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Exploring Physical Health Problems Among Licensed Social Workers: Findings from a Multistate Survey

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Abstract

The *Code of Ethics* of the National Association of Social Workers notes that professionals' personal challenges can deleteriously impact their work, urging members to implement strategies that ameliorate harms these issues may cause to their clients. Although it is generally understood that their compromised health, in particular, can have far-reaching consequences, empirical data assessing the scope and impact of social workers' physical problems are largely absent from the professional literature. To address this gap, a questionnaire was developed to explore the ways in which physical health problems prior to becoming a social worker shaped individuals' decisions to enter the profession and to examine how physical health challenges encountered during their careers influenced social workers' workplace

experiences. Of the 6,112 licensed social workers who completed the online survey, 23% of respondents ($n = 1,388$) indicated that they had ever experienced serious physical problems. Analyses of qualitative data suggest that for many of these individuals, health issues informed their selection of practice specializations, influenced their preferred professional roles, enriched their sense of compassion toward others, affected their relationships with clients, complicated dynamics in their workplaces, and heightened their stress burden. At all stages of their careers—from enrollment in practicum education to retirement—social workers would benefit from education on how to prevent and address physical health problems so that they can most effectively provide services and manage their professional responsibilities.

Keywords: social workers, physical health problems, workplace issues, survey research

The Centers for Disease Control and Prevention (CDC) estimates that 60% of Americans are living with at least one chronic disease, conditions that cost U.S. employers over \$36 billion per year (Centers for Disease Control and Prevention, 2024). The *Code of Ethics* of the National Association of Social Workers (NASW) indicates that social workers experiencing personal challenges affecting their professional responsibilities should seek assistance to mitigate potential harm to their clients (National Association of Social Workers, 2021). While social workers are ubiquitous in many specialized healthcare environments (Gehlert & Browne, 2019), play prominent roles on primary care teams (Dennelly et al., 2022), champion the expansion of integrated care (Lundgren & Kroll, 2019), make essential contributions to the ever-evolving understanding and treatment of substance use disorders (Straussner, 2012), and deliver over one-half of the nation's behavioral health services (Woodward & Taylor, 2018), little is known about the nature and scope of social workers' own physical health challenges. To contribute to an understanding of this important topic, this paper presents qualitative findings collected from a multistate survey of licensed social workers that explored how their self-defined serious physical health problems have informed their decisions to enter the profession and have impacted their work.

Literature Review

The following section introduces what is known about health problems among social work students and professionals. To complement this information, findings from studies of physical health issues experienced by medical and behavioral health professionals are also included. Taken as a whole, this knowledge may provide a more comprehensive sense of the wellness difficulties encountered by social work students and practitioners. Importantly, the gaps in knowledge that were identified through reviews of the literature informed the development of the study that is

featured in this article.

Physical Health Problems Among Social Workers

In the social work literature, assessments of professionals' physical health problems mostly focus on stress and burnout. For instance, Lloyd et al. (2002) identified factors that contributed to social workers' exposure to burnout, identifying that the complexity of their clients' presenting problems, work demands, and organizational environments associated strongly with burnout. Kim et al. (2011) explored associations between burnout and physical health, noting that social workers with high levels of stress reported an array of ailments that influenced their work, such as headaches, gastrointestinal concerns, and respiratory infections. The prevalence and intensity of stress and burnout among social workers have increased since the onset of the COVID-19 pandemic, likely as a result of the heightened personal and professional responsibilities brought about by this public health crisis (Evans et al., 2021; Holmes et al., 2021). In response to these concerns, factors which may mitigate social workers' stress and foster their resiliency have been identified, such as forming more meaningful relationships with clients and colleagues, improving workplace communication, more advantageously utilizing supervision, establishing better work-life balance, and implementing self-care strategies (Ashcroft et al., 2022; Miller & Grise-Owens, 2022).

The ways in which social workers' and social work students' own serious physical health problems influenced their decisions to enter the profession are largely unstudied. A decades-old survey administered to 87 undergraduate social work students in Canada explored factors that influenced participants' decisions to major in social work. These students identified a number of personal attributes and influential life events that shaped their interest in becoming social workers. Along with experiences such as the death of a loved one, domestic violence, and addictions, some respondents indicated that their own physical illnesses motivated them to enter the social work profession (Bulcke, 1994). More recently, a participant interviewed in a qualitative study described how these challenges led him to change careers and become a social worker (Ahn et al., 2017). Employment in social work, he contended, gave him an opportunity to help others in return for the assistance he had received during bouts with illness. It is noticeable that explorations of social work students' physical health problems and how these incidents affected their academic studies and practicum placements are absent from the literature.

