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Coping with stressful situations in social work before and after reduced working hours, a mixed-methods study

Coping och stressfulla situationer i socialt arbete före och efter arbetstidsförkortning, en mixad metod studie

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ABSTRACT

Little is known about how reduced working hours relate to social work stressors, coping and work-life balance. An exploratory mixed methods study was therefore performed at a Swedish social service agency participating in a quasi-experimental trial of work-time reduction by 25%, with proportionally reduced workload, and retained full-time pay. Social workers that reduced their working hours reported less emotional exhaustion ($n = 28$, $p < 0.05$) on the Maslach Burnout Inventory-Human Services Survey, and less reactivity in stressful situations connected to time urgency and irritation ($n = 28$, $p < 0.05$) on the Everyday Life Stress Scale. In interviews, the social workers described that despite using effective, problem-focused coping behaviour at work, both before and after work-time reduction, high caseload remained a central stressor, creating time conflicts that exacerbated stressful situations involving emergencies, practical setbacks, client aggression, report deadlines, and managerial stress. In contrast, the work-time reduction was described as fully resolving time conflicts and stress during free-time in situations that involved finding time for friends, household chores, rest, exercise and childcare. Results suggest that reduced working hours lowered emotional exhaustion and situational reactivity by increasing free-time recovery opportunities and decreasing total daily exposure to work stress, but future trials should also compare reduced work-time with reduced caseload.

ABSTRAKT



Kunskap saknas om hur arbetstidsförkortning påverkar stressorer i socialt arbete, coping och balans mellan arbetsliv och fritid. En explorativ mixad metod-studie genomfördes därför på ett svenskt socialkontor som deltog i en kvasiexperimentell studie av 25% förkortad arbetstid med proportionerligt minskad arbetsbelastning, och bibehållen heltidslön. Socialarbetare som minskade sin arbetstid upplevde mindre emotionell utmattning ($n = 28$, $p < 0.05$), mätt med Maslach Burnout Inventory-Human Services Survey, och mindre reaktivitet i stressande situationer relaterade till tidsbrist och irritation ($n = 28$, $p < 0.05$), mätt med Vardagens stress. I intervjuer beskrev socialsekreterarna att trots att de använde effektivt,

KEYWORDS

Coping; work-life balance; reduced work hours; social workers; stress

NYCKELORD

Coping; balans arbetsliv och fritid; arbetstidsförkortning; socialsekreterare; stress

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problem-fokuserat coping-beteende på arbetet, både före och efter arbetstidsförkortningen, förblev hög ärendemängd en central stressor, som skapade tidskonflikter som förvärrade stressfulla situationer rörande akuta situationer, praktiska motgångar, aggressivitet från klienter, deadlines för utredningar, och chefsstress. Däremot beskrevs arbetstidsförkortning lösa tidskonflikter och stress på fritiden i situationer som rörde att hitta tid att träffa vänner, göra hushållssysslor, vila, motionera, och barnavård. Resultaten antyder att arbetstidsförkortning minskade emotionell utmattnings och situationell reaktivitet genom att öka möjligheten till återhämtning på fritiden, och genom att minska den dagliga totala mängden stress, men framtida studier bör också jämföra arbetstidsförkortning med minskad ärendemängd.

