



When University Employees Must Be Absent: Reflections of Personal Stress and Organizational Coping Strategies

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When University Employees Must Be Absent: Reflections of Personal Stress and Organizational Coping Strategies

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Introduction

Researchers investigating organizational strain suggest that university employees encounter unique occupational challenges such as decreased productivity, turnover, and decreased job satisfaction (Elliott, 2003; Gregory, 2001; Hill, 2004; Robinson, Barbee, Martin, Singer, & Yegidis, 2003). Within the context of academia, the demands of caring for family, illness, and work-related expectations may have an overall emotional impact, as well as an effect on collegial support, student interactions, and involvement in decision-making (Hill, 2004; Lease, 1999).

Several authors designed a study to explore the issues of caregiving for the *Sandwich Generation* (i.e., individuals who juggle the responsibility of helping with the needs of children and elderly parents) in university-affiliated graduate schools of social work. Caregiving stress was an issue for these schools, with manifestations in both productivity and organizational climate (Robinson et al., 2003). Most strain associated with university employment includes conflicting demands from colleagues and superiors. Other pressures may include incompatible demands from different personal and organizational roles, inadequate resources for appropriate performance, publication of cutting-edge research papers, increased expectations to secure grant funding, and leading one's area of research expertise, while continuing to teach various classes (Bailey, Wolf, & Wolf, 1996; Gregory, 2001; Hill, 2004; Holmes, Land, & Hinton-Hudson, 2007). Strain between work, illness, and family roles is a common experience among university employees (Elliott, 2003). Accordingly, the cumulative demands of multiple roles for employees can result in role strain given that family and work are

interrelated, and one can affect the other area. Hence, as universities become more demanding the potential for role strain increases.

Role Strain

Many things can cause stress and role strain: a sudden illness, workload burdens, financial difficulties, unexpected death, caregiving demands, substance abuse, or violence. The term "role strain" is used in this paper to refer to such terms as stress and pressure associated with role stress. Role strain is understood to mean a chronic or ongoing stressor that is linked to the expectations of a particular social role or roles (Elliott, 2003, p. 158). There is evidence that various stressors can produce strain symptoms such as tension, anxiety, fatigue, depression, apathy, and irritability (Karim, 2009; Nixon, Mazzola, Bauer, Krueger, & Spector, 2011; Shoss & Shoss, 2012). The body reacts to these pressures and demands by activating the nervous system and specific hormones causing blood vessels to constrict, blood pressure and pulse to rise, and breathing to become faster. These physiologic changes, over time, can lead to health problems (Kim, Ji, Kao, 2011; Lease, 1999; Austin, Shah, & Muncer, 2005).

Work-Family Strain

Work-related stress is serious and is a growing type of stress for most employees (Kosseck, Pichler, Bodner, & Hammer, 2011; Warren & Johnson, 1995). Several studies (Elliott, 2003; Singer, Yegidas, Robinson, Barbee, & Funk, 2001) suggest that both men and women are juggling the demands of work and family commitment. In dual career families, globalization, downsizings, longer workweeks, and a 24/7 economy all increase the likelihood of work-family conflict. Work conflict arises when

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an employee tries to fulfill responsibilities in the presence of two strong opposing roles from family and work domains, and the expectations of each role are incompatible (Elliott, 2003; Kossek et al., 2011; Lease, 1999).

Although many studies have examined gender differences in work-related stress, the findings have been mixed. Despite support provided by male partners, women still assume primary responsibility for home-centered tasks. A study of university-affiliated schools of social work detailed that although some caregiving burden has shifted to men; men were not as overburdened, and not as affected, in their professional roles with caregiving stress as women (Robinson et al., 2003, p. 94). By contrast, the research suggests that the multidimensionality of Black women's role in academia can be fraught with strain. Several authors suggest that Black women must manage a threefold shroud of strain that consists of racism, classism, and sexism (Gregory, 2001; Holmes et al., 2007; Ware, 2000). An added burden can be the academy's expectation of community service that impacts Black women more heavily due to their small numbers (Bailey et al., 1996; Ware, 2000). Overall, when female employees find it difficult to manage home responsibilities it may result in strain when it is combined with occupational responsibilities. Therefore, a lack of workplace social support is most likely to impact work-to-family conflict in the direction of the work role interfering with the family role (Kossek et al., 2011, p. 290).

