate how on-call duties affect social workers' ability to balance their personal and professional lives. The study will also analyze the impact on the physical and mental health of social workers who work on-call. Furthermore, the study will also explore the coping mechanisms utilized by social workers to help manage the stress and challenges associated with on-call.

The study will utilize a mixed-methods approach, and participants will be recruited through outreach at Tulare County Child Welfare Services agency. The

potential participants will be informed of the study's purpose and procedures, and informed consent will be obtained for the interviews from each participant before participating.

Significance of the Study

This study will provide valuable insights into how on-call duties impact social workers' ability to balance their personal and professional lives, their physical and mental health, and service delivery. It will also highlight effective coping mechanisms social workers utilize to help reduce stress and promote well-being.

This study could benefit social workers and child welfare services agencies by improving their job satisfaction, maintaining quality performance, improving service delivery outcomes, and improving social workers' overall well-being.

Conclusion

In conclusion, this chapter has provided an overview of the research study's focus on the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms within child welfare services. The chapter discusses the major concepts that need to be taken into consideration when analyzing how on-call affects social workers in child welfare services. A theoretical framework for analyzing the impact of on-call duties has also been presented and will help guide the study. The research methodology and plans are also discussed in this chapter. Finally, the importance and significance of understanding how on-call duties impact social workers in child welfare services was also included in this chapter.

The following chapter, Chapter Two, will examine existing literature related to the study's key themes. The literature review will also highlight areas where further research is needed.

CHAPTER 2: LITERATURE REVIEW

Introduction

Child welfare agencies provide vital services to children and families in our communities to ensure their safety and well-being. One vital service provided by child welfare agencies is on-call services. Child welfare services agencies are required by law to maintain a hotline and to have staff available to respond to crises. Many social workers working in child welfare services agencies are, in turn, required to work on-call shifts. This means that social workers must be available after their regular working hours to take phone calls and to respond to immediate child welfare situations. The demands of on-call duties can place a strain on social workers. This literature review examines the impacts of on-call duties on social workers' work-life balance, physical and mental health, and service delivery. It also discusses coping mechanisms utilized by social workers in child welfare services.

Background

The Child Welfare System is the major system designed to protect children from abuse, neglect, and exploitation (California Department of Social Services [CDSS], 2024). Child Welfare Services (CWS) is committed to ensuring children are safe from abuse and dangerous circumstances while helping families achieve stability by accessing the necessary services to support their well-being (Tulare County Health and Human Services Agency [Tulare County HHSA], 2024). This system offers various services, including Emergency Response, Family Maintenance, Family Reunification, Resource Family Approval, Foster Care, Family Connections, Independent Living Program (ILP), Planned Permanent Living Arrangement (PPLA), and Adoption services. These services help ensure children grow up in safe, healthy, and supportive home environments. Child Welfare Social Workers play a critical role in this system by responding to calls with

allegations of child abuse and neglect, assessing children and families, providing intervention services, and providing ongoing support to children and families in need (Berrick, 2018).

Child Welfare Services agencies vary across the United States; however, the Child Abuse Prevention and Treatment Act of 1974 provided funding for states that established mechanisms to accept and respond to calls with allegations of child abuse and neglect, thus establishing child abuse “hotlines” (Berrick, 2018). The child abuse hotlines are available 24/7 for community members and mandated reporters who come in contact with children to report any cases of suspected child abuse or neglect (Berrick, 2018). On-call duties are, therefore, an essential part of the child welfare system, as social workers must be available to receive, screen, and respond to reports of child abuse, neglect, and other crises. The on-call system ensures that children in immediate danger are protected at any time, day or night, weekend or holiday, as child welfare social workers are the first responders in these crisis situations.

Work-Life Balance

Social work is a very demanding field with many complexities. Social workers can be found in various settings, such as hospitals, schools, and public agencies, such as child welfare services. Social workers in child welfare services are often faced with challenging situations and clients (Berrick, 2018). Often, working in this field requires social workers to be available to respond to crisis situations outside their regular working hours, making it challenging for social workers to balance their professional responsibilities and personal lives. Ensuring that social workers achieve work-life balance is important to prevent burnout from high levels of stress and emotional strain associated with their daily work (Maslach & Leiter, 2016). On-call work also blurs the boundaries between home and work life, making it difficult for social workers to fully

disengage and be present in their personal environments (Arlinghaus et al., 2019). However, when social workers are required to work on-call shifts as part of their job responsibilities, it can hinder their ability to adequately balance their professional duties and personal lives. Research suggests that on-call impacts social workers' personal lives with their family and social relationships. Working on-call shifts implies that social workers work long hours, evenings, night shifts, and/or on the weekends and holidays. Social workers often experience poor work-life balance when working long hours and are overloaded with tasks (Marc et al., 2023). In addition to time demands, emotional labor, and compassion fatigue – the ongoing emotional toll of caring for others in distress – can also strain social workers' ability to maintain a balance between their personal and professional identities. The workers' families are also directly impacted by the social workers' long work hours, as evidenced by higher divorce rates and poorer emotional outcomes for the children of those social workers (Arlinghaus et al., 2019). The lack of work-life balance among social workers can cause conflict in their personal relationships, leading them to neglect family roles, limit communication with their family, and damage their relationships (Marc et al., 2023). Oftentimes, social workers feel guilty that they are unable to spend time with family and friends because they are working long hours and are burdened with the stressors associated with their workload (Barck-Holst et al., 2022). During on-call shifts, social workers must be readily available to take phone calls, screen the calls, and respond to crises if deemed appropriate; this prevents them from spending quality time with their family and friends and focusing on their own self-care.

Ensuring that social workers achieve a positive work-life balance is essential to preventing work exhaustion and burnout. Research has shown that reducing work hours can have a positive influence on achieving work-life balance for social workers (Barck-Holst et al., 2021). Limiting long work hours for social workers improves their relationships with their family and friends and allows them to focus on other important

aspects of their lives, such as household chores, leisure time, and exercise (Barck-Holst et al., 2021). Social workers who reduced the number of hours they worked were able to notice a positive influence on their work-life balance, allowing them to have improved social support to help them cope with the stressors associated with the demands of their work (Barck-Holst et al., 2022). Therefore, it is important for social workers to maintain a healthy work-life balance.

Physical Health

When it comes to social workers' physical health, minimal studies have been conducted to explore how working in this field impacts one's health. The impact of on-call on social workers' health has been limited to research conducted on hospital-based social workers and other professionals who work on-call shifts, night shifts, and long working hours. Working on-call can disrupt not only the quantity but also the quality of sleep among social workers (Hall et al., 2017). This can be attributed to workers not being able to fall asleep because they are anticipating receiving a call to respond or being woken up during their night on-call shift because their services are needed. The disruption in sleep patterns can adversely affect social workers' health. The impacts can range from fatigue, exhaustion, and increased stress levels (Nicol & Botterill, 2004). On-call is unpredictable; there can be times when there is a high call volume or high work demand and other times when the work demands are minimal; however, on-call itself is still a contributing factor to producing stress amongst on-call workers (Ziebertz et al., 2015). These factors can contribute to poor social workers' physical health and well-being. Over time, chronic sleep deprivation and stress from unpredictable on-call duties may also manifest in somatic symptoms such as headaches, digestive issues, or lowered immune function (Costa et al., 2023). In addition to these health concerns, disrupted sleep can also affect the day-to-day functioning of social workers in child welfare,

particularly their alertness and decision-making. This is important because social workers may be required to drive during the on-call shift, as well as afterward, to carry out their regular duties if they are scheduled to work the following day.

Sleep disruption can pose serious safety concerns, especially when social workers must respond to emergency situations overnight and drive while fatigued. On-call responsibilities may require immediate travel to respond to crises, even after hours of interrupted or insufficient sleep. Research has shown that sleep deprivation can impair alertness and reaction time in ways comparable to alcohol intoxication, which can significantly increase the risk of being involved in a car accident (Centers for Disease Control and Prevention [CDC], 2015). Being awake for 17 hours is similar to having a blood alcohol concentration (BAC) of 0.05%, and after 24 hours, the impairment equals a BAC of 0.10%, which is over the legal driving limit (Centers for Disease Control and Prevention [CDC], n.d; Williamson & Feyer, 2000). This highlights that the risks of on-call duties are not just long-term health concerns but also immediate safety issues that can affect both the worker and the public.

Recent research on on-call and shift work highlights a range of health concerns that are important to consider in the context of child welfare. On-call work has been associated with increased stress, decreased mental well-being, and sleep disturbances, which can all take a toll on physical health over time (Akerstedt et al., 2010). In addition, working irregular or long hours, especially through the night, has also been linked to reduced job performance, increased risk of obesity, workplace injuries, and chronic health conditions such as heart disease and diabetes (Caruso, 2014). These findings raise concerns for child welfare social workers, who often exceed their 40-hour work week when scheduled to work on-call shifts.

This increase in work hours can also affect social workers' cardiovascular health. Research has shown that working long hours has been linked to higher levels of

inflammation in the body, a risk factor for heart disease (Lee et al., 2022). In child welfare, social workers may average 50 or more hours a week when on-call, depending on workload and crisis response demands. The combination of long hours, minimal rest, and the stress that comes with being available around the clock can put social workers at greater risk for physical health problems over time. These impacts may be even more pronounced for women in the field, as they make up a large portion of the social work workforce and often also carry additional caregiving responsibilities outside of work, which can further limit their recovery time and increase physical strain (Arlinghaus et al., 2019).

In addition to general fatigue, long hours and shift work have also been shown to disrupt circadian rhythms, our internal body clocks, which help regulate essential functions like sleep, hormone balance, and immune response. When these rhythms are constantly misaligned, individuals become more vulnerable to chronic illnesses such as cardiovascular disease, metabolic disorders, and weakened immune functioning (Costa et al., 2023). These risks are greater for workers like child welfare social workers, who are expected to remain available overnight, often with little rest or recovery time between shifts. Beyond the individual health impacts, the consequences of inadequate sleep during on-call work also have significant financial and systemic implications.

The financial cost of inadequate sleep in on-call work has also been well documented. Although the study was conducted in Australia, the findings from Vincent et al. (2018) offer valuable insights into how inadequate sleep during on-call duties can lead to serious consequences, including workplace injuries and significant economic costs. They found that over 80% of Australian on-call workers reported inadequate sleep while on-call, contributing to injuries that cost the economy an estimated \$2.25 billion annually. The average cost per incident ranged from \$1,222 for short-term absence to \$2.53 million for an injury resulting in full incapacity. These findings emphasize that

investing in the sleep health of on-call workers is not only critical for individual well-being but also for reducing financial strain on employers and public systems. These concerns are equally relevant in the U.S. and California Child Welfare Services settings. This is supported by research conducted in the U.S., where the National Safety Council (2017) reported that sleep-deprived employees cost U.S. businesses approximately \$1.4 million annually per 1,000 workers in absenteeism, lost productivity, and healthcare costs. These findings demonstrate that the impact of fatigue is not only a health issue but also a substantial economic burden across industries, including child welfare.

Furthermore, Bostock and Mortimore (2004) note that in 2020, the World Health Organization classified night shift work as a probable Class 2A carcinogen due to its interference with biological systems. Their research suggests that disrupted sleep, food timing, and light exposure lead to hormonal dysregulation, which may increase the likelihood of chronic illness. This is an important consideration for on-call professionals who may not be working traditional night shifts every day but whose irregular schedules mimic many of the same patterns found in shift work environments.

Mental Health

In recent years, mental health awareness has been a topic of conversation among many service providers that provide therapeutic services to ensure the well-being of the community as a whole. Social workers face mental health challenges themselves, and working on-call can impact these challenges. Burnout due to working long hours can impact social workers' mental health. Research suggests that working more than twelve (12) hours per day can be harmful and may contribute to burnout (Ruben & Aaron-Goldenberg, 2017). On-call requires social workers to be available after regular work hours, evenings, nights, weekends, and holidays. In Tulare County CWS, on-call shifts range from eight (8) hours on holidays, fifteen (15) hours on weeknights, and ten (10)

hours on weekends. These on-call shift hours are in addition to social workers' regular eight (8) or ten (10) hour workday shifts, depending on the worker's work schedule. The lack of recovery time between shifts prevents social workers from mentally unwinding and can worsen symptoms of anxiety and burnout over time.

Working on-call over the weekends and holidays prevents social workers from socializing with friends and family and engaging in leisure activities that are essential to emotional well-being. Spending time with family and friends or simply engaging in restful or joyful activities plays a vital role in helping social workers cope with the demands of job responsibilities (Sato et al., 2020). The lack of quality relaxation time experienced by on-call social workers contributes to a decline in mental health and overall life satisfaction for social workers in child welfare. In addition to burnout and emotional fatigue, on-call child welfare workers may experience vicarious trauma due to repeated exposure to high-intensity crisis and child abuse reports (Font, 2012). In a study of child welfare professionals, Font (2012) found that scheduling demands and workload expectations were significant predictors of burnout, especially when workers lacked autonomy or opportunities for recovery.

The unpredictability of on-call work adds another layer of emotional strain for social workers in child welfare. Social workers may experience anticipatory anxiety even when they are not actively responding to a call, simply due to the uncertainty of when or if a crisis will arise. Anticipatory stress is defined as the mental and physical tension experienced in expectation of a potential event that can cause sleep disturbances, difficulty relaxing, and an inability to fully disconnect from work (Hall et al., 2017). These sleep disturbances can also impair emotional regulation, making it more difficult for social workers to manage their own stress while responding to emotionally sensitive or traumatic situations. Arlinghaus et al. (2019) note that non-standard work hours, like

on-call, are especially damaging because they disrupt psychological detachment, a process that is necessary for emotional recovery.

In child welfare, this is especially concerning because of the complex nature of on-call cases. Social workers often respond to emergency crisis calls alone and, depending on the severity of the situation, may face safety concerns or emotionally intense encounters. Fox et al. (2021) found that hospital-based social workers providing on-call services reported heightened anxiety related to working at night, feeling isolated during crisis response, and returning to work the next day without adequate rest. This emotional wear and tear can accumulate quickly, especially when social workers feel they are expected to push through exhaustion without proper support in place.

Moreover, during periods of increased demand, such as the COVID-19 pandemic, child welfare workers tended to rely heavily on coping strategies to manage emotional fatigue. When these strategies lacked adequate organizational support or failed to address the emotional toll of the work, a stronger intent to leave the profession often emerged (Julien-Chinn et al., 2023). This reflects how the mental health impact of on-call duties is not only tied to individual coping ability but is also shaped by systemic and organizational conditions.

Service Delivery

Child welfare services agencies provide services 24 hours a day, seven days a week, 356 days a year. This means that the services are considered on-call after regular business hours and during weekends and holidays. Social workers are assigned to work these on-call shifts. The services provided during these on-call shifts are limited to servicing the child abuse hotline by screening calls and responding to emergencies only. While on-call, social workers are required to complete various tasks, including contacting reporting parties within 15 minutes of receiving a call, documenting all calls, completing the Hotline Tools Structured Decision Making (SDM) tool, as well as responding to

situations within two (2) hours of receiving a call for service. Additionally, all immediate referrals and services must be documented in the Child Welfare Services Case Management System (CWS/CMS) by 8:30 am the next business day (Tulare County Health & Human Services: Child Welfare Services Division, 2021). However, the timelines in response can be impacted depending on various factors, such as the number of calls received during the on-call shift, as well as the responding location of the immediate referral. Social workers work their on-call shift from home, and when they are called out to a crisis, they must report to the office to pick up a county vehicle and then respond to the crisis call; this can delay the response time in service delivery.