Introduction

Few controlled interventions to reduce work stress in social work have been performed in Sweden despite a high prevalence of stress-related disorders since the late 1990s (Arbetsmiljöverket, 2001, 2016). Swedish social workers are relatively homogenous, in terms of their training, a three and a half year long higher education programme in social work, their jobs and employment. Swedish social workers work primarily as client case managers in the public sector in municipalities (Meeuwisse, Scaramuzzino, & Swärd, 2011) with social assistance, substance abuse and child welfare – the largest area (Bergmark & Lundström, 2007). Political demands for increased productivity in the 1980s lead to reduced resources and reorganisations in the early 2000s (Hedin & Månsson, 2012). The data in this study was collected in 2006, after most major political changes had been effectuated. Organisational working conditions have continued to deteriorate between 2003 and 2014, with higher demands, more role conflicts, less influence over decisions, less time for clients, more focus on investigations than client support, and increased intention to leave both workplaces and the profession (Tham, 2018). Similarly, stress among social workers has been reported internationally for a long time, as well as burnout (McFadden, Campbell, & Taylor, 2015; Siebert, 2006). Burnout is commonly considered a progressive process resulting from job stress (Siebert, 2006), defined in 1996 as physical, emotional and mental exhaustion (Maslach, Jackson, & Leiter, 1996), a widely accepted definition (McFadden et al., 2015) often measured with the Maslach Burnout inventory, with the subscales emotional exhaustion, depersonalisation and personal accomplishment (Siebert, 2006). However, there is disagreement if depersonalisation and personal accomplishment are actually intervening variables (Siebert, 2006) and work demands relate more to emotional exhaustion (Lee & Ashforth, 1996). There is also a lack of clinical measures of burnout, and various definitions, although emotional exhaustion is central to all, and burnout research itself has expanded to include non-work related stressors (Grossi, Perski, Osika, & Savic, 2015). If burnout is actually a form of depression, particularly its last stage, has been extensively discussed (Bianchi, Schonfeld, & Laurent, 2015). Numerous studies have identified workload and caseload as important causes of work stress and burnout in social work, other organisational factors that may increase burnout or protect against burnout are social support, supervision, organisational culture and climate, organisational and professional commitment, job satisfaction and job dissatisfaction (McFadden et al., 2015). Coping is used to handle stressful demands, social workers using problem-focused coping experience less depersonalisation and decreased sense of accomplishment, but still experience emotional exhaustion (Anderson, 2000). This is not surprising, as work stressors affect stress more than individual characteristics of social workers (Collings & Murray, 1996) and work stress affects job satisfaction more than coping style (Gellis, 2002). Recovery theory emphasises the value of daily recovery from work stress during work and off-work, and suggests that long work hours may obstruct recovery (Geurts & Sonnentag, 2006), and long work hours increase burnout in social workers (Siebert, 2006). Yet longitudinal studies of reduced

working hours with a proportional decrease in workload are very scarce (Bildt et al., 2007), although Finnish studies of social workers found they reduce job exhaustion (Nätti & Anttila, 1999) and work-family conflict (Anttila, Nätti, & Väisänen, 2005). Some municipalities have recently implemented small scale attempts with 35-hour weeks to attract social workers, but without reducing workload (Aquiloni, 2017).

Due to the lack of evidence, the Swedish government in 2005 financed a longitudinal quasi-experimental trial of psychosocial health effects of reduced working hours in public organisations specifically social services, technology, care and telecall (Bildt et al., 2007). The intervention group reduced work hours and workload by 25%, but retained full pay. Employers were financially reimbursed to hire temporary replacement staff. The trial had three measuring points, before reduced working hours in February–May 2005, after reduced working hours in January–February 2006, and November 2006. No post-measurement was made after participants had returned to full-time, as the National Institute for Working Life, that performed the trial, was closed unexpectedly in 2006 by the new government, delaying international publication of the results. Our first quantitative study of all seven participating social service agencies found reduced working hours had positive effects on restorative sleep, stress, memory difficulties, negative emotion, sleepiness, fatigue and exhaustion on workdays and weekends, sleep quality on weekends, and work demands, instrumental manager support and work intrusion on private life (Barck-Holst, Åkerstedt, Nilsson, & Hellgren, 2015). Another study later found similar results concerning stress and sleepiness for all four public sectors (Schiller et al., 2017a). It may seem apparent that reducing work hours decreases work stress, but this needs to be evidenced, and discussed in relation to other possible interventions, to further empirical discussion of which interventions might finally resolve job burnout in social work.

As social work was considered the most stressful profession in the trial, yet lacking in empirical intervention studies, an in-depth sub-study was designed to ascertain how the social workers at one social service agency in the trial experienced the effects on work stress and stress during free time. The trial used only quantitative methods, but our sub-study used a mixed-method design to better understand the quantitative results in the trial, and provide more detailed and useful knowledge of its value for social workers.

Aim

The aim of this study is to analyse the impact of reduced working hours on professional and private stressors, stress and stressful situations, coping behaviour, burnout symptoms and situational reactivity amongst staff a social work agency participating in a large trial, to further understanding of the intervention

Method

Data was collected in the fall of 2006 at a social work agency located in an urban municipality, the participating staff worked with families, teenagers and children, primarily with child welfare. Full-time before reduced working hours was 39 h per week. The agency's structure allowed it to be considered as two separate workplaces, making it possible to include in the intervention group and in the control group. Choosing to analyse it thus had the advantage that confounding factors, such as population served, were the same for both conditions.

Concurrent mixed methods methodology was used, i.e. quantitative and qualitative data are collected simultaneously and then integrated in the interpretation of results (Creswell, 2003). All participants were interviewed and completed the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) and the Everyday Life Stress Scale (ELSS). It was hypothesised that the surveys would show lower levels of burnout symptoms and stress reactivity in the intervention group, due to reduced workload and increased recovery opportunities.