Poorvu's (2015) study of licensed independent social workers provided novel information about professional challenges encountered as a result of health problems. Specifically, the 16 participants described how their bouts with illness affected their delivery of services. Making decisions about self-disclosure, maintaining

boundaries related to the management of their health problems, and addressing countertransference were identified as aspects of their clinical relationships that became issues that they needed to consider.

In our previous publications, we reported results related to other wellness-related issues addressed in this same survey, such as social workers' mental health and substance problems (Straussner et al., 2018) and their experiences utilizing services for their behavioral health issues (Senreich et al., 2022; Steen et al., 2023). Regarding licensed social workers' physical health problems specifically, our article published in 2023 (Steen & Kravitz, 2023) presented quantitative findings about the periods of time during which these issues were experienced, and tallied the conditions that occurred most frequently. To summarize, we found that 18% of survey participants with health problems experienced those issues before becoming social workers, 61% of social workers who reported health issues encountered them over the course of their careers, and 27% of individuals who had faced health challenges were dealing with them at the current time. The questionnaire included a list of common physical health problems, such as cancer, heart disease, HIV, kidney disease, and stroke, and asked participants to indicate if they had ever experienced any of those issues. A blank text box was also provided so that respondents could type in other conditions they have encountered. Among the licensed social workers in this sample, the most frequently occurring physical diagnoses were arthritis, diabetes, and respiratory disease.

Physical Health Problems Among Other Behavioral Health Professionals

The effects of mental health professionals' physical problems, in particular on their relationships with clients, have received attention in the literature. Hott (2000) interviewed 19 women psychotherapists who experienced health problems, and found that their approaches to clinical work and personal coping styles varied based upon the phases of illness and treatment. Battalova et al. (2020) identified that clinicians experiencing physical illness had a greater understanding of clients' presenting problems, developed innovative approaches to service delivery, and advocated for policies supporting recruitment and retainment of professionals with health issues. While the benefits of providers' lived experiences are compelling, Johnson and Barnett (2011) found that factors such as countertransference, fear, denial, and emotional distress may impede clinical effectiveness and ethical professional conduct among psychologists with life-threatening illnesses.

Mental health disciplines have addressed the importance of self-care to prevent or ameliorate the effects of professionals' health problems (Coaston & Lawrence, 2024; La Mott & Martin, 2019). Among music therapists with cancer, self-care practices coupled with spiritual faith and self-awareness were found to enhance workplace

effectiveness (Lee, 2006). A survey of 422 psychologists found that self-care strategies that focused on meaningful daily functioning predicted personal health and professional effectiveness (Rupert & Dorociak, 2019).

Physical Health Problems Among Medical Professionals

Numerous studies have examined the physical wellness of medical trainees and practicing professionals. In a nationally representative survey of over 2,000 medical students (Frank et al., 2010), 97% of participants described their health as good, very good, or excellent. While their personal health behaviors—operationalized as drinking, smoking, exercise, and diet—were similar to other Americans of comparable ages, medical students were less likely to access personal screening services, such as routine checkups, cholesterol screening, and HIV tests. It was speculated that their lower rates of healthcare utilization could be due to a variety of concerns, such as fearing that colleagues could view them as patients rather than professionals (Frank et al., 2010). More recent studies of medical students have identified other health-related risk factors that impact their careers, including depression and anxiety (Halperin et al., 2021), suicidality (Maser et al., 2019), stress (Vyas et al., 2017), and burnout (Almutairi et al., 2022).