Furthermore, after working long hours, social workers are often exhausted, and fatigue can set in, impacting their cognitive abilities and impairing their decision-making skills when providing vital services to assess the safety and well-being of children in the communities (Virtanen et al., 2009). Studies have shown that working long hours or schedules with unconventional shifts, such as night shifts, can increase employee fatigue-related errors, which can jeopardize public safety (Dembe, 2009). Fatigue from on-call work may impair executive functioning, making it harder for social workers to assess safety risks or respond to crises with sound judgment (Virtanem et al., 2009). This raises important ethical concerns, as impaired decision-making under fatigue could lead to delayed responses or misjudgments that ultimately impact child safety, as well as the quality of service that is being provided by child welfare services to the vulnerable children and families they serve.

Additionally, service delivery can be impacted during on-call due to various factors, including the lack of support for social workers and the limited resources available during on-call shifts. On-call shifts in Tulare County CWS are limited to three (3) social workers and one (1) supervisor. The three (3) social workers are responsible for taking the phone calls that come into the hotline and screening the calls to assess if

they meet the criteria for a response by the agency. The social worker must respond to the crisis if a response is required. Responding to a crisis during on-call can produce feelings of isolation in the social worker as they do not have access to their colleagues like they typically would during regular working hours to assist them with the crisis they are attending to (Fox et al., 2022). During on-call, the social worker must rely on themselves and their on-call supervisor for support. If children are removed from a home due to concerns of abuse or neglect, they are placed in temporary protective custody. While on-call, the social worker and the supervisor are responsible for searching and securing a resource home for the children (Tulare County Health & Human Services: Child Welfare Services Division, 2021). During regular working hours, the agency has a unit composed of approximately five (5) to six (6) social workers and a supervisor who assists social workers with locating and securing placement for children needing a resource home.

Coping Mechanisms

Social workers can utilize various coping mechanisms to help mitigate the effects of being on-call. Reaching out to one's social support, such as family or work colleagues, to express thoughts and feelings regarding experiences and challenges related to being on-call can be a positive coping strategy that engages social workers in positive discussions to minimize on-call stressors (Roberts et al., 2019). Support from colleagues can be important in minimizing stress and burnout among social workers in child welfare services. In addition to peer support, organizational-level supports, such as regular supervision, debriefing opportunities, and policies that promote work-life boundaries, can also play a key role in helping social workers manage the stress of on-call duties. It allows workers to express their shared experiences, listen to and discuss their problems, and empower them to find solutions (Collins, 2008).

Additionally, practicing self-care by engaging in enjoyable and relaxing activities can also help reduce the stress associated with on-call duties. Identifying healthy coping mechanisms can assist social workers in effectively managing on-call and its challenges and stressors. Social workers may develop a self-care plan that helps them manage the stress associated with on-call duties; these activities can include exercise, hobbies, proper nutrition, and adequate sleep and rest (Rienks, 2020). These self-care activities can help promote the social worker's overall physical well-being. Furthermore, social workers may also engage in activities that help their emotional well-being by reducing the stress associated with on-call responsibilities. These activities can include meditation or engaging in religious or spiritual practices. These practices are viewed as positive coping strategies that provide social workers extra support during stressful times and the ability to keep pushing through tough moments when the job demands feel overwhelming, such as with on-call responsibilities (Julien-Chinn et al., 2023). In practice, coping strategies may also vary depending on a social worker's level of experience. Those newer to the field may feel more overwhelmed by on-call duties, while more seasoned workers may have developed routines and systems that help them manage stress more effectively.

Social workers can also reduce the negative effects of on-call by creating a routine when scheduled to be on-call. Research suggests that social workers who have a routine and are prepared for their on-call shift by engaging in activities such as preparing meals ahead of time, having all of their on-call materials readily available, and eating early can promote a sense of control and help feel less stressed when on-call and having to respond to a crisis (Fox et al., 2022).

However, not all coping strategies are positive. Sometimes, social workers engage in defensive disengaging, which leads workers to distance themselves from the problem as they feel helpless and burnout (Collins, 2008). This can result in social workers taking a leave of absence or resigning from the agency.

Gaps in Literature

Although on-call is not a new concept in child welfare services, minimal research has been conducted on the impacts of on-call duties on social workers in child welfare services. Some studies have shown that burnout among social workers is a risk factor that contributes to having a poor work-life balance among social workers. However, more research needs to be conducted to explore how on-call duties directly disrupt social workers in child welfare services' work-life balance and their personal lives. Additionally, there is a need for further studies to analyze the long-term effects of on-call duties on social workers' physical and mental health. Furthermore, a need for more research studies that focus on identifying effective coping mechanisms utilized specifically by on-call social workers in child welfare can help bring awareness to how social workers can manage the stressors associated with on-call work to prevent exhaustion from work overload. Additionally, few studies explore how on-call duties impact diverse groups of social workers or those working in rural versus urban settings, which may affect access to resources and support. Moreover, minimal studies have been conducted to compare and analyze how on-call impacts the quality of service provided to the community. Further investigating these gaps in literature will help to better understand the effects of on-call on social workers, specifically in child welfare, and could lead to improved policies within child welfare services.

Theories

Systems Theory and Narrative Theory are the guiding theories in this research study to analyze the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services.

Systems Theory, which originated from Ludwig von Bertalanffy's work, focuses on how individuals and organizations are interconnected systems (Koenig et al., 2020).

Systems interact through complex processes in which information, actions, and energy flow within and across their boundaries, influencing one another dynamically (Payne, 2020). By examining these interactions, it can help us understand how individuals within families, communities, and broader social environments impact each other.

In social work, this theory suggests that social workers' work-life balance, physical health, and mental health are influenced by multiple interacting factors, including their on-call responsibilities, workload, organizational support, and personal coping mechanisms. This theory is useful for examining how these factors collectively impact the worker as well as the quality of service delivery in child welfare services. On-call duties in child welfare services are an integral part of the system, as services must be available 24/7. The demands of on-call duties can lead to imbalances in social workers' personal and professional systems. This imbalance can lead to tension between work and home systems, which can cause stress and burnout for the social worker. Furthermore, the organizational system, such as inadequate support for on-call duties, can also add more stress for the social worker, which impacts the social worker's well-being and the quality of services they provide to the families they serve.

Although Systems Theory provides a valuable framework for understanding how various factors affect social workers, it may overlook the impact of personal choices on work-life balance and mental well-being.

Narrative Theory, as defined by psychologist Jerome Bruner, suggests that individuals understand their lives and experiences through the stories they tell (Payne, 2020). These stories not only reflect a person's identity but also help them make sense of stressful and complicated experiences. In social work, Narrative Theory helps provide a framework for exploring how social workers make sense of the challenges they face with on-call duties and how these challenges impact and shape their professional identity as well as how their coping mechanisms are influenced by the narratives they create around

their work. Based on Narrative Theory, how social workers view their on-call responsibilities is key to how they handle work-life balance and their mental health. For example, some social workers may view their on-call duties as essential to their professional identity, which can lead to higher levels of job satisfaction and coping mechanisms that promote resilience. On the other hand, some social workers may view on-call duties as a burden due to the need to be available after hours, nights, weekends, and holidays. This can lead to narratives of exhaustion, frustration, and detachment from work. These two different narratives shape how social workers approach their work and the interactions with families they serve, potentially influencing service delivery quality.

Although Narrative Theory can provide valuable information about how individuals cope with on-call duties and work-life balance, it does not fully capture the organizational policies and factors that affect on-call responsibilities.

Therefore, this research will combine systems theory and narrative theory to provide a comprehensive understanding of how on-call duties affect social workers' work-life balance, physical and mental health, and service delivery. Systems Theory helps us understand the different factors that affect a social worker's life, while Narrative Theory allows us to examine more closely how social workers make sense of their on-call experiences and cope with challenges.

Conclusion

This literature review examines the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services. Research suggests that on-call duties can disrupt social workers' work-life balance, increase stress, and cause sleep disruptions, which can affect social workers' physical and mental health. Furthermore, working on-call can also impact social workers' cognitive functioning and can lead to adverse effects on service

delivery and outcomes for child welfare services. Moreover, identifying and utilizing effective and healthy coping strategies can mitigate the effects of working on-call. However, further research must be conducted in order to gain a more comprehensive understanding of how on-call impacts social workers, specifically in child welfare services (Font, 2012).

The following chapter, Chapter Three, will discuss the research methods that will be utilized to analyze the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services.

CHAPTER 3: RESEARCH METHODS

Introduction

This chapter provides an overview of the research methods used in this study to analyze the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare. The chapter specifically explains the study design, sampling methods, data collection process, the instruments used, procedures, efforts to protect participants, and a description of the data analysis.

Methodology

This study will utilize a mixed-method approach, combining quantitative surveys and qualitative interviews to understand the impacts of on-call duties on social workers in child welfare services. Quantitative surveys help gather numerical data (Royse, 2020). In this study, the survey questionnaire will consist of scaled questions to help gather data to help understand the prevalence and frequency of social workers' experiences with on-call duties. The qualitative interview helps gather the experiences of social workers through their narratives (Royse, 2020). In this study, the interview guide will consist of open-ended questions to prompt discussion on key themes regarding social workers' experiences with on-call. Utilizing a mixed-methods approach allows for richer data to analyze and provides a comprehensive understanding of how on-call affects social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services.

Research Questions and Hypotheses Statements

As previously stated in Chapter One, this research study will examine the impact of on-call duties for social workers in child welfare services by focusing on the following questions:

Research Question 1:

How does working on-call in Child Welfare Services impact the social worker's work-life balance, physical and mental health, and service delivery?

Hypothesis:

Working on-call in Child Welfare Services negatively impacts social workers' work-life balance, physical and mental health, and service delivery, with increased stress, burnout, and decreased job satisfaction being significant factors that lead to decreased responsiveness and decision-making quality.

Research Question 2:

What coping mechanisms do social workers use to manage and mitigate the impacts of on-call duties?

Hypothesis:

Social workers in Child Welfare Services utilize a combination of social support (family, friends, colleagues) and stress management techniques (exercise, hobbies, meditation) to mitigate and adequately cope with the physical, mental, and emotional impacts of on-call duties.

Research Question 3:

How can organizational factors/policies support and minimize the impact of on-call duties while enhancing social workers' overall well-being and improving service delivery?

Hypothesis:

A positive organizational culture that prioritizes social workers' well-being by promoting self-care and work-life balance through flexible scheduling and open communication helps reduce the negative impacts of on-call duties on social workers. This leads to improved physical and mental health for social workers and better service delivery to clients.

These research questions will help us gain a comprehensive understanding of the impacts of on-call duties on social workers in child welfare services. We will test the hypotheses using surveys and interviews to gather the data.

Participants

This study will target social workers currently employed in a child welfare agency in Tulare County. The participants will be recruited through email outreach at Tulare County CWS.

Variables (Quantitative Research)

In this study, the independent variables are on-call duty and coping mechanisms, and the dependent variables are work-life balance, physical health, mental health, and service delivery. The dependent variables represent the outcomes we will measure in relation to the independent variables, on-call duty, and coping mechanisms; by measuring these variables, we will be able to assess the relationship between on-call duty and its effects on social workers in child welfare services. The covariates that may influence the outcomes of this study include the social worker's age, gender, race, marital status, caregiver status, level of education, educational major, and years of on-call experience. These variables may affect the outcome, but they are not the primary focus of this study. The mediating variables in this study can include burnout, social support, and time management skills. These variables could play a role in explaining how on-call influences the primary outcomes of the study. The moderating variables are factors that influence the strength of the relationship between on-call duty and the primary outcomes. This study's moderating variables include family and personal life circumstances and coping resources.

Concepts Under Consideration (Qualitative Research)

This study examines several key concepts to understand how on-call impacts social workers in child welfare. The first major concept is on-call duties, which requires social workers in child welfare services to be available outside of their regular business working hours to take incoming calls and respond to emergency investigations of suspected child abuse or neglect (Child Welfare Health & Human Services: Child Welfare Services Division, 2021). This study aims to understand how on-call responsibilities influence social workers' experiences and job outcomes.

Another key concept under consideration is work-life balance, which refers to social workers' ability to find an equilibrium between their professional and personal lives, including time for family, household roles, rest, and self-care (Wu et al., 2013). This study will assess how on-call duty contributes to the interference of social workers' personal time or family commitments and how it impacts their satisfaction with their ability to find a balance between their work and personal lives.

This study will also explore social workers' physical health by examining how on-call demands, such as long hours and disrupted sleep patterns, contribute to fatigue, exhaustion, stress, and other health problems. Similarly, mental health is a major concept in this study, and it will be examined by focusing on how on-call affects social workers' stress levels, burnout, and mental health conditions such as anxiety and depression.

Furthermore, another key concept in this study is service delivery, which refers to the ability of social workers to provide services to children and families in the child welfare system (National Association of Social Workers [NASW], 1992). This study will assess how on-call duties may affect the quality of service and if social workers feel prepared to respond to emergencies while maintaining quality service standards.

Finally, this study will also explore the concept of coping mechanisms, which refers to the strategies and behaviors utilized by social workers to manage stress,

maintain their well-being, and cope with the challenges of on-call duties (Algorani & Gupta, 2024). These strategies can include activities like exercise, meditation, hobbies, peer support, and therapy or professional counseling services. It is crucial to understand how social workers cope with the pressures of on-call to help identify effective interventions to improve their overall well-being.

These concepts will provide a comprehensive framework for understanding how on-call duties impact social workers' personal lives, professional responsibilities, and physical and mental health in child welfare.

Data Collection

This section outlines the participant selection process and the methods that will be used to collect the data for this study.

Sample

This study will survey Tulare County CWS social workers who have at least one (1) year of on-call experience. Social workers not currently working on-call duty or who have never experienced on-call duties will be excluded, as their insights would not be relevant to the study's focus.

In addition, a minimum of nine (9) participants will be necessary for in-depth interviews to capture a range of perspectives. The participants will be equally divided into three (3) groups: group one (1) will consist of social workers who have been working on-call for one (1) to two (2) years; group two (2) will consist of social workers who have been working on-call for five (5) to six (6) years; and group three (3) will consist of social workers who have been doing on-call for an extended period, ten (10) years or more. This sample size will provide a thorough understanding of the impacts of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and the coping mechanisms social workers use in child welfare services.

Data Collection and Instruments

This research study will collect data using a survey questionnaire and an interview guide. These tools will gather quantitative and qualitative data on the impacts of on-call duties for social workers in child welfare services.

The survey will be administered electronically and consist of six (6) sections to help gather information such as demographics, perceptions of work-life balance, physical and mental health assessments, impacts on service delivery, and coping mechanisms. The survey will include a total of 25 questions with scaled questions in each of the categories. It is designed to be completed in approximately 10-15 minutes. The survey is attached to Appendix A.