This article is written by three full-time female university social work educators who experienced role strain related to extended personal illness and caregiving demands. The first employee is a Black tenured faculty member and the other two are term-faculty members; one Black and one Caucasian. Using our personal stories, we illustrate the value of supervisory sensitivity and flexibility within an organizational structure when faculty and staff face personal stressors that affect their ability to fulfill their workload agreements. The goal of this article is to offer suggestions that university deans, department heads, or college-level personnel might consider when helping

faculty and staff to identify ways to maintain work, cope with extended illnesses and stressful family responsibility, and reduce workload stress while they address plans to achieve stability in their personal and professional lives.

Workplace Social Support

The concept of workplace social support is derived from the broader social support literature (Kossek et al., 2011). Social support helps to give people the emotional and practical resources to feel cared for, loved, esteemed, and valued. In times of need, social relations become essential to people's well-being and health. In a study by Viswesvaran, Sanchez, and Fisher (1999), social support was found to reduce strains and mitigate the level of stressors. Social support was found to be consistently linked to turnover intention among teachers (Alexander, Lichtenstein, Oh, & Ullman, 1998). In another study of teachers, social support was found to be a significant predictor of work engagement and work commitment (Jackson, Rothman, & van de Vijver, 2006). Teachers who had high workload and also had high levels of social support were less likely to consider leaving the job. Pomaki, DeLongis, Frey, Short, and Woehrle (2010) also found that social support from colleagues was a significant predictor of job retention.

Faculty support groups can mediate the impact of mounting pressures to achieve tenure and promotion with the chronic stress from working with poorly prepared students who need remedial work to succeed academically in college. The collegiality and commonality of experience discovered through these support groups generated a sense of community engagement, a positive teaching-learning environment, greater patience in working with students, renewed energy about teaching, and a lack of despair as previously felt (Meyers, 1991). In a study on grieving faculty members, one faculty member reported the support from her dean in allowing her to drop one class after returning to work following the death of a spouse. A scholarship was named in her husband's memory, and colleagues took her to lunch weekly.

However, providing social support in a university setting can be difficult due to faculty's individualized work and office schedules with their highly varied workload responsibilities (Fitzpatrick, 2007).

Parson, Sands, and Duane (1992) found gender differences in support that was most meaningful to academic successes. When the focus was on the pursuit of research, women valued the support of spouse and family, while men were more likely to value institutional support such as release time for research. The field of professional social work, including community practitioners as well as faculty in academic settings, is heavily populated by women. Women may experience stressors more acutely than men due to the demands of multiple roles in employment and family obligations (Keim & Erickson, 1998). There is a significant growth in full-time non-tenure track female faculty and more so for faculty of color, with the number of women in those positions approaching fifty percent (Harper, Baldwin, Gansneder, & Chronister, 2001). Women were found to experience higher levels of work-related stress (Liu, Spector, & Shi, 2008) and have different preferences of coping strategies at work, with women preferring social support over men seeking direct action (Gonzalez-Morales, Rodriguez, & Piero, 2010).

Strain of Work Absences

When personal stressors cause a faculty member to be away from their office and usual work routines for a sustained amount of time, the isolation that comes from such absence creates additional problems. When faculty must be absent, all three traditional areas of academic role responsibilities are impacted: teaching, scholarship, and service. Absences cause the loss of participation in planning with teaching colleagues and the loss of active contact with students. Additionally, academic and program policy decisions may be made without the absent faculty member's input. Faculty may miss out on active participation as a member of a research team or have to sacrifice their responsibilities with community service and university-wide

assignments.