While underexamined, there may be a relationship between experiencing health challenges and pursuing a medical career (Fox et al., 2011; Szilagy et al., 2019). More has been written about the professional impact of medical providers' physical problems after they initiated their professional careers. For instance, physicians Tierney and McKinley (2002) described how being treated for cancer caused them to experience extreme physical discomfort, adverse medication-related side effects, and fears of disability and death, issues that had detrimental workplace consequences. However, they also reported that these challenges engendered compassion for their patients, a theme that has been identified in similar research about these issues (Edward et al., 2017; Mitchell, 2015; Woolf et al., 2007). A qualitative study of 50 healthcare providers with serious physical problems found that decisions about whether or not to disclose these issues to patients presented ethical dilemmas, in particular among professionals diagnosed with HIV. Supervision and self-care were identified as resources that could facilitate successful navigation of these complex clinical interactions (Klitzman & Weiss, 2006). Self-care was also described as a strategy for promoting workplace effectiveness among nurses, in particular for those who were at risk for developing diabetes or obesity (Mills et al., 2017).

Purpose of Study

While there are numerous anecdotal observations that social workers' health problems substantially impact many aspects of their work, such as their ability to

manage responsibilities, relate with clients, engage with colleagues, and access opportunities for advancement, the lack of empirical data limits efforts to assess and address them. The purpose of this study was to advance understanding of the nature and scope of social workers' self-reported physical health problems. For individuals who experienced health problems before they became social workers, we explored how these challenges influenced their decisions to enter the profession. For those who indicated that they had experienced physical problems over the course of their social work careers, we examined how these issues have impacted their work as social workers. We hope that the results may influence how social work educators provide support to their students in the classroom and at their practicum sites, and can inform how social workers navigate health-related decision-making throughout their careers.

Methods

This study presents qualitative data collected from a study that was designed and conducted by the authors in 2015. This web-based survey included questions that examined workplace experiences in addition to numerous aspects of social workers' personal histories, such as Adverse Childhood Experiences, behavioral health problems, and physical health issues. To obtain the sample, researchers contacted professional boards in all 50 states and requested email addresses of licensed social workers in their states. Thirteen states located in all four census regions (U.S. Department of Commerce, n.d.) provided this information: Arkansas, Connecticut, Florida, Minnesota, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, Washington, West Virginia, and Wyoming. One-half of the licensed professionals from these lists ($N = 34,831$) were randomly selected to participate in the study. Among these licensed social workers, 6,112 individuals (17.5% of the entire sample) completed the online questionnaire. A total of 1,388 individuals (22.7% of study respondents) indicated they had experienced serious physical health problems during any of the following points in time: before becoming a social worker, over the course of their social work careers, and at the current time.

Measures

The questionnaire included two open-ended items aimed at respondents who indicated that they experienced serious physical health problems, asking them to describe how these issues influenced their social work careers.

Question 1: How did participants' serious physical health problems influence their decision to become a social worker? Respondents who experienced one or more serious physical health issues before becoming social workers were asked, "Did these serious physical health problems influence your decision to become a social worker?"

If so, how did these serious physical health problems affect your decision to become a social worker?" Participants who answered affirmatively were invited to elaborate on this issue.

Question 2: How did participants' serious physical health problems impact their work as a social worker? To explore the career-related impact of health challenges, respondents who reported they had experienced one or more serious health problems were asked: "Have these serious physical health problems affected your work as a social worker?" with response choices of "Yes" or "No." A follow-up question read, "If so, how have they affected your work? We welcome your comments and encourage you to elaborate."

Analytic Approach

Tuffour (2017) described a phenomenological approach as "a relatively mature qualitative research methodology ... [that] has attracted growing interest in everyday experience in the domain of public and professional practice including nursing, education, psychology, and social work" (p. 2). Informed by this methodology, the study was designed and data were analyzed in a manner that invited understanding of social workers' personal and professional experiences. Data coding and analysis were informed by procedures described by Alase (2017) that prioritize consideration of study participants' lived experiences through identification of the "core essence" (p. 16) of their responses. To do so, the review team individually read and coded the text multiple times. Codes were developed and discussed; when inconsistencies in understanding emerged, analysts examined again the specific survey responses and determined a more congruent meaning. This process of interpretive analysis enhanced the credibility and validity of the results we reported. Data analysts included three researchers: a doctoral-level social worker, a social work doctoral trainee, and a pre-medical student with a background in psychology. The two doctoral-level social work researchers who codeveloped the survey also examined the themes that were identified, provided recommendations that were informed by their involvement in the study, and contributed to the authorship of this article.