Participants

To be considered per protocol in the main trial, i.e. to follow the requirements for participation, participants had to have worked full time before reduced working hours, data on their work hours had to be available for 14 of the 18 months, and they had to have answered the main survey in the longitudinal trial at baseline and the first or second follow-up. At the end of the trial 12 of the 23 social workers (50%) in the intervention group remained per protocol, and 17 of the 35 social workers (50%) in the control group. Only their data is reported, to conform with the trial.

Interviews

Coping is usually measured with surveys, thus in-depth studies of specific coping contexts are valuable to the field (Lazarus, 2000). An interview format based on principles from Cognitive-behaviour therapy (CBT) was therefore designed to analyse both the social workers work context and free time context, as they dictate the consequences of different coping behaviours, and which coping strategies are chosen. Context is defined here as organisational premises, such as time available for tasks and workload, that affect what is stressful for the individual and dictates how the individual can approach work stress. In a CBT-based model of work stress, an individual's cognitive appraisal of the situation, and resources to handle it affects the choice of coping behaviour (Bamber, 2006). CBT is focused on thinking patterns and how consequences govern behaviour, individuals are assumed to perform behaviour to achieve positive consequences (termed 'positive reinforcement'), or to avoid negative consequences (termed 'negative reinforcement') (Corcoran, 2006).

The social workers described their appraisal of all stressful situations at work and off-work, their emotional responses, coping behaviour, and its consequences before and after reduced working hours (Table 1). Situational frequency was rated using the MBI-HSS scale 0–6 ('Never' to 'Every day') (Maslach et al., 1996) and stress on a scale of 1–9 ('very low stress' to 'very high stress') (Dahlgren, Kecklund, & Åkerstedt, 2005). To minimise memory bias, respondents were asked to describe a specific example of each type of stressful situation after reduced working hours, and a general example of the same situation type before reduced working hours. Interviews were recorded at the agency, transcribed (average duration 1 h, 37 min) and analysed in QSR N6. The interviewed are described in Table 2.

Four randomly selected interviews from the intervention group, and two from the control group, were inter-rated, i.e. independently assessed and compared to our assessment, by a psychologist experienced in treating stress with CBT. Interrater reliability was 80%, satisfactory according to qualitative criteria for health research (McKibbin & Gadd, 2004).

Measures

The MBI-HSS measures burnout with 22 items using three subscales: Emotional exhaustion ($\alpha = .90$), depersonalisation ($\alpha = .79$) and personal accomplishment ($\alpha = .71$) (Maslach et al., 1996). The ELSS

Table 1. Interview questions regarding stressful situations.

-
- (1) How long did you worry in anticipation of the situation?
 - (2) What in the situation made it stressful for you?
 - (3) How did you perceive your ability to handle it?
 - (4) What did you feel in the situation?
 - (5) What was your concrete behaviour in the situation?
 - (6) What did you want the consequences of your behaviour to be?
 - (7) What happened?
 - (8) What consequences did this have for you?
 - (9) How do think you handled the situation?
 - (10) How long did you worry about the situation afterwards?
-

Table 2. Interview respondents' professions, gender and age.

	Intervention group (<i>n</i> = 12, mean age 45)		Control group (<i>n</i> = 3, mean age 29)	
	Men	Women	Men	Women
Manager	1	1	0	0
Social worker	1	6	0	3
Social assistant	1	2	0	0
Total	3	9	0	3

measures reactivity in stressful situations connected to time urgency and irritation, primarily in relation to other people's behaviour, with 20 items ($\alpha = .90$), such as 'I feel time pressured' and 'I get irritated when others are fumbling or negligent' (Claesson et al., 2005). Survey respondents are described in Table 3.

Statistical method

Data was analysed using one-tailed T-test for independent groups, which rules out that differences are caused by chance, with SPSS statistics 22. Due to the small number of men, no analysis of gender differences was performed.

Ethical considerations

The Stockholm ethical review board approved the study (Reference: 2006/153-32). To avoid that the CBT-based interview format had a therapeutic effect, i.e. initiated a process of change, no feedback was given on the efficacy of the coping described. However, if a social worker asked for help with burnout, the interviewer offered help with raising the issue or seeking outside counselling.

Results

Surveys

The hypothesis that the intervention group would show lower levels of burnout symptoms was partly supported, as it reported less emotional exhaustion (Table 4, equal variances not assumed), but no difference was found between the groups in depersonalisation or sense of accomplishment. The effect size on emotional exhaustion was large ($d = 0.9$). As hypothesised, the intervention group reported less reactivity in stressful situations on the ELSS (Table 5), the effect size was medium ($d = 0.7$).

Interviews

48 stressful situations were described, the situations improved by reduced working hours are presented here: several relate to similar stressors and contextual conditions. Situations presented in

Table 3. Survey respondents' professions, gender and age.