Faculty normally accustomed to rigorous engagement with colleagues may experience a loss of timeliness of information. The evolution of science and the competition for money spurs frequent changes in the field of technology: hardware changes; software changes to e-mail systems and to research software; methods used to measure outcomes; documentations used in preparing manuscripts for publication; and classroom technologies such as podcasting, I-Clickers, videoconferencing, and access through mobile devices. In today's world, with the need to remain current with technology evolutions and innovative methods to enhance academic instruction, a sustained absence can impair the faculty's ability to be effective in their role. Additionally, an extended absence can include loss of information about significant happenings to other members of the school: awards and honors received, grants that were funded, manuscripts approved for publication, new births and deaths, significant injuries such as major car accidents, and even retirements. While away, faculty lose the ability to participate in important events and conventional social activities of the school such as commencement exercises, greetings of graduates and family members, school holiday parties, welcoming of new faculty and staff, and school retreats. Faculty may also experience a sense of detachment from the community life of the school, from office mates, the custodian who shares a warm greeting each morning, or the security officer who checks the building at the end of each workday.

The faculty member needs to keep connected and not to be forgotten, as though the school community moved on and left the absent member behind. The faculty member wants to believe she/he can continue to make a worthy contribution that is still valued and that there remains a role for her/him in the school. Some organizations foster the concept of "we are family" which implies that members of the organization will support each other during times of crises, as families do for each other. There is also a message implied with such a concept that there will always be a place

Personal Stress and Organizational Coping Strategies

for each member (Bento, 1994). Also, how other colleagues react to the absent member affects his or her ability to return and reintegrate their position within the social networking of the organization (Bento, 1994). Uncertainty about the future of their role within the academic world contributes to the stress experienced while away from their normal faculty assignments.

Equally, faculty may feel the pressure of always being at work due to having offices at home and at school, being available by cell phone and e-mails, and accessing office voice mail from home as well (Robinson et al., 2003). Even when faculty are away on medical leave or utilizing the Family and Medical Leave Act to care for a loved one, they continue to feel the need to remain engaged in academic affairs and the urge to be responsive to students.

Likewise, faculty who are office-based for their work spend most of their waking hours at their jobs. The losses associated for an individual away from her/his usual activities for a significant period may also include a sense of grief, compounding the experience for everyone involved. People in leadership roles are expected to continue their usual influence even when they may still be coping with residual effects of the cause for their absence (Bento, 1994).

Personal Stressors

Given the effects of physical and emotional strain, how do university faculty and staff reconcile the demands of employment with the realities of their family, personal, and professional lives (Jacobs & Winslow, 2004)? This section describes vignettes of personal stressors that three university employees experienced. In the organizational support section, each employee will discuss strategies that they jointly adopted with the dean of their department or program director to balance the strain of work responsibility and personal/family demands. The first vignette describes the tenured faculty experience of workload demands (e.g., teaching, publishing, conference/committee meetings, and community service) and the physical and emotional stress of multiple

surgeries. The second vignette shares some of the stressors and support experienced by a term-faculty member beset by a sudden, extended medical leave. The last vignette describes the experience of a term-faculty in the role of field director and instructor and caregiver for a fragile, chronically ill parent.

Case One Vignette

A Tenured Faculty Experience with Multiple Knee Replacements

Anyone associated with higher education will acknowledge that compared to an administrative or line role in an organization, higher education faculty have tremendous autonomy and freedom. However, balancing the demands of university life, working on research projects, and publishing papers needed for promotion to the rank of full-professor is a juggling act. What happens in a four-year period of time when the professor is besieged with the physical and emotional stress of four total knee replacements (two failed & two successful), numerous physical therapy/rehabilitation appointments, exercises for quadriceps muscle flexibility and strengthening, and the strain of fulfilling work commitments?

Increasing osteoarthritis pain resulted in scheduling surgery for one knee replacement. However, two failed replacements and trauma to the other knee necessitated repeat surgical procedures over the course of four years. As a ten-month employee, I made plans for each of the three surgeries in May to allow myself two months to recuperate and resume teaching at the start of the fall semester in August. Unfortunately, one of the four surgeries occurred in September. A September surgical date required that I consider creative ways to teach my classes and maintain some level of collegial connection, inside and outside the university.