Results

Of the 6,112 licensed social workers who participated in the survey, 1,388 (23%) indicated that they had ever experienced serious physical health problems and also provided a response to one or both of the open-ended items that explored the impact of these issues. A majority of respondents with self-reported physical problems identified as White (84%) and female (89%), figures that were similar to the entire sample of social workers who participated in the study. Compared to the larger sample, however, respondents with health problems were slightly older (48 years old

vs. 46 years old) and were more likely to identify as gay, lesbian, bisexual, or “other.” Additional information about participants’ characteristics is provided in Table 1.

Among respondents with serious physical health problems, 17% reported that these challenges influenced their decisions to become social workers, and 37% indicated that their serious physical health problems have affected their work. This paper presents themes derived from analyses of survey data collected from the 1,388 study participants who indicated that they had ever experienced serious physical health problems and subsequently described the impact of these issues.

Table 1

Respondent Characteristics

	% Total Sample	% Respondents with Health Problems
Race/ethnicity (<i>n</i> = 1,358)		
White	83	84
Black	6	7
Latino/Hispanic	4	5
Other	7	4
Sex (<i>n</i> = 1,291)		
Female	89	89
Male	11	11
Sexual orientation (<i>n</i> = 1,291)		
Heterosexual	91	87
Gay/lesbian	5	6
Bisexual	3	4
Other	1	3
Born in US (<i>n</i> = 1,295)		
Yes	96	97
No	4	3
Median age (<i>n</i> = 1,281)		
Years (SD)	46 (13.3)	48 (12.8)

How Did Participants’ Serious Physical Health Problems Influence Their Decision to Become a Social Worker?

Several themes emerged regarding the ways in which social workers’ self-identified serious physical health problems informed their decisions to enter the profession, noting that these challenges and the treatment they received to address them influenced their professional interests and their selection of specific fields of social

work practice. Participants' relationships with their own healthcare providers were particularly impactful. Regarding career-related decision-making, respondents wrote that physical health problems had the effects reported below.

Shaped Their Professional Interests

Participants indicated that their own physical health problems motivated them to seek training so that they could provide professional services for others experiencing similar challenges. A respondent stated, "Growing up with asthma, which resulted in 25–30 days of school absences each year, activity limitations, etc. probably played a part in my interest in social work." A career in social work allowed a participant to advance awareness of health-related issues: "I felt very disempowered as a result of my experience of victimization and associated somatization. I wanted the opportunity to advocate on behalf of disenfranchised people and therefore consciously made the decision to become a social worker."

For many respondents, their health problems also cultivated compassion toward others, experiences that informed their decisions to become social workers. A participant reflected,

Throughout childhood, I had several serious health problems and faced challenges as a result. I believe that these challenges led me to become more empathic and helped to lay the foundation of wanting a career that centered on helping to ease suffering.

Another noted, "I was born with cerebral palsy. Living with a handicap shaped my experiences with others and gave me the desire to advocate and empower those experiencing difficulty."

Informed Selection of Specific Fields of Social Work Practice

Participants described how their serious physical problems influenced their selections of specific fields of social work practice. Some respondents indicated they wanted to provide care that addressed the health issues they had experienced. "I am visually impaired. I wanted to become a social worker so I could work with children with disabilities," a participant commented. A participant also reported that their medical condition, in this case diabetes, informed their selection of a practice area: "I was diagnosed with a chronic illness, Type 1 diabetes, in college, which influenced my decision to work with children with chronic illnesses as a medical social worker." Reflecting on how their health challenges and treatments for these conditions informed their specialization in the field, a social worker wrote, "I had a serious medical accident that caused me to reevaluate all aspects of my life, including my career. I went into therapy to resolve these issues. As a result, I decided I wanted to

become a therapist and chose social work as my avenue.”

Were Influenced by Relationships with Their Own Healthcare Providers

Respondents' relationships with their own healthcare providers were especially influential as they made decisions about entering the social work field. A respondent commented, “I was in the hospital a lot as a child and had a fantastic social worker, who inspired my career path to become a social worker.” Another respondent described how beneficial relationships with providers in a variety of medical settings informed their interest in becoming a social worker:

As a result of my congenital muscular dystrophy, I had been hospitalized numerous times, and had met many health care professionals, including child life specialists and medical social workers. I recall how important these persons were, not only to me, but also as integral in the support of my family members as we all coped with the various aspects of my condition and complications of my disability. I knew that I was interested in becoming a medical social worker as a result of my interactions with these social workers, and wanted to help others like I had been helped.