The interview guide is designed to help us understand social workers' experiences regarding on-call duties. It will consist of 14 open-ended questions that prompt discussions on key themes such as experiences with on-call, work-life balance satisfaction, physical and mental health impacts, perceptions of quality-of-service delivery, and effective coping mechanisms utilized by social workers. The interview will be conducted in a confidential environment and should last approximately 30-45 minutes. All interviews will be recorded utilizing Zoom technology with the participant's consent and transcribed to ensure data collection accuracy. The interview guide is attached to Appendix A.

Informed Consent

The consent process for this research study will ensure that participants are fully informed that their participation is completely voluntary. Participants will be informed about the study's process and purpose before agreeing to participate. They will be asked to sign a consent form before participating in the study. Participants will be advised that they can withdraw from the study at any point in time without any consequences. The consent form is attached to Appendix B.

Data Analysis

This study will use a mixed-method approach to analyze how on-call impacts social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services. The first step in analyzing the data is cleaning and preparing it for analysis. This involves checking for missing responses and ensuring that all variables are coded appropriately. The quantitative data will be analyzed first, using descriptive statistics to help us understand the overall patterns in our data by calculating measures such as means and frequency distributions. A correlation analysis will be conducted to help us explore the relationship between different variables and to test the hypotheses. Furthermore, in order to compare the differences between groups, for example, how on-call affects parents versus those who are non-parents, inferential statistics will be applied using a t-test.

The qualitative data will be gathered by conducting interviews with social workers and asking them open-ended questions to gain deeper insights into how on-call impacts social workers in child welfare. The themes that emerge from the participants' responses will be analyzed using qualitative analysis. To accomplish this, the qualitative data must be prepared by transcribing the Zoom video recordings from the interviews. This researcher will read through the transcripts and become familiar with them, which will help with coding the data to identify recurring themes and patterns in the responses. This will help organize the recurring themes into overarching themes to conduct thematic analysis and identify the main issues social workers face when working on-call.

After analyzing the quantitative and qualitative data independently, this researcher will compare and contrast the findings of both sets of data to help provide a comprehensive understanding of how on-call affects social workers in child welfare services.

Finally, after presenting the data findings, this researcher will provide recommendations based on the findings to help improve practice, policy, and future research regarding on-call and the effects on social workers, specifically in child welfare services.

Rigor/Triangulation (Qualitative)

In this study, rigor was assessed by maintaining detailed records of the collected data. The researcher will ensure that the Zoom recordings are transcribed word for word to ensure the accuracy of the data. Saturation was reached when no new themes emerged. Data triangulation was used, as the study utilized both a quantitative survey and qualitative interview to collect data and cross-check the findings to provide a comprehensive understanding of the impact of on-call on social workers in child welfare services. This researcher understands that having personal experience with on-call and child welfare may influence the study. Therefore, actively engaging in self-reflection and assessing this researcher's own assumptions regarding the study is critical to minimizing bias. Additionally, discussing the data and analysis with an expert in this field (e.g., project reader) can help minimize bias from this researcher.

Validity (Quantitative)

In this research study, validity will be applied to ensure the accuracy and consistency of the findings regarding how on-call impacts social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services. In order to achieve construct validity, the survey and the interview guide were developed to ensure that the questions accurately measure the intended concepts. Moreover, external validity will be supported as the sample will include social workers from various demographic backgrounds, such as age, gender, marital status, parental status, and different years of on-call experience. However, given that the sample

in this study is drawn from a single county child welfare services agency (Tulare County CWS) and utilizes a convenience sample method with voluntary participation, the findings may not be fully representative of social workers in other Child Welfare services agencies in other counties. Factors such as policies and work environment in Tulare County may differ from those in other counties, limiting how applicable the results are to all CWS social workers. Additionally, because participating in this study was voluntary, it could introduce some bias as those who chose to participate in the study may have different experiences and views regarding on-call duties compared to those who did not participate.

Therefore, while this study provides valuable insights into how on-call duties impact social workers in Tulare County, it's important to be cautious when applying the findings to other CWS social workers in other agencies.

Management of Risk

This research study poses minimal risks for the participants. The research study is voluntary, and participants may choose to withdraw from the study at any point without any consequences. This research study focuses on the impacts of on-call duties for social workers in child welfare services and acknowledges that participants may experience some emotional distress when they discuss their experiences related to on-call duties and its impacts on their work-life balance and mental health. To mitigate this risk, participants will be provided with information about mental health resources to help them address any feelings that may arise during their participation in this study. Additionally, strict confidentiality measures will be implemented to safeguard participants' identities, ensuring that all data is de-identified in this report. Furthermore, the interviews will be conducted in a private setting to help maintain a safe and confidential environment for participants.

Ethics

To ensure the protection of the participants in this research study, all participants will be informed that participation is voluntary. Prior to participating, each participant will be provided with the informed consent form, which clearly specifies the purpose of the study, procedures, potential benefits, risks, voluntary participation and withdrawal, confidentiality, and compensation. An Institutional Review Board (IRB) form was also submitted to the IRB at California State University Fresno to ensure that this study complies with research standards and participant protection. By following these ethical considerations, this study seeks to ensure the protection and respect of all participants while also generating valid, accurate, and insightful results.

Credibility Statement

As the researcher in this study, I recognize that my experience and background may shape how I approach and interpret the data. I have been a social worker with Tulare County Child Welfare Services for 14 years and have personally experienced the challenges and demands of on-call duties. I acknowledge that my experience could introduce potential biases in my interpretation of the findings. Therefore, to help mitigate this, I have made a conscious effort to remain neutral throughout the research process. I designed the survey and the interview guide questions to reflect a range of perspectives and capture the experiences of all social workers who participated in the study. I also reached out to a colleague who is an expert in this field to assist with reviewing my research instrument and findings.

Conclusion

This chapter discussed the research methods that will be used to analyze how on-call impacts social workers in child welfare services. A mixed-methods approach will be utilized by combining both quantitative and qualitative data. Participants in this study

will be asked to complete a survey to collect quantitative data. Additionally, a subset of participants will be invited to participate in an interview with the researcher to collect qualitative data in order to gain a deeper understanding of the personal experiences and challenges social workers face due to on-call duties. Data analysis methods were also discussed in the chapter. Furthermore, ethical considerations and guidelines to ensure participants' well-being were also addressed in the chapter. The following chapter will discuss the findings of the research study.

CHAPTER 4: RESULTS

Introduction

This chapter presents the findings from the research study on the effects of on-call duties on social workers in Child Welfare Services (CWS). This study utilized a mixed-methods approach, incorporating both survey responses and in-depth interviews to explore the impact of on-call duties on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms. The survey yielded 45 responses, with 44 completed responses, providing insights into their experiences with on-call duties. Additionally, nine (9) semi-structured interviews were conducted with social workers. The data collected from the interviews was analyzed using a thematic approach to identify key patterns and recurring themes among participants.

This chapter is structured around three (3) primary research questions. The first research question asks: How does working on-call in Child Welfare Services impact the social worker's work-life balance, physical and mental health, job satisfaction, and service delivery? The corresponding hypothesis is that working on-call in Child Welfare Services negatively impacts social workers' work-life balance, physical and mental health, job satisfaction, and service delivery.

The second research question explores: What coping mechanisms do social workers use to manage and mitigate the impacts of on-call duties? It is hypothesized that social workers in Child Welfare Services utilize a combination of social support and stress management techniques to cope with and mitigate the impacts of on-call duties.

The third research question examines: how organizational factors/policies support and minimize the impact of on-call duties while enhancing social workers' overall well-being and improving service delivery. The hypothesis associated with this question suggests that a positive organizational culture that prioritizes social workers' well-being

and open communication helps reduce the negative impacts of on-call duties on social workers.

Demographics of Survey Respondents

The data from the survey was analyzed using descriptive statistics to summarize participants' responses and inferential statistics such as correlation analysis, ANOVAs, and regression analysis using IBM SPSS Statistics (Version 29.0.1.0) software to examine relationships between variables pertaining to the research questions and to test the hypotheses outlined in this study.

This study gathered demographic data to understand the participants' backgrounds and characteristics. A total of 45 survey respondents were recorded, 44 of whom completed the survey fully. All participants were CWS social workers working in Tulare County CWS Agency who had experience working on-call.

The majority of respondents identified as female (84.1%), and most identified as Hispanic or Latino (81.8%), followed by smaller percentages identified as White or Caucasian, Asian or Asian American, Black or African American, or other. In terms of age, most participants were between the ages of 25 and 34 (47.7%), followed by 35 to 44 (27.3%) and 45 to 54 (22.7%). Only one participant was over 65. When asked about their relationship status, 40.9% of participants reported being single, 38.6% were married, and 15.9% were in a domestic partnership. Most respondents (61.4%) were also parents or caregivers, many of whom have children across a wide range of age groups. A significant portion of participants (65.5%) have children 13 years old or younger. In terms of education, most participants held a bachelor's degree (70.5%), and 25% had a master's degree. Over half (56.8%) majored in social work, while others had backgrounds in psychology, sociology, criminology, or other related fields. Table 1 below provides a summary of the participants' demographic characteristics.

Table 1: Demographics of Survey Respondents

Variable		N	%
Age	25-34	21	47.7
	35-44	12	27.3
	45-54	10	22.7
	65 and over	1	2.3
Gender	Male	7	15.9
	Female	37	84.1
Race/Ethnicity	White or Caucasian	4	9.1
	Black or African American	1	2.3
	Hispanic or Latino	36	81.8
	Asian or Asian American	2	4.5
	Other	1	2.3
Marital Status	Single	18	40.9
	Married	17	38.6
	Domestic Partnership	7	15.9
	Divorced	1	2.3
	Separated	1	2.3
Are you a Parent or Caregiver?	Yes	27	61.4
	No	17	38.6
Ages of Participant's Children	Under 1 year	1	2.3
	Ages 1-2 years	4	9.1
	Ages 3-5 years	5	11.4
	Ages 6-10 years	10	22.7
	Ages 11-13 years	7	15.9

	Ages 14-17 years	11	25.0
	Ages 18 years or older	7	15.9
Education	Bachelor's Degree	31	70.5
	Master's Degree	11	25.0
	Other	2	4.5
Educational Major	Social Work	25	56.8
	Psychology	5	11.4
	Sociology	4	9.1
	Criminology	3	6.8
	Other	7	15.9
TOTAL		44	100

Note: $N = 44$ participants. Percentages may not total exactly 100 due to rounding.

Years of on-call experience are important to understanding the participants' perspectives. This study included social workers with a wide range of experience levels. As shown in Table 2, nearly half of the respondents (45.5%) had between one and two years of on-call experience. Another 41% had between three to ten years, and 13.6% reported more than 10 years of experience. The range in experience helps deepen the analysis, as social workers' insights may be different based on the length of their on-call experience.

Table 2: On-Call Work Experience of Participants

Variable		N	%
On-Call Experience	1 – 2 years	20	45.5
	3 – 5 years	9	20.5
	6 – 10 years	9	20.5
	More than 10 years	6	13.6
TOTAL		44	100

Note: $N = 44$ participants. Percentages may not total exactly 100 due to rounding.

Overall, the demographic characteristics of the participants highlight the diverse backgrounds, experiences, and perspectives of social workers working on-call duties within Tulare County CWS. It is important to understand these demographic characteristics as they provide essential context for interpreting the study's findings on the impacts of on-call duties on work-life balance, physical and mental health, service delivery, and coping mechanisms. The following sections present the quantitative and qualitative findings of this study, providing deeper insights into how on-call duties impact social workers in child welfare.

Statistical Analysis

This section presents the statistical findings from the survey data in relation to the three (3) research questions.

Results for Research Question 1: Impact of On-Call Duties

Research question one (1) in this study seeks to analyze the impact of on-call duties on social workers' work-life balance, physical and mental health, and service delivery. Table 3 below shows the distribution of responses regarding the impact of on-call responsibilities on work-life balance. The survey results indicate that a majority of participants reported feeling overwhelmed by on-call work responsibilities either "usually" (29.5%) or "always" (31.8%). Similarly, satisfaction with work-life balance was relatively low, with 52.2% of respondents indicating they were either "dissatisfied" or "very dissatisfied." Regarding personal commitments, 45.5% of participants reported "sometimes" missing personal or family commitments due to on-call duties, while 34.1% reported "usually" or "always" missing them. These findings highlight the substantial impact of on-call duties on social workers' ability to maintain a work-life balance. The high levels of reported feeling overwhelm and dissatisfaction further emphasize the

difficulties many social workers face in navigating both professional responsibilities and personal commitments.

Table 3: On-Call Impact on Work-life Balance

Variable		N	%
How often do you feel overwhelmed by your on-call work responsibilities?	Never	0	0.0
	Rarely	8	18.2
	Sometimes	9	20.5
	Usually	13	29.5
	Always	14	31.8
How satisfied are you with your ability to balance work, on-call and personal life?	Very dissatisfied	6	13.6
	Dissatisfied	17	38.6
	Neither satisfied nor dissatisfied	15	34.1
	Satisfied	6	13.6
	Very Satisfied	0	0.0
How often do you miss personal or family commitments due to on-call work?	Never	1	2.3
	Rarely	8	18.2
	Sometimes	20	45.5
	Usually	10	22.7
	Always	5	11.4
TOTAL		44	100

Note: N = 44 participants. Percentages may not total exactly 100 due to rounding.

The impact of on-call duties on physical health was significant. Table 4 below illustrates this impact. Nearly one-third of participants (31.8%) reported feeling physically fatigued “always” over the last month, while another 20.5% reported experiencing fatigue “usually.” Additionally, 36.4% of participants indicated they felt physical exhaustion “usually” while on-call, with 22.7% reporting feelings of exhaustion “always.” Sleep disruption was also highly prevalent, with 65.9% of participants stating that on-call duties “always” disrupted their sleep. When asked about the severity of these disturbances, 38.6% reported experiencing “a lot” of disruption, while 25.0% indicated “a great deal.” The sleep disturbance significantly affected the daily functioning of

participants, with 34.1% reporting that it affected them “a lot” and 22.7% stating it had a “great deal” of impact. Despite these challenges, the majority of the respondents (52.3%) rated their overall physical health as “good,” though 34.1% reported “fair” health. Only 9.1% of participants rated their physical health as “very good” or “excellent.” These findings suggest that on-call duties have a considerable impact on physical exhaustion and sleep quality, which in turn affects the overall well-being of social workers.