	Intervention group (<i>n</i> = 12, mean age 45)		Control group (<i>n</i> = 16, mean age 41)	
	Men	Women	Men	Women
Manager	1	1	0	2
Social worker	1	6	0	14
Social assistant	1	2	0	0
Total	3	9	0	16

Table 4. Results for the Maslach burnout inventory.

Subscale	Intervention group		Control group		<i>T</i>	df	95% CI	<i>P</i> -value
	Mean	<i>n</i>	Mean	<i>n</i>				
Emotional exhaustion	17.9 ± 6.72	12	26.6 ± 12.13	16	2.418	24.246	1.28–16.14	.012*
Depersonalisation	6.0 ± 4.53	12	8.1 ± 6.25	16	.996	26	–2.26–6.51	.328
Personal accomplishment	36.6 ± 5.28	12	35.9 ± 4.50	16	–.349	26	–4.45–3.16	.730

**p* < 0.05.

detail in tables are either typical examples of frequently recurring situations, or provide additional understanding of reduced working hours. All quotes are translated from Swedish.

Work situations

Emergencies

Emergencies were a frequently described as a stressful work situation. Emergencies were not unexpected, as social work predictably involves setbacks in client processes, but no time was allocated to handle them. When emergencies occurred, the social workers had to immediately rearrange their schedules to cope. Stress was compounded by each social worker being responsible not only for their active cases, but also for handling new emergencies in their closed cases. Emergencies could make it hard for social workers to leave work on time to pick up their own children, putting their needs in direct conflict with the needs of their clients' children: 'I know that both [child] and [partner] count on me to accompany [child]'.

In Table 6, a social worker describes a sudden emergency that required taking a child into state custody. Before reduced working hours the social worker described negatively reinforced problem-focused coping, rescheduling and planning, but although this solved the immediate situation, general work stress increased, as time for other cases was reduced: '[...] it was a permanent state of worry, and a constant stress. [...] No matter what one did it never felt enough'. After reduced working hours, the social worker described the same negatively reinforced problem-focused coping, but coping ability as increased: 'A kind of rationality, "just do it"'. The stressor was handled in the same way, but took less of an emotional toll.

Another social worker described the burden of emergencies as alleviated by increased time for recovery: 'I now have more breathing time outside of work and deal better with work issues. [...] I was more irritated back then'. Emergencies were also described as easier to time manage: 'If I'm supposed to finish at two today, but have to work until four thirty, I can just take those hours some other day. So it's not as irritating and frustrating'.

Practical setbacks

Seemingly mundane practical setbacks, like double-booked meetings, were described as stressful due to lack of time to resolve them. In Table 7, one social worker describes the frequency of practical setbacks as unchanged, but related stress as lower after reduced working hours, and worry and coping ability as strongly improved. Negatively reinforced problem-focused-coping was used both before and after reduced working hours, indicating that primarily the impact of the situation was lower.

Improvements related to setbacks were primarily attributed to increased recovery opportunities. One social worker described life-balance before reduced working hours: '[...] I was just on the

Table 5. Results for the everyday life stress scale.

	Intervention group		Control group		<i>T</i>	df	95% CI	<i>P</i> -value
	Mean	<i>n</i>	Mean	<i>n</i>				
The Everyday Life Stress Scale	22.5 ± 9.26	12	29.6 ± 11.19	16	1.791	26	–1.05–15.30	.043*

**p* < 0.05.

Table 6. Emergencies.

	At full-time	After reduced working hours
Frequency	A couple of times a month	Once a month or less
Stress	Between High stress and Very high stress	High stress
Worry before	'Maybe a couple of times a month. [...] Or sometime each week.'	'No.'
Stressor	'A combination of having to do many things at once and that there wasn't enough time'	'I had to act quickly, it was in the afternoon, and I had to get a hold of a lot of important people, the chairman of the social board, police, get a room at a paragraph 12 home. Knowing that after the meeting I had to have time for all of that, and get a hold of all of them, which is hard in the afternoon.'
Coping ability	'I was a little bit more despondent'	'God, this is tough but it should work'
Emotion	'Stressed'	'I felt sad actually. Cause it was a case I'd worked for so long and things had gone wrong for this youth. I was sad. And stressed.'
Behaviour	'Doing one thing at a time. [...] I have to find out which the next step is when an emergency arises. What should I prioritize, what should I do first.'	'I left the meeting and made some calls and sent the people away [...] I had to get back to all the things I had to do quickly'
Reinforcement	Negative	Negative
Consequences	'To try to find a solution.'	'It's easier if you establish some kind of planning for how to go about it. [...] I was relieved that it was solved for the moment [...] But maybe I was also a little more stressed over the other cases'
Worry after	'Once a week maybe, or a couple of times a month.'	'Once a month or a couple of times a month, depending on the period.'

treadmill. Work and home and sleep. [...] There was no time to sit down and do something fun when you got home, like now. There was no time to heal yourself'.