Some respondents with physical problems described negative experiences accessing services, reporting that challenges during their treatment led them to enter social work so that they could more effectively deliver healthcare services for others. For example, participants expressed concerns that their providers lacked relational skills and sufficient knowledge to address their health issues. A participant wrote, “I was helped by social workers after becoming paralyzed. Some of them weren't helpful or knowledgeable about my situation. I wanted to be in a position to help others like myself and have the knowledge to do so.” Another participant described how their detrimental experiences utilizing services informed their commitment to helping others differently: “Its effect was negative, however, it became positive in that it motivated me to want to help others obtain more quality treatment than what I had received.”

How Did Their Serious Physical Health Problems Impact their Work as a Social Worker?

Respondents also considered how physical health problems encountered during their careers have influenced their work with clients, their workplace experiences, and their professional trajectories.

Affected Relationships with Clients

The impact of their physical health problems on their relationships with clients was

identified by many respondents. For some individuals, these experiences enriched their clinical practice; for others, health concerns have been impediments to their work with service users.

For instance, social workers remarked that their physical health issues enhanced their understanding of clients' presenting problems. A respondent stated,

I had brain surgery two years ago at the hospital I work in. I was pretty out of it my entire stay. Now when I walk into a patient's room to talk to them, I can understand and relate to how they feel and know that they are probably out of it as well. I have more empathy now.

Heightened compassion, derived from their own physical health problems, was frequently described as a factor that enhanced their clinical work. A study participant mentioned, "More empathic toward people that are disabled. Better able to understand how people react to those with physical disabilities. Also, a better understanding of the frustrations that people with physical disabilities confront on a daily basis." Another social worker reported increased sensitivity toward others, commenting, "From my personal health issues, I am more aware of how vulnerable it feels to be ill and dependent upon others. I take more time with people and encourage them to ask more questions and share more about their feelings."

On the other hand, respondents also reported that their self-reported serious health issues have made it more difficult to provide direct services. A participant commented that their cognitive problems created challenges when working with clients: "I also have issues with concentration at times, which also affects my overall production level. I need a clear mind to help problem solve and find resources for those in need." Some participants asserted that working with clients experiencing health issues similar to their own has been particularly challenging. A respondent wrote, "[I have experienced] difficulty working with patients—I work in a medical setting—who may be dealing with similar issues due to countertransference." Another social worker stated,

Retinal detachment and shingles have kept me out of the field, not earning income, and made it more difficult to come back to work. I had to take a lot of time off, plus it was difficult providing counseling when I, myself, was experiencing a traumatic time.

Shaped Workplace Dynamics

Participants described how their workplaces, in particular their colleagues and supervisors, have responded to their health problems, with some experiencing assistance from others. "It was a horrible time for me and if it weren't for my supportive and understanding supervisor I would not have been able to continue

working.” Anticipating that their health will deteriorate, a participant described the importance of professional relationships:

I expect the time to come when that will no longer be the case, and I will be unable to continue my active life, let alone my practice. I’ve decided that rather than use dialysis, I will just opt for hospice. I’ve had an incredibly blessed life, and I can’t imagine it would have been so good if it hadn’t been for my reliance on my profession and my wonderful colleagues.

Reflecting on the impact of their physical health problems, other participants reported that their workplaces have not provided necessary accommodations:

[I need] more time off to go to doctors and I try to ensure I take time off, break. But the administration can often have an issue with you taking a break to ensure you are eating healthy. Peer pressure also does not [help with] these things.

A participant experienced negative responses upon requesting workplace support: “I am now hearing impaired and have requested accommodations that have brought a lot of resentment, mockery, and bullying from coworkers and those in positions of power,” they wrote. A respondent reported that they took legal action because of these concerns: “I ended up suing my employer for discrimination as they cut my hours when they found out I had breast cancer. I was working for hospice!”

Were Complicated by Stress

While a variety of health-related conditions, such as diabetes, heart disease, and arthritis, affected respondents’ work, by far the most frequently-mentioned condition was stress. Participants discussed how stress has negatively impacted their work, and many described aspects of their roles that have contributed to heightened stress levels. They also identified the importance of understanding and managing stress.