Table 4: On-Call Impact on Physical Health

Variable		N	%
In the past month, how often have you felt physically fatigued?	Never	2	4.5
	Rarely	3	6.8
	Sometimes	16	36.4
	Usually	9	20.5
	Always	14	31.8
While on-call how often do you experience physical exhaustion?	Never	0	0.0
	Rarely	5	11.4
	Sometimes	13	29.5
	Usually	16	36.4
	Always	10	22.7
How often do on-call duties disrupt your sleep?	Never	0	0.0
	Rarely	0	0.0
	Sometimes	7	15.9
	Usually	8	18.2
	Always	29	65.9
When your sleep is disturbed due to on-call duty, how would	None at all	0	0.0
	A little	4	9.1

you rate the severity of the disturbance?	A moderate amount	12	27.3
	A lot	17	38.6
	A great deal	11	25.0
How does sleep disturbance due to on-call duties affect your daily functioning (Ex. Work performance mood, concentration)?	None at all	0	0.0
	A little	7	15.9
	A moderate amount	12	27.3
	A lot	15	34.1
	A great deal	10	22.7
How would you rate your overall physical health?	Poor	2	4.5
	Fair	15	34.1
	Good	23	52.3
	Very Good	1	2.3
	Excellent	3	6.8
TOTAL		44	100

Note: *N = 44 participants. Percentages may not total exactly 100 due to rounding.*

The survey findings reveal that a significant number of participants experienced stress and anxiety due to their on-call work responsibilities. As shown in Table 5, more than half of the respondents reported feeling anxious or stressed at least “usually” (56.8%), while 13.6% indicated they “always” felt this way. Similarly, 27.3% of participants reported feeling overwhelmed by on-call duties “usually,” with 31.8% indicating they “always” experienced this feeling. In terms of overall mental health, 50% of respondents rated their mental health as “fair,” while 45.5% rated it as “good.” Only 4.5% described their mental health as “very good,” and no participants in the study rated their mental health as “excellent” or “poor.” These findings suggest that on-call duties

may negatively impact the mental well-being of social workers in CWS, contributing to stress, anxiety, and feelings of being overwhelmed.

Table 5: On-Call Impact on Mental Health

Variable		N	%
In the past month, how often have you felt anxious or stressed?	Never	0	0.0
	Rarely	5	11.4
	Sometimes	14	31.8
	Usually	19	43.2
	Always	6	13.6
How often do you feel overwhelmed by on-call duties?	Never	0	0.0
	Rarely	7	15.9
	Sometimes	11	25.0
	Usually	12	27.3
	Always	14	31.8
How would you rate your overall mental Health?	Poor	0	0.0
	Fair	22	50.0
	Good	20	45.5
	Very Good	2	4.5
	Excellent	0	0.0
TOTAL		44	100

Note: *N = 44 participants. Percentages may not total exactly 100 due to rounding.*

Table 6 provides an overview of the perceived impact of on-call duties on service delivery. The results indicate that confidence levels in providing quality services during on-call shifts vary among participants. A small percentage (2.3%) reported feeling “not at all confident,” while 27.3% indicated they were “not so confident.” The majority of

participants (45.5%) felt “somewhat confident” in their ability to provide quality services, whereas fewer participants expressed high confidence, with 20.5% feeling “very confident” and only 4.5% reporting they felt “extremely confident.” When assessing the perceived negative impact of on-call duties on service delivery, responses were mixed. While 2.3% of participants reported “never” experiencing a negative impact, 20.5% indicated that such an impact occurred “rarely.” Nearly half of the respondents (45.5%) stated that on-call “sometimes” affected their ability to deliver quality services. Furthermore, 15.9% reported “usually” experiencing a negative impact, and another 15.9% indicated their service delivery was “always” negatively affected by on-call duties. These results highlight the challenges faced by social workers in maintaining and providing quality services during on-call shifts. While many respondents demonstrated at least moderate confidence in their abilities, a significant proportion also reported experiencing negative effects on service delivery. This emphasizes the need for strategies to mitigate the impact of on-call responsibilities on professional performance and client outcomes.

Table 6: On-Call Impact on Service Delivery

Variable		N	%
How confident do you feel in your ability to provide quality service to clients during on-call?	Not at all confident	1	2.3
	Not so confident	12	27.3
	Somewhat confident	20	45.5
	Very confident	9	20.5
	Extremely confident	2	4.5
How often do you feel that on-call duties negatively impact your service	Never	1	2.3
	Rarely	9	20.5
	Sometimes	20	45.5

delivery?	Usually	7	15.9
	Always	7	15.9
TOTAL		44	100

Note: $N = 44$ participants. Percentages may not total exactly 100 due to rounding.

In order to further examine the impact of on-call duties on social workers, Spearman's rank-order correlation analysis was conducted to explore the relationship between on-call duties and work-life balance, physical and mental health, and service delivery among CWS social workers. As displayed in Table 7, the results indicate a significant correlation between key variables. A statistically significant negative correlation was found between feeling overwhelmed by on-call duties and satisfaction with work-life balance, $r(42) = -.41, p = .006$. This suggests that as feelings of being overwhelmed increase, work-life balance satisfaction decreases. Additionally, confidence in providing quality service during on-call was negatively correlated with feeling overwhelmed, $r(42) = -.45, p = 0.002$, indicating that those who felt more overwhelmed reported lower confidence in their ability to provide quality service to clients. Work-life balance satisfaction was positively correlated with perceived physical health, $r(42) = .33, p = 0.029$, and confidence in service delivery, $r(42) = .41, p = .006$. This suggests that social workers who were more satisfied with their work-life balance also reported better physical health and greater confidence in service delivery. The mental health ratings were positively associated with physical health, $r(42) = .53, p < .001$; however, no significant correlations were found between mental health and on-call stress or service delivery confidence. These findings support the hypothesis that working on-call negatively impacts social workers' work-life balance and service delivery, with increased stress and burnout playing a role in decreased job satisfaction and responsiveness.

Table 7: Spearman's Rank-Order Correlation Between On-Call Duties, Work-life Balance, Well-being, and Service Delivery

Variable	Overwhelmed by On-call	Work-life Balance Satisfaction	Physical Health	Mental Health	Confidence in Service Delivery
Overwhelmed by On-call	—	-.409**	-.238	-.084	-.445**
Work-Balance Satisfaction	-.409**	—	.329*	.258	.409**
Physical Health	-.238	.329*	—	.528**	.220
Mental Health	-.084	.258	.528**	—	.129
Confidence in Service Delivery	-.445**	.409**	.220	.129	—

Note: $N = 44$ participants. Spearman's rho correlation coefficients are reported. $p < .05$ (significant at the 0.05 level), $p < .01$ (significant at the 0.01 level).

A one-way analysis of variance (ANOVA) was conducted to examine whether years of on-call experience had a significant impact on work-life balance satisfaction, physical health, mental health, and perceptions of service delivery among CWS social workers. The results are summarized in Table 8. The ANOVA revealed no statistically significant differences in satisfaction with work-life balance across the different years of on-call experience, $F(3, 40) = 1.94, p = .139$. This indicates that on-call experience regardless of length of time does not significantly impact perceptions of work-life balance among social workers. However, with regard to physical health, there was a statistically significant difference in self-reported physical health ratings across groups, $F(3, 40) = 3.30, p = .030$, which suggests that years of on-call experience influence physical health ratings. A post-hoc Tukey HSD test was conducted to identify specific group differences; Table 9 summarizes the results. The results from the post-hoc Tukey HSD test showed that those with 3-5 years of on-call experience reported significantly

better physical health compared to other groups. However, the overall comparison did not show statistically significant differences between the groups ($p = 0.057$). The p -value was not below the 0.05 threshold, so it can not be concluded that the number of years of on-call experience has a statistically significant effect on physical health ratings.

On mental health ratings, the ANOVA showed no significant differences in self-reported mental health ratings across the different experience groups, $F(3, 40) = 2.19$, $p = .104$, indicating that years of on-call experience do not significantly impact mental health ratings. Furthermore, the analysis revealed no significant differences in social worker's perceptions of on-call duties negatively affecting service delivery, $F(3, 40) = 1.70$, $p = .182$. This suggests that regardless of the years of on-call experience, participants reported similar levels of perceived impact on service delivery.

Table 8: One-Way ANOVA Results for Work-life Balance, Physical Health, Mental Health, and Service Delivery

Dependent Variable	SS Between	df Between	SS Within	df Within	MS Between	MS Within	F	p
Work-life Balance	4.444	3	30.533	40	1.481	0.763	1.941	.139
Physical Health	6.499	3	26.228	40	2.166	0.656	3.304	.030*
Mental Health	3.192	3	19.446	40	1.064	0.486	2.189	.104
Service Delivery	5.177	3	40.550	40	1.726	1.014	1.702	.182

Note: *SS = Sum of Squares; df = degrees of freedom; MS = Mean Square; F = F-statistic; p = significance level * $p < .05$ indicates statistical significance.*

Table 9: Tukey HSD Results for Overall Physical Health Ratings Across On-call Experience Groups

On-Call Experience (Years)	N	Means (M)	Subset for $\alpha = 0.05$
1-2 years	20	2.45	1
6-10 years	9	2.56	1
More than 10 years	6	2.83	1
3-5 years	9	3.44	1
Significance (p)			.057

Note: M = Mean; N = Sample Size. The groups did not significantly differ at $\alpha = 0.05$ ($p = .057$)

The hypothesis that on-call work significantly impacts social workers' work-life balance, mental health, and service delivery was not supported, as no significant group differences were found in these areas. However, physical health ratings varied significantly across the different experience levels, with social workers who had 3-5 years of on-call experience reporting better health. Although the overall difference was close to significance, it did not meet the p -value threshold. These results should be interpreted with caution, as some of the experience groups had small sample sizes, which may have influenced the ability to detect statistically significant differences. These findings suggest that while physical health may be influenced by on-call duties, other factors, such as adaptation to overtime or support mechanisms, may mitigate its impact on work-life balance, mental health, and service delivery.

Multiple regression analyses were conducted to further examine the relationship between on-call and its impact on work-life balance, physical health, mental health, and service delivery. It should be noted that to support clearer interpretation and account for the sample distribution, age, and on-call experience were recoded into grouped categories for the following regression analyses. The age was recoded into two groups: 25-34 years

and 35 and over. The on-call experience was also grouped into two categories: 0-5 years and 6 or more years. These groupings were used to reduce variability between small subgroups and to allow for more meaningful comparisons across participants' experiences.

Work Life Balance

A multiple regression analysis was conducted to examine whether feeling overwhelmed by on-call responsibilities, age, and years of on-call experience predict work-life balance satisfaction. The results are presented in Table 10. The overall regression model was statistically significant ($R^2 = .194$). Feeling overwhelmed by on-call work responsibilities ($p = .004$) had a significant negative relationship with satisfaction in balancing work, on-call, and personal life. This suggests that high levels of stress and being overwhelmed due to on-call responsibilities are associated with lower satisfaction in balancing work and personal life. This aligns with the hypotheses that on-call work negatively affects social workers' ability to maintain a balance between work and their professional and personal lives. In this model, age groups ($p = .967$) and years of on-call experience groups ($p = .790$) were not significant predictors. This indicates that neither age nor the amount of on-call experience significantly impacts work-life balance satisfaction. These findings highlight the importance of addressing stress levels associated with on-call duties to improve social workers' work-life balance.

Table 10: Regression Analysis Predicting Work-life Balance Satisfaction

Predictor	B	SE	β	t	p
(Constant)	3.729	0.622	-	5.998	<.001
Feeling overwhelmed (on-call)	-0.358	0.116	-0.438	-3.082	.004
Age groups	-0.012	0.292	-0.007	-0.042	.967
On-call experience groups	0.082	0.307	0.044	0.268	.790

Note: $N = 43$. B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient; t = t-value; p = significance level.

Physical Health

A multiple regression analysis was conducted to examine whether feeling overwhelmed by on-call duties, age, and years of on-call experience significantly predict overall physical health ratings. The model summary showed that the predictors accounted for 7.4% of the variance in physical health ratings ($R^2 = .074$), but the adjusted R^2 was .004, suggesting limited explanatory power. The overall model was not statistically significant ($F = 1.060, p = .270$). Table 11 represents the regression coefficients. The negative relationship between feeling overwhelmed and physical health was not statistically significant ($p = .088$), although it's relatively close to the threshold. Therefore, while there is an indication that feeling overwhelmed may negatively impact physical health, the evidence is not strong enough to claim statistical significance. Similarly, age ($p = .979$) and years of on-call experience ($p = .772$) did not have a significant impact on physical health ratings. These findings suggest that neither feeling overwhelmed by on-call duties, age, nor years of on-call experience are significant predictors of physical health ratings. This model did not support the hypothesis that feeling overwhelmed by on-call duties negatively impacts physical health. While there may be an association between feeling overwhelmed by on-call duties and physical health ratings, it was not strong enough to be statistically significant in this case.

Table 11: Regression Analysis Predicting Physical Health Ratings

Predictor	B	SE	β	t	p
(Constant)	3.655	0.645	-	5.670	<.001
Feeling overwhelmed (on-call)	-0.211	0.121	-0.266	-1.749	.088
Age groups	-0.008	0.303	-0.005	-0.027	.979
On-call experience groups	-0.093	0.319	-0.051	-0.292	.772

Note: $N = 43$. B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient; t = t-value; p = significance level.

Mental Health

A multiple regression analysis was conducted to examine whether feeling overwhelmed by on-call duties, age, and years of on-call experience significantly predict overall mental health ratings. The model summary indicated that the predictors accounted for 5.9% of the variance in mental health ratings ($R^2 = .059$), but the adjusted R^2 was -0.011 , which suggests that the model offered little to no explanatory power. The overall model was not statistically significant ($F = 0.841, p = .479$). Table 12 presents the regression coefficients. The relationship between feeling overwhelmed by on-call responsibilities and mental health showed a negative relationship, but it was not statistically significant ($p = .472$). Likewise, age ($p = .172$) and years of on-call experience ($p = .312$) did not significantly impact mental health ratings. These findings do not fully support the hypothesis that on-call duties negatively impact mental health among social workers in CWS; although there is a small negative relationship, it is not strong enough to conclude that there is a meaningful impact on mental health ratings in this sample.

Table 12: Regression Analysis Predicting Mental Health Ratings

Predictor	B	SE	β	t	p
(Constant)	2.695	0.540	-	4.988	<.001
Feeling overwhelmed (on-call)	-0.073	0.101	-0.111	-0.726	.472
Age groups	0.353	0.254	0.246	1.391	.172
On-call experience groups	-0.273	0.267	-0.181	-1.023	.312

Note: $N = 43$. B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient; t = t-value; p = significance level.

Service Delivery

A multiple regression analysis was conducted to examine the relationship between feeling overwhelmed by on-call duties, age, and years of on-call experience in predicting how often on-call duties negatively impact service delivery. The model summary

explained approximately 20.2% of the variance in reported negative impacts on service delivery ($R^2 = .202$), with an adjusted R^2 of .142, indicating moderate explanatory power. The overall model was statistically significant ($F = 3.369$, $p = .028$), indicating that at least one predictor significantly contributes to the variance in perceptions of service delivery impact. As shown in Table 13, among the three predictors, feeling overwhelmed by on-call duties was the only significant predictor ($p = .005$). This suggests that the more overwhelmed social workers felt by on-call responsibilities, the more likely they were to report that it negatively impacted their service delivery. However, age ($p = .487$) and years of on-call experience ($p = .267$) were not statistically significant, indicating that these factors did not have a meaningful impact on perceptions of service delivery. These findings suggest that feeling overwhelmed by on-call duties significantly contributes to a negative impact on service delivery, supporting the hypothesis that stress and burnout contribute to decreased responsiveness and decision-making quality. This highlights the potential importance of managing on-call workload-related stress to mitigate negative impacts on service delivery quality.

Table 13: Regression Analysis Predicting the Negative Impact of On-Call Duties on Service Delivery

Predictor	B	SE	β	t	p
(Constant)	1.563	0.707	-	2.210	.033
Feeling overwhelmed (on-call)	0.398	0.132	0.425	3.005	.005
Age groups	-0.233	0.332	-0.114	-.701	.487
On-call experience groups	0.394	0.350	0.183	1.125	.267

Note: $N = 43$. B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient; t = t-value; p = significance level.