Report deadlines

Meeting deadlines for written reports for casework to proceed was described as stressful, as there was not enough time to both write and meet clients. One way to cope was working overtime, which was described as less strenuous after reduced working hours: 'I have energy to work overtime a little now and then at six hours, but at eight hours it was really hard'. One manager described being dependent on staff to provide information as stressful: 'I used to raise hell with the people who had to provide me with the information [...] and then somehow the stress would spread all around'. After reduced working hours the irritation disappeared, as the manager requested less information and had more time to exercise: 'When I'm really irritated over something and then go training it passes immediately'.

Client aggression

Client aggression was a frequent stressor. One social assistant described the stress of booking meetings with angry, reluctant clients: '[...] it's not always great fun being the third person to enter the

Table 7. Practical setbacks.

	At full-time	After reduced working hours
Frequency	A couple of times a week	A couple of times a week
Stress	High	Between Neither low nor high and High
Worry before	'I was worried how it would work out'	None
Stressor	'when I've planned something, and it seems to go well, and then doesn't work'	'I realized that I'd have to contact all the people I'd managed to bring together again to find a new date'
Coping ability	'Sleepless'	'I thought 'I can manage'
Emotion	'back then I could feel a lot more inadequate'	'Stress.'
Behaviour	'Even back then I tried to wriggle my way through it'	'I wriggled ...'
Reinforcement	Negative	Negative
Consequences	'To make it work.'	Resolving situation
Worry after	'They stayed with me more then than they do now.'	'No.'

process who tries to say “Now you don’t have to be angry anymore”. After reduced working hours exposure to client frustration decreased due to reduced workload. Another social worker stressed over dealing with psychological and physical aggression between parents in custody processes (Table 8). At full-time the social worker experienced anticipatory worry and headaches before sessions, particularly before first meetings, when the level of aggression was not yet known. Before reduced working hours the social worker could end sessions if parents quarrelled, negatively reinforced avoidant coping. After reduced working hours worry decreased, coping ability increased, and the social worker had energy to use problem-focused coping instead, to lower parent aggression and keep the child’s welfare in focus.

Manager interactions

One social worker described stress when a manager consistently overruled decisions and disregarded input. After reduced working hours stress decreased, as reduced caseload lead to less need for interaction.

Managerial stress

One manager stressed over lack of time to support staff. Stress decreased as reduced working hours enabled the manager to hire additional staff with more work experience, who required less supervision. Another manager stressed over-allocating new clients to already fully booked social workers, as it increased burnout risk and made client processes very vulnerable if staff had to take sick days or care for sick children. Stress decreased as reduced working hours enabled the manager to hire additional staff which made the work group less vulnerable to individual illness.

Difficult tasks

In only one situation was work stress ascribed exclusively to task difficulty, rather than time conflicts. A social assistant described gathering information on family networks from clients: ‘I am the one that has to make them think of people to include, getting the right people to the meeting’. After reduced working hours stress decreased as caseload was reduced.

Table 8. Client aggression.

	At full-time	After reduced working hours
Frequency	A couple of times a week	A couple of times a week
Stress	Neither high nor low	Neither high nor low
Worry before	‘Two days before, three days before maybe. [...] But I could also wake up at night if I had difficult clients.’	‘It may occur if there is a person I’ll meet that I know is really difficult and unpleasant.’
Stressor	‘The same situations could occur. [...] Something unforeseen could suddenly happen.’	‘he could become violent’
Coping ability	‘before I felt a little worried about who they would be’	‘I think I handle them better’
Emotion	‘I could get a headache right away.’	‘I don’t experience any stress, I look at who’s coming, and I just start the conversation.’
Behaviour	‘It happened that I said ‘If you go on like this we have to end this meeting.’ [Talk about the effects of parent conflict on their children Less frequent.]	‘I start talking about their kids. I ask what do your children say if they see you arguing like this. [...] I have more energy for that’
Reinforcement	Negative	Negative
Consequences	‘They may get their act together.’ ‘Sometimes one of them just left.’	‘By doing that I put the child in focus.’ ‘I feel content, satisfied.’
Worry after	[Missing]	‘No’

Stressful home situations

Meeting friends

Wanting to meet friends, but lacking time and energy, was frequently described as stressful: 'Oh, I should have time to rest. I should have time to unwind'. In Table 9, a social worker describes how this type of stressful time conflict, and ensuing stress disappeared after reduced working hours. Before reduced working hours the social worker would go so far as to not answer when friends called, using avoidant coping to not have to endure disappointing them. After reduced working hours the social worker would answer and agree to meet, positively reinforced behaviour, but hardly coping, as no stressor was left to cope with. One social worker described the situation at full-time: 'It was very sad to be so tired, to feel I don't have the energy. [...] I've ... lost friends'. Like all situations involving friends, it was resolved after reduced working hours: 'I say yes. [...] Life is more fun. [...] Friends that I met less previously I've reconnected with a lot now'.