Each surgery obligated me to postpone meetings, conduct phone conferences, or cancel conference and community commitments while I honored healing time. Other faculty members

either by default or by willingly volunteering covered my departmental committees. A fully equipped home-based office allowed me to handle committee reports related to my research agenda via faxing, e-mail, or regular U.S. Postal mail. As appropriate, participation in a few committee meetings was via speaker phone. In addition to community and university meetings, travel to professional boards and conferences came to a halt. Seasoned faculty can use conference and board appointments as opportunities for professional networking. My university and professional board assignments were light; therefore, I opted to give the appropriate boards a notice of absence or to outright cancel those meetings. However, in lieu of my physical attendance, I read reports and occasionally responded to board business via phone so I could remain active and keep abreast of routine matters.

The orthopedic surgeon shared that the average short-term recovery time is 6 to 12 weeks but long-term recovery is 6 to 9 months, excluding complications. The instructions during orientation was to carefully care for my new replacement knees as if they were my natural ones, and that too much activity too soon can cause wear and tear on the artificial joints. However, after living in pain for so long, it was very tempting to want to become active after surgery and get back to the life I once knew.

Even though the surgery and recovery time is and was painful, I knew that in time I hoped to be back to my old self again. However, how long exactly could that take following a total of four surgeries, three surgeries on one knee and one surgery on the other knee? After each surgery, my stamina is low. I tire easily. I observed that my endurance is diminished. I cannot handle as many daily tasks compared to the level of activities I completed before the surgeries. The weakness in my right knee required the support of a walking cane as a mobility and balance aid.

Each time I contemplated returning to the classroom, I was tense about basic concerns such as how far I could walk across campus and the length of time I could stand while teaching. How much damage could I do to my new knees by returning to full-time duties too soon? I had a lot of work to make up when I returned. There were days when there was more swelling than usual or an increase in pain due to the positioning of my knee or prolonged standing. I found that I had to get up and walk more often to help stop the stiffness and chronic ache that sometimes develops.

After the third surgery, I returned to work fretful that faculty who provided committee coverage during my absence might be resentful or unsympathetic towards continuing these responsibilities because of their own heavy academic loads. Originally, it was coverage for one surgery; little could anyone anticipate the length of this journey. How might faculty or the dean view my extended requests for reduced responsibility? What might be the limits of their tolerance and compassion?

Another area of anxiety was the unavoidable delay in writing academic articles in preparation for promotion to full-professor. Usually I designated June and July to write since I do not have to teach students. Instead, these months were now filled with healing and rehabilitation. Publications are one of the most important measures used in promotion and tenure decisions. However, post-surgical pain and general discomfort hampers my concentration and efforts to maintain a consistent writing schedule. Making time to write is compounded with distractions from family and community responsibilities. My new reality is that proper healing and recovery time is a must and knee replacements, normalized family routines, and workload agreements will take some time.

Case Two Vignette

A Term-Faculty Experience with Extended Medical Leave

An unexpected surgery required my quick egress from school responsibilities that involved a four month absence from the office. Numerous follow-up visits to doctors over nine months kept me adjusting my work schedule to accommodate medical appointments and the need to inform others of my unavailability at times.

This unexpected leave of absence from the school occurred just prior to the start of the Fall semester, the formal start to the academic year, and created a flurry of extra activities on the part of the school faculty and staff. A full-time faculty colleague had to pick up my administrative workload, and another part-time faculty was brought in to assist in covering multiple orientation sessions. Because the faculty members were not accustomed to some of the responsibilities that were unique to my work assignments, a heavier burden was placed upon the staff support person who could offer some continuity of how my work was usually accomplished.