Overall, these findings provide mixed support for the hypothesis that on-call duties negatively impact CWS social workers' work-life balance, physical and mental health, and service delivery. The descriptive data revealed high levels of reported stress,

fatigue, and sleep disruption, with many participants feeling overwhelmed and dissatisfied with their ability to balance their personal and professional responsibilities. The statistical analyses further indicated that feeling overwhelmed was the most consistent predictor of lower work-life balance satisfaction and perceived negative impacts on service delivery. Although physical health ratings varied slightly depending on the years of on-call experience and showed a small link to feeling overwhelmed, the mental health outcomes were not significantly predicted by any of the factors examined. These findings emphasize the importance of addressing stress and burnout among social workers who work on-call duties and highlight the need for more support to help social workers in these roles manage these demands effectively in order for them to provide quality services to the clients and communities they serve.

Results for Research Question 2: Coping Mechanisms

Research question two (2) of this study focuses on identifying the various types of coping mechanisms used by CWS social workers to help manage and mitigate the impact of on-call duties. Table 14 below outlines these coping mechanisms. The most reported coping strategy was talking to friends or family (54.5%), followed by seeking support from colleagues (45.5%) and engaging in hobbies or leisure activities (40.9%). Exercise and time management techniques were each used by 27.3% of participants, while meditation or mindfulness was practiced by 22.7%. Professional counseling or therapy was the least utilized coping strategy, with only 4.5% of participants reporting its use. Notably, no participants reported engaging in journaling or writing as a coping mechanism. When asked about the perceived effectiveness of their coping strategies, most participants (61.4%) found them to be “somewhat effective,” while 18.2% reported them as “very effective.” A small percentage (2.3%) found their coping strategies to be “extremely effective,” whereas 15.9% considered them “not so effective.” Only one

participant (2.3%) reported their coping mechanisms were “not effective at all.” These findings suggest that while most participants utilize a variety of coping mechanisms, the perceived effectiveness of these strategies varies. The reliance on social support and leisure activities highlights the importance of interpersonal and recreational coping mechanisms in managing on-call stress.

Table 14: Coping Mechanisms

Variable		N	%
Which coping mechanisms do you utilize to manage on-call stress? (Select all that apply)	Exercise	12	27.3
	Mediation or Mindfulness	10	22.7
	Time Management Techniques	12	27.3
	Seeking Support from Colleagues	20	45.5
	Professional Counseling or Therapy	2	4.5
	Talking to Friends or Family	24	54.5
	Hobbies or Leisure Activities	18	40.9
	Journaling or Writing	0	0.0
	Other	7	15.9
How effective do you find your coping strategies in managing stress?	Not at all effective	1	2.3
	Not so effective	7	15.9
	Somewhat effective	27	61.4
	Very effective	8	18.2
	Extremely effective	1	2.3
TOTAL		44	100

Note: N = 44 participants. Percentages may not total exactly 100 due to rounding.

In order to understand how social support and stress management techniques affect how social workers cope with on-call duties and their physical, mental, and

emotional well-being, various statistical tests were conducted. The following section discusses the various multiple regression analyses that were conducted to examine the relationship between coping mechanisms and their effects on work-life balance, physical and mental health, and service delivery.

Work-life Balance

A multiple regression analysis was conducted to examine whether various coping strategies (ex., Exercise, medication, time management, social support) and demographic factors (age and years of experience) significantly predict satisfaction with work-life balance. The overall regression model was not statistically significant ($F = 0.879, p = .569$), which indicated that the included factors do not meaningfully explain variance in satisfaction with work-life balance. The findings did not support the hypothesis and suggested that other unexamined factors not included in this model may better explain satisfaction with work-life balance.

Physical Health

The model predicting overall physical health was also not statistically significant ($F = 1.047, p = .431$), which indicated that the included factors do not meaningfully explain variance in self-report physical health ratings. The findings did not support the hypothesis and suggested that other factors not included in this model may have a more substantial impact on physical health.

Mental Health

Similarly, for mental health ratings, the model was not statistically significant ($F = 1.544, p = .164$), which indicated that the included factors do not meaningfully explain variance in self-report mental health ratings. However, the effectiveness of coping strategies approached significance with a p -value of 0.075, suggesting that social workers

who rated their coping strategies as more effective tended to report better mental health. These findings did not fully support the hypothesis.

Service Delivery

Finally, the regression model predicting how often participants felt that on-call duties negatively impacted their service delivery was not statistically significant ($F = .871, p = .576$), indicating that the included factors did not account for meaningful variation in participants' responses. None of the coping strategies reached statistical significance, as all p -values were greater than 0.05. As with the other models, these findings did not support the hypothesis and suggest that other unmeasured factors may play a greater role in influencing how social workers perceive the impact of on-call duties on their service delivery.

In order to address this research question fully, Chi-square tests were conducted to examine the association between coping mechanisms and various outcomes such as work-life balance satisfaction, physical health, mental health service delivery impact, and categorized stress level. The hypothesis proposed that CWS social workers utilize a combination of social support and stress management techniques to mitigate the negative impacts of on-call duties on their well-being. The Chi-square results revealed that most associations between coping strategies and outcomes were not statistically significant, except for time management techniques and the perceived impact of on-call duties on service delivery, $\chi^2(1, N = 43) = 4.16, p = .041$. This indicates that participants who engaged in time management techniques were more likely to report lower levels of disruption to their service delivery. Other coping strategies, such as seeking social support and engaging in mindfulness or exercise, did not show a significant association with stress levels or other outcomes. Overall, while many of the survey participants reported using a variety of coping mechanisms, the data suggests that these mechanisms

may not consistently mitigate the negative effects of on-call duties. These findings partially support the hypothesis.

Table 15 illustrates the Chi-Square test results.

Table 15: Chi-Square Tests of Association Between Coping Strategies and Outcome Variables

Coping Mechanism	Outcome Variable	χ^2	df	<i>p</i>
Exercise	Stress level	0.015	1	.901
Mediation or Mindfulness	Stress level	0.053	1	.817
Time Management Techniques	Service Delivery Impact	4.20	1	.041*
Seeking Support from Colleagues	Stress level	1.000	1	.317
Professional Counseling/Therapy	Stress level	0.040	1	.841
Talking to Friends or Family	Stress level	2.087	1	.149
Hobbies or Leisure Activities	Stress level	1.901	1	.168
Journaling or Writing	Not Computed	—	—	—
Other	Stress level	0.000	1	.985

Note: $p < .05$

In conclusion, the findings for this research question show that while CWS social workers use a variety of coping mechanisms to manage the stress of on-call duties, most of the mechanisms used were not strongly associated with better outcomes in terms of stress, physical and mental health, or service delivery. The hypothesis, which states that social workers use a combination of social support and stress management techniques to help mitigate the impact of on-call duties, was only partially supported. The only coping strategy that had a significant association was time management, which was linked to fewer disruptions in service delivery. Overall, these results suggest that while different coping mechanisms are used, they may not always be enough to help social workers alleviate the challenges of on-call duties.

Results for Research Question 3: Organizational Support

Research question three (3) aimed to explore how organizational support might reduce the negative impact of on-call duties on CWS social workers' well-being and improve their ability to provide quality services. The hypothesis proposed that a positive organizational culture that promotes self-care, flexible scheduling, and open communication would help reduce the negative effects of on-call duties, leading to improved physical and mental health and improved service delivery. Although the survey did not include specific questions directly measuring organizational policies or culture, two questions were treated as representative measures of organizational impact: survey question 12, which asked how often participants miss personal or family commitments due to on-call work, and survey question 23, which asked how often they feel on-call duties negatively impact their service delivery. These questions help reflect the extent to which organizational support, or the lack thereof, may impact work-life balance and job performance for social workers. It is important to note that similar factors were used in research question one (1). Therefore, this section builds upon those

earlier findings. In research question one (1), significant Spearman correlations were found between feeling overwhelmed by on-call duties and reduced satisfaction with work-life balance, $r(42) = -.41, p = .006$, and increased perceived negative impact on service delivery, $r(42) = -.45, p = .002$. Work-life balance satisfaction was also positively correlated with physical health, $r(42) = .33, p = .029$, and service delivery confidence, $r(42) = .41, p = .006$. Table 7 above contains these results. These findings highlighted how individual experiences with on-call duties can influence social workers' well-being and service delivery.

To fully address this research question, additional Spearman correlation analyses were conducted using missed family commitments and impact on service delivery as influencing factors. Table 16 presents the results. The results showed that missed family commitments were significantly positively correlated with feeling overwhelmed, $r(42) = .51, p < .001$, and negatively correlated with work-life balance satisfaction, $r(42) = -0.37, p = .014$, and physical health, $r(42) = -0.29, p = .055$. This suggests that social workers who frequently miss personal or family commitments due to on-call duties are more likely to feel overwhelmed and report poorer well-being. Similarly, impact on service delivery was positively correlated with feeling overwhelmed, $r(42) = 0.45, p = .002$ and negatively correlated with work-life balance satisfaction, $r(42) = -0.48, p = .001$, indicating that social workers who feel that on-call duties impact their service delivery also experience more stress and lower satisfaction.

Table 16: Spearman's Rank-Order Correlation Between Missed Commitments, Service Delivery Impact, and Well-Being Indicators

Variable	Missed Commitments	Service Delivery Impact	Physical Health	Mental Health	Feeling Overwhelmed	Work-life Satisfaction
Missed commitments	–	.220	-.2.92	-.133	.506**	-.370*
Service Delivery Impact	.220	–	-.058	-.253	.450**	-.476**
Physical Health	-.292	-.058	–	.528**	-.238	.329*
Mental Health	-.133	-.253	.528**	–	-.084	.258
Feeling Overwhelmed	.506**	.450**	-.238	-.084	–	-.409
Work-life Satisfaction	-.370	-.476**	.329*	.258	-.409**	–

Note: $N = 44$ participants. Spearman's rho correlation coefficients are reported. $p < .05$ (significant at the 0.05 level), $p < .01$ (significant at the 0.01 level).

Together, these findings support the hypothesis that organizational factors and policies that protect personal time may help reduce stress and improve both the well-being of CWS social workers and the quality of service they provide. While direct measures of organizational support were not included in the study, the strong associations between work disruptions and reduced well-being highlight the need for policies that support work-life balance and ensure social workers have meaningful opportunities to rest and recover from the demands of their day-to-day work.

Findings from the Interviews

This section presents findings from the semi-structured interviews with nine (9) Tulare County CWS social workers to provide a more in-depth understanding of how on-call impacts CWS social workers' work-life balance, physical and mental health, service delivery, and coping strategies. The participants were divided into three (3) groups based on years of experience, providing deeper insights into how the challenges of on-call duties impact social workers across different levels of experience.

Group One: Social workers with 1-2 years of on-call experience (3 participants)

Group Two: Social workers with 5-6 years of on-call experience (3 participants)

Group Three: Social workers with 10 or more years of on-call experience (3 participants)

A thematic analysis was conducted to identify common patterns and experiences across the interviews. The key themes that emerged included work-life balance disruptions, physical health impacts, mental health struggles, compromised service delivery, coping strategies and support, and a call for systemic reform. These themes offer a more comprehensive understanding of the emotional and physical toll of on-call duties and highlight the need for organizational change that prioritizes the well-being of CWS social workers.

Theme 1: Disruption to Work-Life Balance

One of the most prominent themes across all the interviews was the disruption of work-life balance caused by on-call duties. Participants consistently shared how their personal time, family routines, and social connections were negatively affected by on-call responsibilities. They felt that on-call duties disrupted their ability to rest, recharge, and engage meaningfully with their loved ones. This theme includes two subthemes: Family and Parenting Conflicts and Missed Events and Social Sacrifices.

***Subtheme 1.1: Family and Parenting
Conflicts***

Social workers in all three (3) groups spoke about the difficulty of maintaining parenting responsibilities while working on-call. This challenge was especially difficult for social workers with young children, who often had to juggle on-call work demands with the needs of their families. Several participants discussed the challenges of managing caregiving responsibilities while they were on-call. Participant 3 shared, “It does affect your routine, your parenting routine...your responsibilities to...take care of your kids.” Similarly, Participant 2 described the coordination stress in their household, stating, “What is he going to do with the kids? I’m out on a call, and he needs to be at work by 6.” These reflections show how on-call work can place added stress on caregivers, especially when support systems are limited or inconsistent. Even with a partner or co-parent, the lack of flexibility often made it challenging to manage the demands of on-call.

***Subtheme 1.2: Missed Events and Social
Sacrifices***

Many participants expressed frustration and sadness about missing important events, time with loved ones, and opportunities for rest and self-care. On-call responsibilities often force them to cancel plans or isolate themselves to recover from the emotional toll of the job. One participant shared, “Oftentimes I miss...holidays with my family or like special occasions such as birthdays.” Another participant stated, “My weekends are my self-care...I had a trip planned, and I couldn’t go.” A third participant said, “I unfortunately can’t hang out with my family...I ignore all my family members and go straight into my room.” These accounts reflect the personal sacrifices social workers make as they prioritize their professional roles. The stories highlight how on-call duties can interfere with essential social and emotional connections, further contributing to burnout and emotional fatigue among social workers.

Theme 2: Physical Health Impacts

A recurring theme throughout the nine (9) interviews was the toll on-call duties have on social workers' physical health. Participants described how constant availability, sleep disruption, and fatigue affected their functioning both during and after on-call shifts. Several participants shared that they experience long recovery periods, anxiety-induced restlessness, and safety concerns, especially while driving. This theme includes two subthemes: Sleep Deprivation and Fatigue, and Safety Risks While Driving.

Subtheme 2.1: Sleep Deprivation and Fatigue

Nearly every participant reported difficulties sleeping during the on-call shift. For some participants, the disruption in sleep came from responding to after-hours calls, but for others, the anticipation of being on-call was just as disruptive. This led to poor-quality sleep, exhaustion, and difficulty functioning the next day. Participant 9 shared, "I've had to respond out, get little to no sleep...taking phone calls in the middle of the night, my sleep is interrupted." Participant 1 described a constant state of worry even when not called, "I wake up every hour...did I miss the phone call? Am I going to get in trouble?" For many, the exhaustion extended beyond the night of the on-call shift; Participant 6 explained, "It takes like a few days to recover...I'm still tired two or three days later." The persistent disruption of sleep and ongoing fatigue highlight the negative impact on both the physical and emotional well-being of social workers due to on-call responsibilities.

Subtheme 2.2: Safety Risks While Driving

One of the more alarming effects of on-call fatigue was the danger it posed during commutes or while responding to calls. Several participants described situations where exhaustion nearly led to dangerous incidents. Participant 9 shared a vivid example:

“I was on-call in the evening and had to respond out in the middle of the night. I probably left my house at maybe one o’clock in the morning...I was so exhausted. I was so sleepy, and I had to drive the child to the office. I had to pull over somewhere to get some rest or at least like get some coffee because I had a child...in a car seat, and it just was not safe to drive...That whole night I did not sleep. And I’ve had many times that that’s happened before.”