Household chores

Household chores were frequently described as stressful. One social worker described problem-focused coping as negatively reinforced:

When I left for the day I started planning [...], 'On the way home I'll buy that, shop that and that and that, to cook that, that and that.' [...] It was planning against your own will.

After reduced working hours, planning became a relaxed, positively reinforced, experience: 'If I want to plan I feel I have the time'. Another social worker stressed over only having time to do chores only on weekends: 'My world consisted of coming home on Friday, going to bed early, getting up Saturday, clean, shop, clear up, clean, shop, and basically sleeping again and then being a little free on Sundays'. After reduced working hours stress disappeared, as chores could be done during weekdays. One social assistant's appraisal of hosting dinner parties changed from: 'I don't have time, I don't have energy' to: 'The first thing I think about is "Dinner". Three courses. What should we come up with? [...] I can handle it today'. Improved sleep quality could also facilitate chores. One social worker described stress over rising early to prepare for weekend visits from her son's family. After reduced working hours, she slept less, yet woke up feeling more rested:

Rising on the mornings a little earlier Saturdays or Sundays then I was even more tired [...] it's a huge difference now, I go to bed at twelve which I've never done! When I worked eight hours I was already on the couch at nine!

Table 9. Meeting friends.

	At full-time	After reduced working hours
Frequency	A couple of times a week	Never
Stress	Between neither low nor high and High	No stress
Worry before	'No'	'No'
Stressor	'Part is knowing that it's good for me to meet friends and do fun stuff.' 'And it also made me feel guilty that I couldn't devote time to those I cared about.'	
Coping ability	'Good.' 'I had a lot of understanding from friends and family.'	'Now it's great.'
Emotion	'Exhaustion.'	'Fun'
Behaviour	'I could choose not to answer the phone, so I wouldn't have to put myself in the situation to say 'I'm too tired' for the fourth time in a month.' 'I dodged. [...] 'Oh, I'm so busy this week. Maybe we could do coffee next week?'	'I say 'Yes, please.'
Reinforcement	Negative	Positive
Consequences	'Guilty conscience.' 'To get a respite.'	'I become a happier person'
Worry after	'About an hour or so.'	'Not at all.'

Childcare

A social assistant described time conflicts between work, childcare and exercise, often solved by cancelling soccer training: 'It feels really bad because you need to have an even balance of input and output'. After reduced working hours, both childcare and regular training was possible.

Practical setbacks

Before reduced working hours, a manager stressed when major household appliances broke and help was needed: 'I called and yelled. And said "You need to come at this time, not that", to the handyman'. After reduced working hours practical setbacks no longer took time from her private life, which reduced stressful reactivity: 'I laughed and forgot about the stuff I needed to tumble dry'.

Burnout symptoms

One social worker described stress over experiencing paralysing emotional exhaustion off-work at full-time as a recurring situation before reduced working hours, which lead to worry about the future, uncertainty about coping ability and sadness, handled with negatively reinforced problem-focused coping; reading to enhance mood. All burnout symptoms disappeared after reduced working hours, making the previous need for coping redundant (Table 10).

How did stressful work situations and home situations differ?

In stressful work situations, exposure to work stress was described as lower after reduced working hours, but since actual work stressors were not altered, work situations remained stressful to some degree. An unrealistically high caseload, a possible cause of burnout, was described both before and after reduced working hours, creating a work environment with a high work pace and little time for on work recovery. In contrast, recovery opportunities during free time were generally described as improved.

Situations described by the control group

The control group reported stressful work and home situations similar to those of the intervention group. Any reductions in work stress were primarily attributed to gaining work experience. One social worker described learning to distance herself from client aggression: '[...] I can be as clear and structured as is humanly possible, but if they don't want to hear it I won't succeed, and that's got nothing to do with me'. Another social worker stressed when families missed appointments, as they would be rebooked much later, which could affect their children's wellbeing. Experience consisted of normalising the constant imbalance between time and caseload: 'This is the time available to

Table 10. Burnout symptoms.