As a result of the effect of medications, multiple surgeries with resulting physical weakness, and twice daily physical and occupational therapy, there was little energy or time to resume academic work in any form while hospitalized for twelve weeks. For fear of theft and the lack of a secure internet connection within the hospital, and of potential damage from frequently being handled and moved out of the way by various hospital staff, as well as exposure to medical supplies and liquids, I chose not to have a laptop computer in my hospital room. However, I did keep my cell phone handy as it was small and more easily secured. At the time, I did not have a data plan, so I was unable to send and receive e-mails or other documents related to my work.

My husband visited with me daily and there were occasional visits from other family members. Because of the risk of infection to visitors in hospitals and because of the high activity level of medical care I was receiving, I requested no visitors during my hospitalization other than my family members. Instead, I made

and received calls to faculty members and staff. I also made weekly calls to the dean who agreed to send out e-mails to all the faculty to keep everyone informed and current on the progress of my health care and my return to school activities. Additionally, I regularly placed and received phone calls from family, near and far. Every single day throughout my time in the hospital, I received greeting cards sent in the mail from faculty, staff, and from family and friends. These buoyed my spirits and helped to keep me motivated for the ongoing medical treatment I received.

The phone calls from professional colleagues kept me abreast of happenings at the school. I received gifts; one was of a decorative angel which strengthened my spirituality and provided me with the message of being watched over with love and care by the colleague who sent the gift. I also received flowers from an organization with whom I was involved in community service. I received gift cards for meals at restaurants as well as home cooked meals. I received a very generous and quite compassionate offer from the school's dean of a van rental for an arduous, two-day drive home from an out-of-state medical center following surgery. This was to substitute for the compact car that I own, and to provide more space for my comfort on a long journey involving active medical care along the way. The offer included support so another family member could travel there and drive my personal car back to my home.

Once home again, I was able to restore the normal frequency of communications via e-mail with students and faculty, as well as phone conferences and document sharing. After a couple of weeks of home health care, I returned full-time to the office and my usual work routine. This was now two weeks before the end of the semester. Fortunately, all the faculty who taught the various sections within the practicum sequence were seasoned in this component of the curriculum and were able to perform very well with the support of the temporary assistance of another faculty member and the support staff.

Case Three Vignette
A Term-Faculty Experience with Caregiver Responsibility

The Family and Medical Leave Act (1993) mandates unpaid job protection for employees of qualifying businesses. Up to 12 weeks in a 12 month period may be requested by eligible employees for the addition of a child to the family by birth, adoption, or foster placement; care of an immediate family member experiencing a serious medical condition; incapacity due to a serious medical condition; and a qualifying exigency of a relative in active military duty (U. S. Department of Labor, 1993). Although the Family and Medical Leave Act is very beneficial to many individuals, in many cases, it is not enough. A survey of 225 higher education institutions found that faculty tended not to use unpaid leave due to limited finances (Sullivan, Hollenshead, & Smith, 2004). Additionally, caregiving needs may be intermittent and unpredictable. My role of caregiver for a fragile and chronically ill mother is such a case.

Though mother is fairly young chronologically at age 62, physically she appears closer to age 85. Mother's health status changes unexpectedly and quickly, requiring varying levels of monitoring and assistance. When mother is at her best, she conducts many activities of daily living independently. When she is ill these abilities become almost non-existent in that she requires assistance with basic tasks such as meal preparation, shopping, housekeeping, medication organization, maintenance of an insulin pump, financial management, transportation, escort to multiple medical appointments, and basic companionship. These tasks require completion daily, weekly, and monthly. Though most of these tasks can be completed in the evenings and weekends, the medical appointments require my taking time from work. When mother's health deteriorates, she requires additional monitoring and support including personal care, reminders to take medication, and assistance safely transferring and ambulating. With only my father and me living

in the area, caring for mother consumes a significant amount of time as she is frequently ill.