This story highlights the critical safety concerns that can arise when social workers are expected to perform high-responsibility tasks without adequate rest. Participant 7 also recalled a particularly alarming incident, stating, “I was falling asleep at the wheel...I told them, ‘If I don’t text you in so-and-so minutes, come look for me.’” Similarly, Participant 6 noted, “I started driving and realized I was taking both lanes. I was so tired...I was at a...four-way stop and...I was just stopped there...I was waiting for the light to turn green, but it was a four-way stop. And I was like, why the heck are people driving? And then it clicked.” All these experiences emphasize the very real safety concerns CWS social workers face when they are on-call and physically exhausted. The combination of long hours, sleep deprivation, and the demands of on-call not only endangers CWS social workers but also the vulnerable children and families they serve.

Theme 3: Mental Health Struggles

Many participants described how on-call responsibilities affected their mental health, contributing to ongoing anxiety, anticipatory stress, and emotional exhaustion. For some participants, this stress began well before their scheduled on-call shift, while others spoke about the cumulative impact of being constantly available, which affected their mood, relationships, and overall mental well-being. This theme includes two subthemes: Anxiety and Anticipatory Stress and Emotional Exhaustion and Burnout.

Subtheme 3.1: Anxiety and Anticipatory Stress

Several social workers shared that their anxiety would begin days in advance of their upcoming on-call shift. The anxiety sometimes manifested physically and affected their ability to enjoy their personal time. Participant 1 shared, “Even the week before...it’s like this is the last week for me to have fun...next week I have to be serious.” Similarly, Participant 7 said, “I’m worried about it a week in advance, two weeks in advance...it just puts me more on edge.” For some social workers, the stress took a physical toll. One participant explained, “Every time I’m on-call, I feel like I get a stomach pain,” emphasizing how anxiety can show up through physical symptoms, not just emotionally.

Subtheme 3.2: Emotional Exhaustion and Burnout

The lasting emotional effects of on-call duties manifested in various ways, including mood swings, irritability, and feelings of burnout. Participant 8 reflected, “I get moody when I’m on-call...my family has to deal with me being irritated because I’m constantly thinking about the job.” One participant noted how their mental health changed over time, stating, “I never used to have any anxiety, but now I’m an overthinker.” Participant 9 expressed the ongoing toll of on-call duties by simply stating, “I think more than anything, it’s just burnout.” Overall, these insights reveal how the persistent mental strain of on-call responsibilities can affect social workers emotionally over time.

Theme 4: Compromised Service Delivery

Another key theme that emerged from the interviews was the impact of on-call duties on participants’ ability to provide effective, safe, and client-centered services. Many social workers described feeling rushed, unfocused, or underprepared, which

compromised the quality of their work. This theme includes two subthemes: Reduced Effectiveness Due to Fatigue and Safety and Liability Concerns.

***Subtheme 4.1: Reduced Effectiveness
Due to Fatigue***

Social workers shared that exhaustion from long hours, interrupted sleep, and emotional strain made it difficult for them to provide quality services to their clients. Several participants described situations where their fatigue led to errors or interactions that felt routine-based rather than supportive. One participant reflected on a moment where their exhaustion impacted a key detail in an investigation, stating, “I was so tired that I didn’t even verify I was talking to the right person, he wasn’t even the child’s father.” Participant 2 expressed a similar concern, noting that the pace and pressure of on-call duties limited their ability to offer meaningful help, sharing that “during on-call, everything’s rushed...I don’t give the time and resources to the families that they need.” These experiences point to how burnout can impact not just the well-being of the social workers but also the integrity of the services being delivered.

***Subtheme 4.2: Safety and Liability
Concerns***

Several participants voiced concerns about being expected to handle high-risk situations without adequate training or support. The combination of fatigue, lack of specialized training, and critical decision-making led some social workers to express concerns about the need for additional support to help ensure safety for both the social workers and the families they serve. One participant expressed deep concerns over the risk involved with sending social workers into emergency response (ER) situations without the necessary experience or preparation. This participant explained:

“I don’t think it’s ideal that we’re sending workers without ER experience out there...They don’t know how to conduct a thorough investigation...it’s just not

their role that they're familiar with. And then we have all these liability concerns...I just feel like it's another lawsuit pending to happen because it's not going to be an adequate investigation."

This participant went on to emphasize that even experienced ER social workers face significant challenges when working on-call under sleep-deprived conditions, noting:

"Even if you send an experienced ER worker out during on-call—we're sleep deprived, we're not at our 100. That's still a liability because it's going to be an inadequate investigation...the initial involvement, the initial investigation...when you make a decision to take a child into temporary protective custody is the most crucial part."

Another participant shared similar concerns about being expected to perform tasks outside their usual role, saying, "I don't do investigations during my regular shift, so when I have to do them on-call, I feel incompetent." These reflections highlight how organizational decisions around staffing and training can have serious implications for social workers' confidence and client safety, especially during high-pressure moments when critical decisions must be made quickly and effectively.

Theme 5: Coping Strategies and Support

Another recurring theme identified was about coping strategies and support. CWS social workers use a variety of coping mechanisms to manage the stress of on-call duties. While some participants found relief through intentional practices or supportive relationships, others shared that effective coping was difficult to maintain consistently. These findings reflect the ongoing challenge of managing well-being in a high-stress work environment. This theme includes two subthemes: Informal coping techniques and Peer and Supervisor Support.

Subtheme 5.1: Informal Coping Techniques

Many participants relied on informal coping mechanisms, such as walks, prayer, or spending time in nature to ground themselves before or after difficult on-call shifts. These personal practices were often self-directed and helped some participants feel more centered, heading into their on-call duties. Participant 8 shared, “I go for walks before my shift starts and try to eat something light.” Similarly, Participant 6 stated, “We go out to the desert or the beach...nature centers me.” Another participant said, “I really pray during my on-call shift.” However, not all participants found consistent success with these coping strategies. One participant expressed frustration, noting that coping strategies didn’t always provide the intended relief, stating, “I can never find a coping strategy...I feel like every time I do [try], I jinx myself.” These reflections highlight how coping strategies can be inconsistent in an environment where stress levels can change quickly and without warning.

Subtheme 5.2: Peer and Supervisor Support

Peer support also played a significant role in how social workers managed their on-call duties. Several participants shared that leaning on coworkers, especially those who had been through similar experiences, offered emotional relief and validation. One participant shared, “Just venting to coworkers helps. They’re the only ones who really understand. Others described moments of reassurance from supervisors or other team members that made them feel less alone and more competent in their roles. Participant 2 stated, “My team here...I can go to them...’Did I do a good job?’” Similarly, Participant 3 explained, “She’s able to help me. I think that’s a very huge support.” Although these supportive relationships were not always guaranteed or consistent, when present, they were deeply valued. Together, these coping strategies and support systems highlight the

importance of both individual coping methods and social support systems that play a key role in helping social workers manage the demands of on-call duties.

Theme 6: Call for Systemic Reform

All three (3) interview group participants expressed a shared belief that the current model of on-call work in child welfare is not sustainable. While many social workers demonstrated resilience and dedication to their roles, there was a clear call for long-term, systemic change. The reforms suggested were not only intended to improve social workers' well-being but also to ensure more effective and safe service delivery for the families and communities served by the CWS agency. This theme includes two subthemes: Need for training and Dedicated Teams and Autonomy and Flexibility in Scheduling.

Subtheme 6.1: Need for Training and Dedicated Teams

One of the most frequently mentioned recommendations was the creation of a specialized or voluntary on-call unit. Participants felt that having a team trained specifically for emergency responses during after-hours would enhance both safety and service quality. One participant posed a reflective question shared by many others, "why not have a specific unit that does on-call?" This perspective highlights the desire for clear role distinctions and more specialized training. Another participant echoed this by expressing concern about the limited impact of current training efforts, "Even the one week of our trainings...I feel like it's not as beneficial." These insights suggest that better preparation and more focused roles could reduce stress and boost confidence among on-call social workers.

Subtheme 6.2: Autonomy and Flexibility in Scheduling

Participants also strongly advocated for more choice and flexibility in on-call scheduling. Several social workers felt that the ability to opt into on-call shifts rather than being assigned a shift without their input would improve morale and decrease burnout. Participant 3 shared, “If on-call was voluntary...most people will be happier,” reflecting the belief that having more autonomy could enhance engagement. Another participant added, “They should give social workers a choice...ask if the shift aligns with your personal life,” highlighting how a lack of flexibility can create unnecessary strain on the social worker. Together, these recommendations reflect a strong desire for systemic improvements that not only prioritize social worker well-being but also enhance the overall quality of child welfare service delivery.

Differences Across Groups

While the six (6) major themes discussed above were all shared across the nine (9) participants, some key differences emerged when comparing responses between the three (3) groups. Each group brought its own perspective, shaped by the different levels of experience and personal circumstances, which helped deepen the overall understanding of how on-call duties affect CWS social workers.

Group one (1) consisted of social workers who had one to two years of on-call experience. The participants in this group performed different roles within the CWS agency, such as Emergency Response and Case Management roles. This group also had young children; this group talked most about the personal impact of on-call duties. Their interviews revealed how often on-call responsibilities conflicted with parenting duties, personal plans, and self-care. They also shared a strong desire for more autonomy and flexibility, suggesting that making on-call shifts voluntarily could support better work-life balance and social worker retention.

Group two (2) consisted of social workers with five to six years of on-call experience. The participants in this group were all in case management roles; however, one worker had previous ER experience. This group focused more on the emotional and psychological pressures associated with being on-call. This group described intense anxiety and fear of making errors, especially when they felt undertrained and unsupported. Their comments pointed to gaps in preparation and highlighted the importance of improving training and mentorship with clear policies to support social workers in emergency response roles.

Group three (3) was composed of social workers with 10 years or more of on-call experience. The participants in this group were in ER roles as well as non-case-carrying roles. This group spoke in detail about the long-term effects of on-call duties. Their reflections focused on the ongoing fatigue and emotional exhaustion that come with years of being on-call, along with real examples of safety concerns and mistakes in the field. Their interviews highlighted how the demands of on-call duties can gradually wear down social workers' well-being and confidence over time.

These group differences highlight the complexity of on-call duties in child welfare and suggest that future reforms should be flexible and responsive to the different challenges social workers face across various roles and contexts.

Furthermore, across all three (3) groups, the interviews revealed a clear and ongoing strain that on-call duties place on both the personal well-being and the professional effectiveness of social workers in CWS. While the specific experiences are different for each worker, participants shared common challenges such as disrupted sleep, anxiety, family conflicts, and concerns about service quality. Many participants showed resilience in navigating these demands. However, they also described feeling overwhelmed, underprepared, and unsupported at times. All together, these findings point to a system in need of meaningful change. All participants consistently called for

reforms such as voluntary on-call shifts, a dedicated on-call response unit, and improved training to protect social workers' well-being while ensuring clients receive safe, high-quality care and service.

Integration of Quantitative and Qualitative Findings

When analyzed together, the quantitative and qualitative findings of this study offer a more complete understanding of how on-call duties impact child welfare social workers. The survey results showed statistically significant relationships between feeling overwhelmed, missed family commitments, and reduced satisfaction with work-life balance and service delivery. These patterns were strongly reinforced in the interviews, where participants described disrupted routines, strained family relationships, anxiety, exhaustion, and challenges in providing quality services. While the quantitative data revealed general patterns, the qualitative interviews added depth and highlighted how these experiences unfold in practice, affecting participants not only emotionally but also in their physical functioning and cognitive processing. For example, while not all coping mechanisms were found to be statistically significant from the survey data, participants described both the importance and limitations of coping strategies in the interviews. Similarly, the call for systemic reform was emphasized more clearly through the in-depth interviews, with social workers naming specific changes they believed would improve their well-being and service delivery. Together, the findings reinforce the original hypotheses and highlight the urgent need for organizational changes that support both social workers well being and client outcomes.

Conclusion

Overall, the findings from both the survey and interviews offer a comprehensive understanding of how on-call duties impact social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms in child welfare services.

The quantitative data revealed patterns of stress, disrupted well-being, and service delivery challenges, while the qualitative interviews illustrated these patterns through firsthand accounts from social workers navigating on-call demands. Together, the data highlighted areas of concern and opportunities for change, especially around organizational support and system-level reform. The next chapter will provide a deeper interpretation of the findings, examine their implications for child welfare practice and policy, and offer recommendations informed by both the survey results and the experiences shared by social workers.

CHAPTER 5: DISCUSSION

Introduction

This chapter discusses the findings from this mixed-methods study, which explored the impact of on-call duties on child welfare social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms. Connections to existing literature and theoretical frameworks are also examined to better understand how these findings fit within the broader context of social work, specifically within child welfare. Finally, implications for policy, practice, and further research are also discussed to help inform improvements in the field of child welfare.

Discussion

This study explored the impact of on-call duties on social workers in child welfare services, focusing on work-life balance, physical and mental health, coping mechanisms, and service delivery. Additionally, organizational support was also explored, although the survey did not directly ask about organizational support, related questions, and the interviews revealed that organizational factors played a critical role in shaping social workers' experiences. The findings revealed that on-call duties often have significant negative effects across all of these areas. The study participants reported emotional, physical, and professional strain, describing disruptions to their personal lives, challenges in maintaining physical and emotional health, and difficulties consistently providing quality services during on-call shifts. Although social workers utilized a variety of coping strategies, these were often only somewhat effective without broader organizational support. Overall, the findings highlight the need for systemic changes at multiple levels to better support child welfare social workers and the clients they serve.

Impact of On-Call Duties on Social Workers' Work-Life Balance

Maintaining work-life balance emerged as a major challenge for social workers managing on-call duties. The findings from this study reflect and build upon prior research on the challenges social workers face in maintaining work-life balance. The majority of participants frequently described missing important family events, personal commitments, struggling to disconnect from work, and feeling emotionally strained by the constant expectation to be available during an on-call shift. In addition to feeling overwhelmed and dissatisfied with their work-life balance, several of the study's participants described how on-call duties disrupted their ability to be present with their loved ones or to engage in meaningful personal time.

These disruptions align with prior research that highlights how long work hours can blur the boundaries between home and work life (Marc et al., 2023). These disruptions can also contribute to exhaustion, burnout, and strained personal relationships, especially when social workers have limited time to reset, recover, and to engage in social connections (Arlinghaus et al., 2019; Marc et al., 2023). Additionally, prior research has also highlighted the guilt social workers feel when they are unable to spend time with their friends and family due to their work responsibilities and has shown that limiting long work hours can have a positive influence on achieving work-life balance for social workers (Barck-Holst et al., 2021). Therefore, the findings in this study emphasize the need for clearer work-life boundaries and underlines the existing literature that calls for reducing excessive working hours, addressing emotional strain, and promoting personal well-being to help prevent burnout among child welfare social workers.

This study reinforces the relevance of systems and narrative theory in understanding the various layers of impact that on-call duties have on social workers. From a Systems Theory perspective, the findings reflect a significant imbalance between

interconnected systems. The personal and family systems often compete with the agency system, and when the agency demands take priority, such as the constant availability and unpredictable work hours, social workers experience stress that ripples across all areas of their lives. These imbalances can lead to long-term effects for social workers, including burnout and a diminished overall quality of life. Narrative theory offers additional insight into how social workers make meaning of these disruptions. Some participants spoke about on-call as simply being “part of the job,” framing their experiences as a necessary sacrifice they had to make. Other participants, however, expressed guilt or helplessness, especially when their personal roles as parents, partners, or friends were negatively impacted. These personal narratives reveal the emotional strain involved in maintaining professionalism while managing persistent work-life imbalances, often without organizational support.