	At full-time	After reduced working hours
Frequency	A couple of times a month	Never
Stress	High stress	No stress
Worry before	'No, no. It was just when they arose.'	
Stressor	'I so badly wanted to ... have enough energy. [...] I know I on several occasions reflected 'How will this end?'	
Coping ability	'I don't know if I thought about the situation or coping with it. It just was.'	
Emotion	'Sad. Really sad.'	
Behaviour	'I read.'	
Reinforcement	Negative	
Consequences	'To raise my mood.'	
	'Life became a little more endurable.'	
Worry after	'No'	

me and I have to make do. I have to accept it'. One stressful home situation improved somewhat, as a social worker learnt to prioritise meeting friends over chores.

Several situations grew more stressful over time. One social worker described emergencies as increasingly stressful due to turnover in the work group, less managerial support, and getting more complex cases as she gained a 'seniority' which consisted of only three years in the profession since graduation. Listening to daily phone messages from angry clients became increasingly stressful:

I feel angry because I'm frustrated, I feel inadequate, somehow accused, that I haven't had time to call people back, that's often what I hear from some people who have called repeatedly, 'I've called you several times and you never return my calls' [...] it feels totally hopeless. Totally hopeless. I don't know where to begin.

Another social worker described how high caseload lead to less and less time for writing reports. One social worker tried to reduce the stress of high caseload by employing a methodology involving daylong client sessions, which instead led to more stress from prolonged exposure to client aggression. One social worker described how household tasks became more stressful after she moved in with her partner, with more chores, and less control over when to do them. Another social worker described meeting friends who needed her support as increasingly stressful, even more so after she started part-time studies to be able to leave the profession.

Discussion

Work stress seemed normalised, indicative of a possible 'culture of stress' in social work suggested as early as 1996 (Thompson, Stradling, Murphy, & O'Neill, 1996). Recently, a similar normalisation of lack of time in Swedish social work has been suggested (Olsson & Sundh, 2018).

That reactivity in stressful situations was lower, measured with the ELSS, reflects the work situations where social workers described increased patience with aggressive clients, and managers described being less irritated with staff. That emotional exhaustion was lower, measured with MBI-HSS, reflects the descriptions of decreased negative emotion and fatigue in stressful work and home situations. The explanation is probably the reduced workload and increased recovery, as longer work hours and higher demands increases emotional exhaustion in social workers, and work detachment off work decreases it (Sonnetag, Binnewies, & Mojza, 2010). In our quantitative study of all seven participating social work agencies, perceived work demands decreased after reduced working hours (Barck-Holst et al., 2015). Emotional exhaustion is more strongly related to demands (Lee & Ashforth, 1996), which may be why depersonalisation and personal accomplishment remained unaffected.

The control group described similar stressors, work and off-work situations that grew more uncontrollable over time, and more emotional exhaustion and stress reactivity. Problem-focused coping seemed to create little relief. In our study of all seven agencies, stress in the control group also increased over time (Barck-Holst et al., 2015). Reductions in stress seemed marginal and ascribed to gaining an increased work experience which was often problematic, as it consisted of learning to accept low control over suboptimal work conditions, and learning to consider the ensuing lower quality of client care as the client's responsibility. A Swedish study describes a similar process of rationalising and idealising demand reducing strategies, and creating distancing attitudes towards clients (Astvik, Melin, & Allvin, 2014). Swedish full-time social workers in work environments with unbalanced workloads may thus risk forming professional identities that incorporate coping strategies that can be negative for client care.

The negative consequences of high caseload seemed far-reaching

Emergencies, practical setbacks and report deadlines were all described as stressful due to lack of time caused by high caseload. High caseload was also described as negatively affecting client contact, particularly with aggressive clients. Stress lowered the social workers' ability to guide

communication constructively, and clients became frustrated when overbooked social workers could not be easily reached. High caseload may both jeopardise client care, and exacerbate burnout, as abuse by service users has been found to increase burnout in social workers (Savaya, 2012). Managers were also stressed by high caseload as it decreased their time to supervise and support staff, which is serious as supportive supervision decreases social worker burnout (Siebert, 2006). In our study of all seven agencies perceived manager support decreased over time in the control group (Barck-Holst et al., 2015), which may thus be due to high caseload reducing their capacity to offer support. The general impression was that the social workers did not consider the difficulty of cases a problem per se, but rather their working conditions. Generally, problem-focused coping was described in work situations, both before and after reduced working hours, but could not resolve high caseload. High caseload may thus partly explain why problem-focused coping behaviour is not enough to solve emotional exhaustion in social work (Anderson, 2000).