When mother is hospitalized, family presence is imperative for several reasons. First, mother tends to become resistant and easily agitated when she experiences respiratory distress, pain, or diminished mental status, so family must be present to provide support and assurances as mother tends to become distrustful and uncooperative with medical staff. Next, when mother is ill, her memory tends to become unreliable. Family is also needed to provide basic medical history about her status immediately preceding the emergency room visit/hospitalization and to obtain updates from the various physicians making rounds at all times of the day and evening. Additionally, family members identified medical errors related to several critical incidents including wrong medications administered by medical staff and two occasions of behavior and mental status changes that medical staff missed. On both occasions, mother was later diagnosed as experiencing a stroke. This clearly evidenced the need for family presence as much as possible to be an extra set of eyes and ears for the medical staff. Moreover, when mother becomes hospitalized, she frequently becomes critically ill. My father and I feel the need to be present as much as possible.

Over the past two years, I faced multiple challenges: balancing the needs of mother, caring for my family and myself, plus the responsibilities of work. As a field director and an instructor, I needed to be accessible for consultation, support, assistance, and instruction. Taking an official leave of absence to care for mother was not an option for several reasons. First, since mother's condition is chronic and her level of care varies intermittently and unpredictably, using Family Medical Leave was not a solution, as the time would quickly be exhausted. Second, taking leave without pay was not economically feasible since maintaining emergency savings

is important. Third, I worried that my absence from work would create a burden on the dean, the program director, and the field director of the MSSW program. Finally, I enjoy my work and my colleagues. Not working would create an additional level of stress beyond financial concerns. With all this in mind, I strived to find ways to manage my work obligations while meeting familial needs.

The strategies I employed evolved as the needs surfaced. When necessary, I conducted conference calls and e-mail exchanges to address concerns of practicum students, agency supervisors, and practicum faculty, went to campus to teach practicum seminar class only or moved class meetings online. I forwarded calls from my office phone to my cell phone and checked e-mail frequently in order to remain accessible to everyone. I completed most administrative tasks from almost anywhere by creating a home office that included a desktop computer, an all-in-one printer, a locking file cabinet, and a mobile office that included a laptop and a Smartphone. For tasks that required my physical presence on campus, I reported only for specific meetings or called into meetings via speakerphone. I also worked in the office during early mornings, and late evenings and weekends when needed to complete tasks that could only be completed in the office. Though working in the office is my personal preference, I never felt out of step with my students and my colleagues. This arrangement allowed me to meet work obligations while caring for mother.

Organizational Support

Each employee conferred with the dean of the social work department and jointly proposed alternative ways of working to meet performance standards. Based on our experience, several suggestions are offered to highlight how the dean of one social work department provided organizational support to university employees who were absent from their jobs. Hopefully, other chairs, deans, and university supervisors might benefit from our journey to balance work,

wellness, and workplace support.

1. Explore Shifting Traditional Courses to Online Courses. Increasingly, schools of social work are joining other colleagues in higher education in offering online social work education classes (Reeves & Reeves, 2008). Online teaching can be a viable compliment to face-to-face teaching for experienced teachers dealing with family-work conflict and limited availability to teach. A flexible work schedule is often cited as a prime advantage for faculty members. Many faculty members dedicate weekends, spring or fall breaks, or summer months to write research articles and grants that are required for promotion. However, in the midst of major life crises or transition in a faculty member's personal life the same flexibility can become a burden (Jacobs & Winslow, 2004). Major illness, family disruptions, and caregiving responsibility with children or the elderly can detract from the limited time available for research and teaching (Gregory, 2001).

Online teaching is sometimes referred to as distance learning and can be conducted as synchronous and asynchronous learning. Synchronous learning typically includes audio and video conferencing, instant messaging and live chat, viewing of multimedia presentations, and online slide shows. Asynchronous learning can include file attachments, e-mail bulletin boards, newsgroups, and threaded discussion (Hrastinski, 2008; Siebert & Spaulding-Givens, 2006).