Overall, these findings suggest that on-call duties make it challenging for social workers to mentally and emotionally disconnect from their professional roles after hours, contributing to emotional strain, burnout, and ongoing difficulties maintaining a healthy work-life balance.

Impact of On-Call Duties on Social Workers' Physical Health

The findings from this study highlight that on-call duties have a significant impact on the physical health of child welfare social workers. Most participants reported consistently feeling physical fatigue, sleep disruption, and difficulty recovering even days after on-call shifts. These findings were reflected in the interviews, where participants described how sleep deprivation affected their energy levels, focus, and their ability to safely perform tasks such as driving. Several participants shared personal experiences of falling asleep while driving, forgetting where they were going, or needing to pull over

due to exhaustion, emphasizing the ongoing physical toll that on-call duties have on social workers.

Prior research reported that irregular schedules and sleep disruption from on-call work can lead to fatigue, cardiovascular strain, and increased safety risks (Costa et al., 2023; Arlinghaus et al., 2019). Costa et al. (2023) found that irregular and unpredictable schedules, like those experienced during on-call shifts, can disrupt circadian rhythms and contribute to long-term health issues such as cardiovascular disease, metabolic disorders, and weakened immunity. This is especially relevant in the child welfare context, where social workers are expected to remain available overnight and return to work the following day without sufficient recovery time. Williamson and Feyer (2000) similarly found that sleep deprivation can impair functioning in ways comparable to alcohol intoxication, reinforcing the risk social workers face when required to work on-call. The combination of sleep disruption and urgent decision-making skills necessary to perform essential duties during on-call, such as assessing for child safety, creates not only a personal health risk but also potential harm to the vulnerable children and families social workers serve.

The accumulation of sleep disruption and stress over time creates significant risks to social workers' well-being. Lee et al. (2022) found that long hours and cumulative stress can lead to inflammation in the body, increasing the risk for chronic health conditions such as heart disease. Participants in this study also reported difficulty sleeping even before receiving a call due to anticipatory stress. The unpredictability of when a call might come in creates a state of hypervigilance that prevents social workers from obtaining full rest and recovery, supporting the findings by Hall et al. (2017), which show that even the anticipation of being called can affect sleep quality and emotional regulation.

Moreover, the current study findings highlight that physical exhaustion, sleep disruption, and safety concerns are not isolated incidents but systemic outcomes of how on-call responsibilities are structured in child welfare. Systems theory helps us understand this by examining how various subsystems, such as the individual, organizational, and community, all interact (Arlinghaus et al., 2019). When the agency system prioritizes constant availability over rest and recovery, it creates an imbalance with the human need for sleep, safety, and health. This imbalance forces social workers to operate in a system that undermines their well-being in order to meet service demands. When adequate support is not in place, like adequate recovery time or flexible work schedules, the system places individual workers at risk while simultaneously jeopardizing the quality of service that is being provided to the community.

Narrative theory helps us further understand these physical health impacts by analyzing how social workers make sense of their fatigue and physical strain (Font, 2012). Many participants described their exhaustion not only as a physical state but also as an emotional and ethical burden because they felt responsible for a child's safety, even when they themselves were unfit to drive or respond to a crisis to assess the safety and well-being of vulnerable children. These narratives often expressed tones of internal conflict, fear, and duty, illustrating how social workers navigated the tension between meeting job expectations and personal capacity (Font, 2012). Over time, these experiences shaped a professional identity that is centered on endurance, where fatigue was seen not as a warning sign but as a reflection of dedication. This normalization of physical strain highlights how burnout can gradually set in despite the clear signs of risk.

Ultimately, the findings emphasize that the physical impacts of on-call duties are deeply systemic and reflect how organizational expectations can compromise the health and safety of child welfare social workers.

Impact of On-Call Duties on Social Workers' Mental Health

With regard to mental health, the findings from this study highlight that on-call duties significantly affect the mental health of child welfare social workers. Many participants reported experiencing stress, anxiety, and emotional exhaustion due to their on-call duties. Interview participants described persistent anxiety, anticipatory stress in the days leading up to their shifts, and difficulty managing their emotions throughout their on-call shifts. Participants also described how emotional strain disrupted their ability to rest, impacted their personal relationships, and contributed to emotional exhaustion both during and after on-call duties.

Although the statistical tests did not find statistically significant relationships between feeling overwhelmed by on-call responsibilities and mental health ratings, the descriptive data and the interview findings revealed deeper insights into how the unpredictability and intensity of on-call duties affect social workers' emotional well-being. The majority of participants reported feeling overwhelmed "usually" or "always" during their on-call duties, and half of the participants rated their overall mental health as only "fair." Participants in this study also described how emotional stress affected them physically, such as experiencing stomachaches, migraine headaches, or disrupted sleep patterns.

These findings are consistent with previous research linking on-call work to negative mental health outcomes. Hall et al. (2017) found that on-call responsibilities can intensify psychological strain and impair recovery time, while Ruben and Aaron-Goldenberg (2017) highlighted how unpredictable work schedules increase anxiety and emotional fatigue.

The interviews with participants expanded on these concerns, as some participants described feeling anticipatory stress in the days leading up to their on-call shift and difficulty managing their emotions during and even after on-call. The participants'

reports also reflect Font's (2012) findings that high demands and limited recovery time can contribute to chronic stress and vicarious trauma. Similarly, Arlinghaus et al. (2019) highlight the importance of being able to mentally disconnect from work, which many participants struggled with due to the unpredictable nature of on-call duties. These findings also align with Sato et al. (2020), who emphasized how the lack of personal time can lead to emotional fatigue and increase the risk of burnout.

These mental health challenges can also be better understood by applying systems and narrative theory. Systems theory helps explain how the emotional toll of on-call duties is not just an individual issue but one that is shaped by the larger organizational structure and its influence on the social workers' microsystem, including home life, personal relationships, and their overall sense of stability. When recovery time is limited and boundaries are consistently disrupted, the social worker's ability to manage stress becomes compromised. One participant reflected, "I never used to have any anxiety, but now I'm an overthinker." This highlights how emotional strain builds over time when the system doesn't allow space for recovery. Another participant shared, "I get moody when I'm on-call...my family has to deal with me being irritated because I'm constantly thinking about the job." This shows how the effects of on-call duties go beyond the professional role and impact family dynamics. Without adequate organizational support to recover and rest, the stress from on-call duties does not just stay at work; it also follows social workers home and affects the systems they are a part of.

In addition to systems theory, narrative theory helps provide a lens for understanding how social workers make meaning of their experiences with on-call. Many participants described the emotional toll of on-call duties as something they had come to accept, even when it conflicted with their own well-being. One participant shared, "I'm worried about it a week in advance, two weeks in advance...it just puts me more on edge." This shows how anxiety becomes embedded into their routine. These

experiences illustrate how on-call responsibilities can shape internal narratives of endurance and self-sacrifice. Some social workers did not see stress as a signal to slow down but instead viewed it as an expected part of the job, something that they had to manage quietly and without complaint. This mindset can lead to burnout, especially when social workers don't have time to step back and think about how the demands of the job, specifically on-call duties, are affecting their well-being and identity.

These findings emphasize that the emotional demands of on-call duties extend across multiple systems, such as the personal, professional, and organizational systems, and highlight the need for systemic changes that promote recovery, emotional support, and healthy work practices in child welfare settings.

Impact of On-Call Duties on Social Workers' Service Delivery

On-call duties not only affect social workers' physical, emotional, and mental well-being but also compromise their ability to consistently provide quality services to clients. The findings from this study demonstrated that on-call responsibilities can significantly hinder social workers' ability to perform thorough assessments and make critical safety decisions during crisis responses. The survey results showed that over 30% of participants felt that on-call duties "usually" or "always" negatively impacted the quality of service they could provide. Only a small number of participants reported feeling very confident in their ability to provide quality services while on-call. These findings were further highlighted in the interviews, where participants described exhaustion, lack of support, and isolation during crisis calls as key challenges that hindered their decision-making and ability to address child safety concerns effectively while on-call. One participant shared, "I was so tired that I didn't even verify I was talking to the right person." This illustrates how exhaustion affects the ability to focus and to think critically, which can lead to real risks for children and families who are

served by child welfare services. These ongoing organizational pressures not only affect the quality of service delivery but can also lead to ethical challenges when social workers feel they are unable to meet professional standards due to exhaustion, limited support, or time constraints.

The regression analysis further supported these findings, revealing that feeling overwhelmed was a significant predictor of reduced confidence in providing quality services. Although factors such as age and years of experience were included in the regression analysis, these were not statistically significant, which suggests that no matter how long a social worker has been doing on-call, the strain remains present. These findings align with prior research that suggests that fatigue and stress can impair cognitive functioning, delay crisis response, and reduce decision-making quality (Virtanem et al., 2009; Dembe, 2009). As prior studies have found, exhaustion can seriously reduce social workers' ability to perform critical cognitive tasks, increasing the risk for errors during on-call and crisis interventions with vulnerable children and families.

These findings can be further understood through systems theory, which focuses on how individual functioning is influenced by the larger organizational systems and workplace conditions in which social workers operate. When the demands of on-call work exceed a social worker's capacity, especially without adequate rest or organizational support, the entire system, including child safety and the decision-making process, can become compromised. These disruptions are not isolated, and they ripple outward, impacting both how services are delivered and how they are received by families in the community.

Narrative theory also provides insights into how social workers make sense of these experiences. Several interview participants described their efforts as "rushed" or "bare minimum," not because they lacked care or dedication to the work they were

performing, but because of systemic barriers that made it difficult to practice in ways that reflected their professional values. This gap between their actions and their ethical commitments can create moral distress, which, over time, these experiences shape how social workers view themselves in their professional role, often carrying feelings of guilt, frustration, or self-doubt that stem not from personal failure but from the constraints of the system around them.

Altogether, these findings emphasize that supporting high-quality service delivery requires more than the personal resilience of the individual social worker; it calls for systemic organizational changes that prioritize rest, support, and manageable workloads in child welfare settings.

Coping Strategies

Social workers utilized a range of coping strategies to manage the stress and demands of on-call responsibilities. The survey results revealed that the most commonly reported strategies included talking to friends or family, seeking support from colleagues, and engaging in hobbies or leisure activities. However, although these coping strategies were often used, the majority of participants rated them as being only “somewhat effective” in helping them manage their stress. The Chi-square analysis further supported this by showing that only one strategy, time management, was significantly associated with fewer disruptions to service delivery, suggesting that although social workers use different coping mechanisms, they were not always sufficient to mitigate the emotional and professional strain associated with on-call duties.

The interviews further expanded on these concerns, as participants described the struggle of consistently using coping strategies over time. Some of the participants shared that spending time in nature, praying, and going for a walk before their on-call shift helped them mentally prepare, while others shared that they felt no coping strategy

was effective enough to help them manage their stress and anxiety from on-call duties. One participant shared, “I can never find a coping strategy...I feel like every time I try, I jinx myself.” This illustrates how burnout can diminish not only energy but also the belief in the strategies that are meant to provide relief.

The findings from this study align with Rienks (2020) and Julien-Chinn et al. (2023), who argue that coping mechanisms cannot be viewed in isolation from the environment in which they are practiced. When wellness isn’t prioritized at work through adequate rest, support, and flexible schedules, self-care strategies lose their impact. Similarly, Collins (2008) emphasized that the effectiveness of coping often depends not only on the individual’s resilience but on the presence of strong organizational systems. Without agency support that recognizes the emotional demands of the job, especially those related to on-call duties, individual efforts to manage stress are often not enough.

Systems theory helps us understand this issue by highlighting how individual well-being is shaped by the larger structures within the workplace. In a supportive system, coping is reinforced through team dynamics, leadership practices, and organizational policies that allow time for recovery and adequate rest. When those supports are missing, the responsibility to cope and manage the stress falls solely on the social worker, which creates an imbalance that impacts both personal well-being and the quality of service being provided.

Narrative theory adds another layer by highlighting how coping becomes a part of how social workers understand themselves. For some social workers, coping strategies became symbolic acts that helped them feel grounded or in control. One participant shared, “We go out to the desert or the beach...nature centers me.” However, for others, struggling to cope was expressed as a personal failure, not due to a lack of commitment or effort but because the conditions made it nearly impossible to sustain healthy coping.

These reflections show how systemic barriers can quietly turn into internal beliefs of inadequacy among social workers, even when the true source of the challenge is structural and not individual.

Ultimately, these findings show that while social workers utilize a variety of coping mechanisms to manage the emotional demands of on-call duties, coping efforts are often insufficient without strong, supportive systems. This highlights the need for organizations to move beyond individual-focused interventions and invest in systemic changes that promote real recovery and resilience for child welfare social workers.

Organizational Support

The findings from this study emphasized that organizational support plays a critical role in shaping how social workers experience and manage the demands of on-call duties. Although the survey did not directly measure organizational support, related questions about missed family time and service delivery challenges were treated as representative measures. Participants who reported higher disruptions to family life and service delivery also reported higher levels of feeling overwhelmed and dissatisfaction with work-life balance. The interview data expanded on these findings, revealing that social workers often faced systemic challenges such as limited staffing, inadequate training, insufficient recovery time, and a lack of flexibility regarding on-call shifts. One participant expressed concern that untrained workers are being sent out on crisis calls, stating, “They don’t know how to conduct a thorough investigation...it’s just not their role that they’re familiar with.” This quote highlights a critical gap in organizational support, where the lack of clear training and defined roles raises ethical concerns and jeopardizes the safety of both workers and the families they serve.

Participants consistently asked for better training, voluntary on-call scheduling, and a dedicated on-call unit. These requests align with Julien-Chinn et al. (2023), who

emphasized that flexible scheduling, supportive leadership, and clear communication can reduce burnout and improve job satisfaction in high-stress settings like child welfare services.

Systems theory helps us understand how decisions made at the organizational level, such as scheduling, staffing, and training, filter down through the agency and directly affect frontline workers. When recovery time is not respected or sufficient, or workloads are distributed without considering experience or emotional capacity, the burden is placed on the individual worker. As one participant expressed, “Even if you send an experienced ER worker out during on-call, we’re sleep deprived, we’re not at our 100.” This demonstrates how inadequate support weakens the capacity of even the most capable staff and creates conditions for mistakes, burnout, and liability concerns. From the systems theory perspective, these challenges are not isolated issues but are a part of a larger imbalance between what is expected and what is possible within the current structure. Therefore, agencies that do not address these imbalances risk creating environments where social workers are consistently operating at or beyond capacity, which in turn affects decision-making, staff morale, and client outcomes.

In addition to the practical concerns, narrative theory helps us understand how a lack of organizational support can shape social workers’ internal stories of liability and fear. Several participants expressed anxiety about making the wrong decision during on-call shifts, worrying that fatigue, lack of training, or missing a detail might lead to serious consequences. This fear did not come from a lack of knowledge or dedication in the work they perform but from a sense that the system would hold them solely responsible for any mistake, even when systemic conditions contributed to it. Over time, this concern can develop into a deep sense of personal pressure to avoid mistakes, contributing to ongoing stress and self-doubt. When social workers are expected to manage complex, critical decisions with limited support during on-call shifts, it can lead to a sense of

isolation. Many workers rely on their team for guidance and support; however, during on-call, that support system is not available. As a result, social workers may begin to view their roles through a lens of isolation and risk rather than collaboration; this can reshape their professional narratives from one of shared responsibility to one of personal uncertainty and fear.