Respondents described specific stress-related conditions they have experienced. For instance, a participant stated, “The stress of my job exacerbated my severe asthma and COPD [chronic obstructive pulmonary disorder]. My immune system was compromised and I could not get well and stay well.” Participants also articulated the ways in which stress has affected many aspects of their work as social workers. “Sometimes, the stress catches up with me, physically. And if I’m not here, I can’t help my patients,” a participant commented. Regarding stress and work with clients, one individual wrote,

As a result of constant exhaustion and stress, I have gained weight, my blood pressure has risen and I have had fertility problems. All of these ailments take a toll on my emotional and physical health, and I do not believe I am providing the best care to my patients that they need.

A number of participants articulated specific aspects of their work that have contributed to their experiences of stress. For instance, a respondent identified numerous workplace-related stresses they have experienced: "Stress from the job, including the high work load, dealing with angry clients, angry foster parents, unreasonable expectations from program manager, overwhelmed with paperwork, threats of violence or attacks on the workplace." Another participant also discussed concerns related to their supervisor, expressing fears that they could lose their job as a result of stress and other health issues:

Yes, stressful job and boss have caused me to have raised anxiety and depression along with having one half of my colon removed. The doctor stated stress was a huge factor. I worried the entire time my boss would fire me as she had others with health problems.

In addition to describing workplace-related stress, participants also discussed the importance of understanding and managing its effects. An individual commented, "My cardiologist was astute enough to ask me, 'Since you have a PhD and you know how stress impacts people, isn't it time to see the forest regardless of the trees?'" A respondent identified particular self-care practices that are promoting their wellbeing:

Chronic pain in lower back makes it more difficult to sit for long hours and do individual therapy. I have both a private practice and work at a university. I find it draining due to the pain. I do things to try to take care of myself like exercise and walk and when I can afford it, I will get acupuncture or massage.

Altered Career Trajectories

Study respondents provided information about career-related decisions they made as a result of their self-reported serious physical health problems, including taking time off from work, shifting to different positions, changing jobs but staying within the social work field, leaving social work and entering different professions, and retiring, often earlier than planned.

Some participants took time off from their work to manage health issues, and expressed mixed feelings about these modifications. An individual commented, "At times I am unable to attend work due to my health issues. Missing one day of work as a social worker, is like missing a week and often puts me very behind." For other participants, changing roles allowed them to be more effective. "I shifted from full-time administrative position to part-time clinical work due to a stressful work situation that may have contributed to an emerging heart condition," an individual reported.

Respondents' serious health problems also led them to change employers. A licensed

social worker described negative responses that informed their decision to search for a different workplace:

I contacted hepatitis C through my work as a social worker in a hospital.

This required me to take six months off of work and eventually leave that job because of the reaction of the people I worked with, very negative towards me. It was extremely stressful.

While some individuals who left their positions remained within the social work profession, others sought employment in a different field. A respondent explained, [My physical health problems] reduced my tolerance for agency bullshit, poor morale, and an abusive/hostile work environment. I changed jobs several times, then 12 years ago started my own company with a pleasant work environment.

Some respondents decided to leave the workforce entirely due to the impact of their serious physical health issues. A respondent described how workplace-related dynamics affected their health and resulted in their decision to temporarily leave social work: "I was in an abusive employment situation and suffered depression as a result. I was employed as a social worker at that time. I left the profession for several years as a result." Other participants opted for permanent retirement as a result of their health struggles. "I am retired but might have worked longer if my health had been better," a participant noted.

Discussion

The findings of this study suggest that social workers' self-reported serious health problems influence many aspects of their careers, such as their selections of specific areas of practice, relationships with clients and colleagues, and decisions about issues like advancement and retirement. The impact of these issues is multifaceted, as their health ailments may also heighten their compassion toward and ability to assist others who are also experiencing challenges. While only one-fourth of the study sample reported that they had ever experienced serious health challenges, given the multisystemic nature of their work, the illness of only a few social workers may seriously affect the wellbeing of the clients, families, and organizations with which they are engaged. It might be necessary for those who do experience a serious health issue to respond to numerous situations that may occur as a result of their health problems, such as taking extra time off from work, changing their work schedules so that they can attend medical appointments, adjusting their relationships with clients, managing tensions with colleagues and supervisors as a result of these issues, and shifting their longer-term professional and personal priorities.