As an award winning distinguished teacher, the dean of the social work department approved a plan that entailed teaching one of two contractual courses utilizing online technology. The second of two classes was rotated to the summer schedule thereby allowing the faculty member a longer period to heal from repeated knee replacement surgeries. The uniqueness of online learning is facilitated by instructional design enabled with effective pedagogy. Online learning environments are strong attractions for students juggling work, family, and education demands (Reeves & Reeves, 2008). The online environment can provide incentives for both students and the faculty member. Students can

benefit from organizing their thoughts as they coherently compose questions or respond to a discussion. For the student, learning is not limited to hearing the views of the dominant few in the classroom, or confined to attending a lecture at a set time on a set day (Maidment, 2005). At the micro level, the online environment also enhances student's ability to think critically and learn higher-order knowledge and skills in preparation for future employment (Reeves & Reeves, 2008). Online teaching is empowering for the faculty member since it removes the traditional student/lecturer hierarchical role. From a faculty perspective, the online environment provides the opportunity to experiment with new technology to support students' learning and expand existing curriculum, and it offers the convenience of at-home office hours and a flexible work schedule which was paramount to physical recovery (Reeves & Reeves, 2008).

2. Establish School Policies Regarding Coverage. Faculty bodies with a greater number of full-time faculty members are able to absorb and moderate the impact of caregiving stress on the school as a whole (Singer et al., 2001). Establishing school policies about coverage when faculty must be absent, including exploring any existing guidelines for such incidences within the Human Resources office, can be useful. Having a line item designated in the school budget to cover expenses related to hiring part-time faculty coverage needed for the inevitable occasions of extended faculty absence will ensure that temporary support can be readily available. Part-time faculty can fill in during a temporary absence and maintain the continuity of a course. Merging class sections of the same course which meet at the same day and time will help to maintain class continuity until the return of the regular faculty member.

Whenever possible, faculty may plan an absence to avoid being away during critical periods in the academic calendar thus helping to ameliorate some of the impact on colleagues and students. Scheduling surgeries/absences to occur after the start of the semester—when the cultural norms and values underlying the academic course are initially established—and before the end of

the semester—when faculty assess the knowledge/skills gained by students in a course—will aid in preserving the integrity and quality of the education offered.

3. Flexible Scheduling. Recovery from an extended illness/injury or caregiver responsibilities for young or elderly family members can negatively impact employee work productivity as employees frequently request sick time, vacation time, unpaid leave, reduced work schedules, early retirement, or resignation (Koerin, Harrigan, & Secret, 2008). Flexible scheduling can be an ideal work-family support strategy for employees who need to continue working. Requests for modified schedules may result from unexpected familial needs for brief, contagious illness or longer term illness/injury or care for an exacerbated chronic condition requiring employees to remain home for family or themselves. A national survey of 400 organizations indicate that employees who acknowledged the demands of eldercare responsibilities for employees tended to offer formal work-family programs as well as informal and formal flexible scheduling (Koerin et al., 2008). Allowing employees to adjust work schedules can be helpful in aiding employees in meeting work and family responsibilities. For example, if employees are allowed to set office hours to accommodate when they can arrange or wait for partners, relatives, or friends to provide care for dependent family after their work hours, employees can proceed to the office to complete work tasks without worry. Employees with the perception of having more control over their time or circumstances may perceive less stress and therefore be more focused and productive.

4. Telecommuting. Telecommuting can be defined as an arrangement in which employees conduct work related tasks outside the organization's physical location on a regular, occasional, or as needed basis (Hill, Jacob, Shannon, Brennan, Blanchard, & Martinengo, 2008). This arrangement allows employees to continue working when taking unpaid leave is not an option. Individuals with the ability to work outside the office can determine when their schedules will be most optimal for completing