Overall, these findings show that organizational support is not simply an additional factor but rather an essential component to protecting social workers' well-being and ensuring the quality of service delivery. Without addressing organizational gaps, social workers are left to navigate the intense pressures of on-call duties alone, at the expense of their own health and the safety and well-being of the families they serve.

It is important to note that while this study identified clear themes related to organizational support, the survey did not directly measure this variable. As a result, conclusions about agency-level factors are based largely on related survey items and participants' narratives, which may limit the generalizability of these findings.

While systems theory reveals how organizational structure and policy affect social workers' ability to cope with on-call demands, narrative theory highlights the internal meaning-making processes that shape how social workers view themselves and their professional identities under these conditions. Systems theory focuses on the external conditions, such as scheduling, staffing, and recovery time, that either support or hinder social workers' well-being. Meanwhile, narrative theory reveals how these external pressures are internalized, affecting self-perception, morale, and emotional resilience. Together, these frameworks suggest that meaningful reform must address both the structural conditions of the work environment and the internal narratives that social workers construct to make sense of their experiences.

This section connected the study's findings to existing research and theory to better understand how on-call duties impact social workers' work-life balance, physical

and mental health, service delivery, and coping strategies. By applying systems and narrative theory, the findings were viewed within a broader context. The following section will explore what these results mean for social work practice, policy, and future research.

The findings from this study have important implications for social work at multiple levels, including practice, policy, and research. While on-call duties have been an essential part of child welfare, the results point to the urgent need for more proactive systems that protect social workers' well-being and strengthen the quality of services provided.

Implications for Social Work Practice

The findings from this study highlight the importance of building a supportive work environment that promotes well-being, collaboration, and realistic expectations for social workers managing on-call responsibilities. Practices such as scheduled recovery time, regular debriefings, and improved access to supervision can reduce burnout and emotional fatigue among social workers. This is important because the quality of service delivery is closely tied to social workers' emotional and physical well-being. The agency should prioritize consistent team communication and training to ensure that social workers feel prepared, supported, and connected, especially during on-call duties.

Implications for Policy

The current agency policy framework often overlooks the toll that on-call responsibilities have on child welfare social workers. This study highlights the need for policies that support voluntary on-call participation, flexible scheduling, and the development of dedicated on-call units, as well as thorough training for after-hours response. Such changes are essential to reduce emotional exhaustion and enhance service quality. Without policy adjustments, social workers may continue to face unrealistic

expectations that compromise both their well-being and the safety of the families they serve. Taking another look at organizational policies around scheduling, support, and follow-up after crisis calls can help make the work more manageable and lead to better results for both social workers and families by improving worker retention and client safety.

Recommendations

The results from this study suggest that Tulare County Child Welfare Services can implement several changes to better support the health and well-being of social workers working on-call. These recommendations apply at the micro, mezzo, and macro levels to address the wide range of effects of on-call duties. At the micro level, individual well-being can be supported by offering social workers recovery time after their on-call shifts, such as not being scheduled to work the next day or a delayed start the day after an on-call shift. Many workers expressed they felt drained for days after their on-call shift, which affected their work and home life. Allowing time to rest and recover and offering wellness resources such as peer support or mental health days could help reduce burnout and improve social worker retention. At the mezzo level, stronger team-based practices can help workers feel less isolated. Since many participants shared that they felt alone during on-call, the agency could implement check-ins, assign on-call “buddies” for the newer on-call staff, and make debriefing a routine part of the support that is provided to all on-call social workers. These steps could help build a stronger sense of connection and shared responsibility among social workers in the agency. At the macro level, policy changes are needed. The Agency should re-evaluate structural policies around on-call scheduling, training, and support. Moving towards a voluntary on-call model where staff can opt in rather than being assigned on-call shifts was a common recommendation among all participants. Creating a specialized on-call team with focused training and fair

compensation could also improve safety and confidence. Improving the training for all staff who are expected to perform on-call duties, especially those in other units or task areas outside of emergency response, would also help ensure they feel better prepared to provide services during on-call. Ultimately, these recommendations call for the agency to go beyond simply recognizing the stress and the demands of on-call duties, but to make care and support a regular part of the agency's structure and culture by creating a supportive work environment with clear roles, strong communication, and time to recover. This can not only help improve social workers' well-being but also help strengthen service delivery for children and families in the community.

Limitations of the Study

There are several limitations to this study that are important to acknowledge. Although the insights that were gathered from this study are valuable, they are limited to the context of one specific agency and may not be generalizable to broader child welfare settings. Second, not all social workers who work on-call in Tulare County participated in the study. Although 44 complete surveys were received, this does not represent the full population of on-call staff within the agency. Additionally, only a small number of social workers ($n = 9$) were interviewed, and their experiences may not capture the full range of perspectives across the entire agency.

Another limitation of this study is that the survey did not include specific questions about organizational policies, leadership support, or agency culture. While some participants spoke about these factors in the interviews, the absence of these specific questions in the survey limited the ability to draw broader conclusions about how agency-level support and policies impact social workers' well-being and service delivery.

However, despite these limitations, the study provides important insights into how on-call duties affect social workers' well-being and service quality. It also highlights the

need for further research that includes larger samples, multiple agencies, and a more focused exploration of organizational factors.

Recommendations for Future Research

This study provides an important starting point for understanding how on-call duties impact social workers in child welfare, but there is still much more to explore. Future research should include larger sample sizes, drawn from multiple counties or agencies, and possibly examine other state child welfare agencies to improve the generalizability of findings. A broader scope would help determine whether the experiences of Tulare County CWS social workers are consistent across different regions and organizational structures.

In addition, more focused research on organizational policies, leadership practices, and agency-level support is needed. Although this study explored some of these areas through the interviews, future studies should include survey questions that specifically assess these factors and how they relate to social workers' well-being and service delivery.

Moreover, longitudinal studies could also help examine how working on-call over an extended period affects burnout, retention, and job satisfaction. Additionally, exploring the effectiveness of specific interventions, such as voluntary on-call rotations, formal recovery time, and collaborative staffing approaches, would provide agencies with evidence-based strategies to help support their staff and improve outcomes for children and families. Finally, by building on the insights from this study, future research can continue to inform important changes in policy, supervision, and organizational culture across child welfare settings.

Conclusion

This study examined the impact of on-call duties on child welfare social workers in Tulare County CWS, focusing on work-life balance, physical and mental health, service delivery, and coping mechanisms. The study used a mixed-method approach. The combination of survey data and in-depth interviews revealed that on-call duties often place a significant emotional, physical, and professional strain on social workers. Participants consistently reported fatigue, disrupted sleep, anxiety, and challenges maintaining personal and family routines. These stressors often impacted their ability to make clear, confident decisions during crisis responses, sometimes affecting service quality and safety. While social workers used various coping strategies, their effectiveness was limited without organizational support. These findings highlight the need for systemic changes at all levels, including practice, policy, and agency culture, to better support social workers and strengthen outcomes for vulnerable children and families who are served by child welfare agencies.

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APPENDICES

APPENDIX A: RESEARCH TOOLS – SURVEY AND INTERVIEW GUIDE

Survey to Assess On-call Impacts on Work-Life Balance, Physical and Mental Health, Service Delivery, and Coping Mechanisms

Instructions: Please read each question carefully and answer honestly. Your responses will remain confidential and will only be used for research purposes.

Section 1: Demographic Information

1. What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 and over

2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary/Other

3. What is your race or ethnicity?

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ Native American
- ☐ Pacific Islander

- Other (Please specify):
- Prefer not to answer

4. What is your marital status?

- Single
- Married
- Domestic Partnership
- Divorced
- Widowed
- Separated

5. Are you a parent or caregiver?

- Yes
- No

6. If yes, please specify the ages of your children (select all that apply):

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-13 years
- 14-17 years
- 18 years or older

7. What is your level of education?

- Bachelor's degree
- Master's degree
- Other (please specify):

8. What is your major?

- Social Work

- Psychology
- Sociology
- Criminology
- Other (Please specify):

9. How many years of on-call experience do you have?

- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

Section 2: Work-Life Balance

10. How often do you feel overwhelmed by your on-call work responsibilities?

(1 = Never, 5 = Always)

- 1 2 3 4 5

11. How satisfied are you with your ability to balance work, on-call and personal life?

(1 = Very Dissatisfied, 5 = Very Satisfied)

- 1 2 3 4 5

12. How often do you miss personal or family commitments due to on-call work?

(1 = Never, 5 = Always)

- 1 2 3 4 5

Section 3: Physical Health

13. In the past month, how often have you felt physically fatigued?

(1 = Never, 5 = Always)

- 1 2 3 4 5

14. While on on-call how often do you experience physical exhaustion?

(1 = Never, 5 = Always)

- 1 2 3 4 5

15. How often do on-call duties disrupt your sleep?

(1 = Never, 5 = Always)

○ 1 2 3 4 5

16. When your sleep is disturbed due to on-call duty, how would you rate the severity of the disturbance?

(1 = Not at all, 5 = Extremely disturbed)

○ 1 2 3 4 5

17. How does sleep disturbance due to on-call duties affect your daily functioning (ex. work performance, mood, concentration)?

(1 = Not at all, 5 = Severely)

○ 1 2 3 4 5

18. How would you rate your overall physical health?

(1 = Poor, 5 = Excellent)

○ 1 2 3 4 5

Section 4: Mental Health

19. In the past month, how often have you felt anxious or stressed?

(1 = Never, 5 = Always)

○ 1 2 3 4 5

20. How often do you feel overwhelmed by on-call duties?

(1 = Never, 5 = Always)

○ 1 2 3 4 5

21. How would you rate your overall mental health?

(1 = Poor, 5 = Excellent)

○ 1 2 3 4 5

Section 5: Perceptions of Service Delivery

22. How confident do you feel in your ability to provide quality service to clients during on-call?

(1 = Not Confident, 5 = Very Confident)

○ 1 2 3 4 5

23. How often do you feel that on-call duties negatively impact your service delivery?

(1 = Never, 5 = Always)

- 1 2 3 4 5

Section 6: Coping Mechanisms

24. Which coping mechanisms do you utilize to manage on-call stress? (Select all that apply)

- Exercise
- Meditation or Mindfulness
- Time Management Techniques
- Seeking Support from Colleagues
- Professional Counseling or therapy
- Talking to friends or family
- Hobbies or leisure activities
- Journaling or writing
- Other (please specify):

25. How effective do you find your coping strategies in managing stress?

(1 = Not Effective, 5 = Very Effective)

- 1 2 3 4 5

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Thank you for your participation! Your insights are important to understanding the impacts of on-call duties on social workers in child welfare services.

Interview Guide – Impact of On-call Duties on Child Welfare Service Social Workers

Purpose: The focus of this interview is to help gather in-depth insights from CWS social workers regarding their experiences with on-call duties, specifically focusing on their work-life balance, physical and mental health impacts, service delivery, and coping strategies.

Interview Questions

Section 1: Background

1. **Can you tell me about your role and responsibilities as a social worker in child welfare services?**
 - Follow-up: How long have you been in this position?
2. **How often are you required to be on-call, and what does that typically involve for you?**

Section 2: Work-Life Balance

3. **How does on-call affect your work-life balance?**
 - Follow-up: Can you share specific examples where you have faced challenges in balancing your work and personal life?
4. **Have you had to make any sacrifices in your personal life due to your on-call responsibilities? If so, please describe them.**
5. **In what ways do you feel your personal life is affected by your on-call responsibilities?**
 - Follow-up: How do you manage it?

Section 3: Physical and Mental Health Impacts

6. **What physical health issues, if any, have you experienced as a result of your on-call duties?**
 - Follow-up: How do these issues affect your daily functioning?
7. **How has your mental health been impacted by the demands of being on-call?**
 - Follow-up: Can you provide examples (e.g., anxiety, stress, burnout)?

8. **Do you notice any changes in your overall health (physical or mental) since starting your on-call duties? If so, can you describe them.**

Section 4: Service Delivery

9. **How do you feel on-call impacts your ability to provide quality service to clients?**
- Follow-up: Can you share specific examples where you felt your service delivery was impacted, either positively or negatively?
10. **Do you believe that changes to on-call policies could improve your work-life balance and service delivery? If so, how?**

Section 5: Coping Strategies

11. **What coping strategies do you use to cope with the stress associated with being on-call?**
- Follow-up: Which strategies have you found most effective, and why?
12. **What support systems (e.g., colleagues, family, friends) do you rely on to help you manage on-call stress?**
- Follow-up: How effective are these support systems in helping you cope?
13. **Have you adopted any specific practices or routines to help you manage your physical and mental health while on-call? If so, please share them.**

Section 6: Additional Insights

14. **Is there anything else you would like to share regarding your experiences with on-call that we haven't discussed?**

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Thank you for your time and your participation in this interview!

APPENDIX B: INFORMED CONSENT

Informed Consent Form

Chairperson: Martha Vungkhanching

Researcher: Cecilia Reyes, MSW Student

Study: *On-call duty and its impact on social workers' work-life balance, physical and mental health, service delivery, and coping mechanisms.*

Introduction: You are invited to participate in a research study that aims to explore how on-call impacts the work-life balance, physical and mental health, service delivery, and coping mechanisms of child welfare social workers.

Purpose of the Study: The purpose of the study is to obtain a better understanding of the challenges and impacts of on-call duty on social workers in child welfare services. The information gathered will help inform policies and support systems for child welfare social workers.

Procedures: If you decide to participate, you will complete an online survey. The survey will consist of 25 questions. It is estimated that the survey will take about 10-15 minutes to complete. In addition to the survey, you will be invited to participate in an interview with the researcher. The interview will consist of 14 questions. The interview will be conducted in a confidential environment via Zoom. The interview is estimated to take 30-45 minutes to complete and will be audio-recorded for data collection purposes.

Potential Benefits: There is no guarantee that you will receive any direct or immediate benefits from this study. However, your participation in this study will help better understand the challenges social workers face while working on-call and could help improve policies and support systems.

Potential Risks: There is minimal risk in participating in this research study.

Voluntary Participation and Withdraw: Your participation in this study is completely voluntary. You may choose to withdraw at any time without any consequences. Your decision of whether or not to participate in this study will not affect your future relations with child welfare services, California State University, Fresno or any other affiliated group.

Confidentiality: Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Compensation: The participants in this study, who complete both the survey, and the interview will receive a \$10 Starbucks or Dutch gift card as a form of gratitude for participating in the study.

If you have any questions, do not hesitate to contact the researcher at cecyreyes@mail.fresnostate.edu. If you have any additional questions now or later, please contact Dr. Martha Vungkhanching at marthavu@csufresno.edu.

If you feel you have not been treated according to the descriptions on this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the researcher, you may contact the Committee for the Protection of Human Subjects at Fresno State at 559-278-5127 or CPHS Chair, Dr. Emily Mason at emason@mail.fresnostate.edu

You are making the decision whether or not to participate. Your signature indicates you have decided to participate, having read the information provided above. You will be given a copy of the consent form.

Signature: _____

Date: _____