Mid-level managers and social workers had little influence over caseload. If a social worker did object to their caseload, it might temporarily be shifted to a colleague, but would eventually return to its previous level. Although reduced working hours did seem to increase the social workers' ability to cope with client aggression, and off-work recovery provided more energy for dealing with emergencies and setbacks, high caseload remained stressful. The pressure of caseload, planning and trying to reach case goals, predicts work stress in social work (Collings & Murray, 1996) and high demands have long been reported in Swedish social work (Tham, 2018). It is surprising that social work organisations, or those who set their goals, continue to disregard the importance of caseload. High caseload made on-work recovery very hard. Reducing caseload would probably not offer the benefits of off-work recovery that reduced working hours provided, but may be equally important for total recovery.

The positive consequences of increased off-work recovery seemed substantial

Before reduced working hours the social workers knew how to cope, what recovery they needed and how chores should be organised, but were unable to use their knowledge. Problem-focused coping, planning free time as effectively as possible, did not resolve the basic lack of time and energy, leading to stress, fatigue and joylessness. But, in contrast to stressful working conditions, important contextual factors that created stress off-work were altered by reduced working hours, resolving time conflicts related to life-balance. More varied coping strategies and recovery activities were possible. There was less need for planning per se, and many situations were described as no longer stressful. This is highly consistent with the recovery theory (Geurts & Sonnentag, 2006). Our study of all seven agencies found that work intrusion on private life decreased (Barck-Holst et al., 2015), and a quantitative study of time use in all four public sectors in the trial found that the extra time off-work was used for chores and free time activities on workdays, and free time on weekends, with no major gender differences (Schiller et al., 2017b). Reduced working hours has previously been found to reduce work-family conflict (Anttila et al., 2005), the present study suggests why, and how, this translates into everyday coping behaviour. Gender differences could not be analysed in this small study sample, consisting almost only of women, like the Swedish social work force itself. Improving social work conditions is thus an important aspect of gender equality, to reduce the high amount of work-related psychosocial complaints among Swedish female social workers who are more likely to experience them than men in the same profession (Arbetsmiljöverket, 2016).

An unusual depression type is when an individual remains behaviourally active out of duty, but without positive emotions (Martell, Addis, & Jacobson, 2001), similar to the early stages of burnout. This was frequently described at full-time. Understanding of coping, burnout and depression was aided by the CBT analysis of all situations, illustrated in tables. After reduced working hours the negative reinforcement of coping behaviour often changed to positive reinforcement in stressful home situations, avoidance decreased and social activity increased, as with friends (Table 9). Problem-focused coping in work situations tended to remain negatively reinforced, but be

performed with improved coping ability, and more positive emotions related to the professional role, as in emergencies or when handling practical setbacks (Tables 6–7), or be used more often, as with client aggression (Table 8). Spontaneous remission of severe emotional exhaustion was reported (Table 10). This effect is similar to the goal of CBT treatment for depression, to increase the quantity and quality of positively reinforced interactions with the environment (Lewinsohn, Sullivan, & Grosscup, 1980). By increasing recovery opportunities, reduced working hours may have acted as a preventive intervention, that utilised the pre-existing coping skills of the social workers.

Study limitations

The survey data is cross-sectional, but supported by findings from our longitudinal quantitative study of all seven social work agencies (Barck-Holst et al., 2015). There are also limitations to how directly the chosen survey instruments capture the phenomena described in the interviews, like work quality and quality of life. One limitation with collecting retrospective interview data is memory effects, such as recall bias. But it is possible for study persons to reliably compare earlier psychosocial work conditions, such as time pressure and social support, to present conditions, even over much longer time periods than the current study, if the interview used is structured and has a time ruler (Bildt Thorbjörnsson, Michélsen, & Kilbom, 1999). In the present study a structured interview guide was used, and the ‘before and after’ structure served as anchoring points for recall, hopefully minimising recall bias.

Recommendations for future research

Future trials of reduced working hours should include a reduced caseload condition, to allow comparison of the impact on work stress and client care. Collecting data using principles from CBT provided a context-sensitive way of assessing coping. In future studies, participants could in the same way describe stressors, situations, coping and consequences in survey form.

Conclusions

Reduced working hours was described as reducing work stress by lowering total exposure to work stressors, but did not alter contextual conditions, like time available in relation to caseload, which limited its impact on work stress. In contrast, reduced working hours altered contextual conditions off-work by reducing time-conflict and increasing recovery opportunities, with drastic reductions in stress. The increase in off-work recovery also seemed to reduce work stress. Interventions addressing caseload, to facilitate on-work recovery, may be needed to fully improve work stress.

Disclosure statement

No potential conflict of interest was reported by the authors.

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