Personal Stress and Organizational Coping Strategies

specific tasks such as writing, research, grading assignments, etc. The provision and loaning of laptop computers allows faculty to remain connected to e-mails being mass distributed on happenings at the University, within the school, and within the community. Faculty may also send and receive research papers, student work, and other materials. Online classes taught synchronously or asynchronously can be managed from any location. Technology now allows for the creation of internet “hotspots,” so connections can be made in even remote locations. Analyzing research data and writing can be done wherever a computer is located. Applications for Smartphones facilitate connectivity for class interaction and moderation through instructional platforms such as Black Board Mobile Learn and Moodle. Meetings can be held through audio and videoconferencing using programs such as Blackboard Collaborate, Adobe Connect, and Skype. E-mail and cell phones keep people connected and easily accessible. Smartphones allow access to e-mail when computer use is not feasible, such as in a doctor’s waiting room. Employees with control over when and where to work (i.e. home when no one else is present or everyone is asleep, the local coffee or restaurant, or the park, etc.) can experience a greater sense of autonomy and freedom. Additionally, increasing the types of options available for management of work and family time may further accommodate the cultural needs of employees (Masuda et al., 2012). Employees less stressed due to accessibility to technology may be more productive, as they are less distracted by worries at home.

Implication for Practice

As women are increasing in number in the workforce, men are assuming more responsibilities at home, and employees are assuming caregiving for a growing aging population. The need for organizations to institute or expand work-family support strategies has increased, and possible ramifications should be considered to ensure the benefits of the strategies remain optimal. Institutions are increasingly

offering a myriad of work-family supports aimed to support faculty in balancing work and family responsibilities. Support strategies include modified duties such as moving from traditional classroom teaching to online teaching, renegotiating workload, stopping the tenure clock, offering paid and unpaid leave (Sullivan et al., 2004), flexible scheduling, telecommuting, compressed work week, and job sharing (Hill et al., 2008). These measures allow employees unable to take unpaid leave to continue financially supporting and managing the needs of their families while fulfilling work obligations. Work-family policies that allow employees to structure their work and time to meet the needs of family and employers may mitigate the negative impact of re-allocating work to other employees or hiring temporary staff by creating optimal solutions (Wolf-Wendel, Ward, & Twombly, 2007).

Next, Heijstra and Rafnsdottir (2010) found that while technology allows faculty to work virtually anywhere and at any time, it can also infringe on family life because of increased accessibility. Additionally, researchers also found that individuals who telecommute tend to work more hours than individuals who work in a traditional office setting (Heidjstra & Rafnsdottir, 2010). While flexible scheduling and telecommuting allow employees to meet work obligations, employees must be particularly conscious of the need to set boundaries to protect time with family and self-care; otherwise, a new set of problems will be created for employees, including burnout.

Another consideration is that the same technology which aids in connectivity, accessibility, and productivity can create concerns with trust, isolation, and disconnection when employees and employers are separated by time and distance. A relationship of trust between employers and employees is necessary for the success of work-family support strategies, since employees are not in the office and direct oversight by employers are not possible. Employers must be able to trust that employees will deliver quality work, and employees must be able to trust that their flexible schedules, modified

workloads, or alternate work locations will not be a source of repercussion (Robinson et al., 2003).

Summary

Balancing work and family life is a task that employees constantly grapple with that can negatively affect work performance and employee health. At times work obligations impede on family life and family life impedes on work obligations. When work and family needs overlap over a short period of time, employees are typically able to temporarily manage the heightened demand and stress. But when the addition of a new family member, a serious injury or illness, or new caregiving needs of a family member requires long-term or intermittent attention, the balancing act becomes complicated. Long-term stress may have a negative impact on work performance in the form of absenteeism, increased turnover, diminished productivity, and low morale. Long-term stress can also negatively impact family interactions and personal mental and physical health. However, workplaces that are aware and understanding may prevent or reduce role strain by enabling employees to cope with these demands.

Consideration should be given to contingency plans that include options for managing when employees must unexpectedly take a leave of absence, and plans for some level of social support. Partnerships between employers and employees based on mutual trust can use or advocate for a bevy of options of work-family support strategies. Personalized work plans can support employees when the work-family balance is compromised due to emergent or extended family needs. Employees with options between paid/unpaid leave and other alternate work agreements can maintain productivity for the workplace and embrace mental and physical well-being for self and their family.

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Personal Stress and Organizational Coping Strategies

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