Regarding the first issue explored in the study, serious health problems informing decisions to become social workers, it is worth noting that participants' own

treatment-related experiences influenced their entry into the profession. According to respondents, their relationships with the providers treating their medical conditions were salient factors that motivated their interest in social work. Similar to results described in Probst's (2015) study of clinical social workers, survey respondents reported that interactions with their own providers informed their understanding of the roles of professionals and clients in the help-seeking process, and highlighted the importance of acquiring knowledge about health issues and interventions to inform their future professional practice, should they decide to become social workers. This study reinforces the idea that physical problems and treatment for these conditions impacts not only personal experiences, but also informs individuals' selections of careers.

Study participants indicated that their experiences with physical health problems have both improved and challenged their professional abilities. These observations are consistent with Jung's archetype of the wounded healer, which describes how health professionals' adversities may uniquely allow them to understand and treat others experiencing similar conditions. Similar to respondents' experiences, this framework posits that affected individuals can also face challenges if they are unable to develop personal and professional effectiveness in their response to these difficulties (Straussner et al., 2018; Zerubavel & Wright, 2012). It is essential that social workers who have histories of health challenges assess the potential benefits and limitations of these experiences. Education and ongoing training, supportive supervision, and self-care regimens such as utilization of therapy can allow social workers to better understand the impact of their health conditions. Accessing these resources may enable them to fulfill their ethical duties to appropriately provide services for their clients, more successfully manage workplace challenges, identify and advocate for their own needs, and enact career changes to support their personal and professional effectiveness.

Implications for Education, Practice, and Research

Given the prevalence and impact of social workers' physical challenges—issues that will become more pronounced as the workforce ages (Gonzalez et al., 2015)—it is critically important for educational institutions, workplaces, and professional organizations to develop substantive mechanisms that support the wellbeing of social workers. Regarding social work education, it is likely that some students enrolled in degree programs may be experiencing health issues that impact their ability to manage the obligations of their coursework and practicum. Given stigma associated with experiences of illness, students might be reluctant to report these concerns to their class instructors or practicum supervisors. As university leadership acclimates students to graduate studies, it would be advantageous to share with all students information about campus- and community-based health promotion

resources, provide information about applying for accommodations, and detail procedures for taking health-related leaves of absences.

At their practicum sites, students can be made aware of organization-specific processes as well. Personalized, nonstigmatizing conversations with students about differences in physical ability and the importance of developing health behaviors that mitigate risk for illness can normalize engagement in these critical conversations, and support implementation of mechanisms that aim to keep all students healthy, in particular those who may have compromised health.

Evidence suggests that numerous approaches can be implemented to contribute to the wellness of the workforce, such as expanding access to employee assistance programs, improving the scope of pharmacy benefits, securing more comprehensive health and behavioral health insurance coverage, creating more generous paid time-off policies, cultivating a more compassionate work environment, providing resources that promote self-care routines, and offering health-related education to all employees, in particular managerial and human resources staff (Bates, 2016). Given the relationships between stress, burnout, and health (Maddock, 2024; Tang & Li, 2021), organizations employing social workers would benefit from shifting workload requirements so that expectations are more realistic and sustainable.

Survey participants reported that their colleagues and supervisors have reacted to their health problems in various ways, with some providing support and others interfering with their ability to manage illnesses and their workplace effects. It is important to raise awareness about these issues in the workplace, particularly among supervisors and administrators, with the hope that they might institute practices that instill flexibility and resilience (Mack, 2022; Tarshsis et al., 2025). Study participants also suggested that their workplaces can better address their health needs by offering more flexibility with scheduling, roles, and responsibilities. Options to work at alternate locations or virtually may also augment employees' health and allow them to access medical care more easily. These accommodations may advance social workers' capacity for resilience and support their retention in the profession (Oakman et al., 2020; Wells et al., 2023).

Reflecting the wounded healer framework, future research can examine how social workers are able to mitigate risk and leverage lessons learned from their physical health challenges to enhance their relationships with clients and their workplace effectiveness. Qualitative studies that explore in greater depth the personal and professional impact of social workers' physical challenges, and the ways in which these issues are being managed, can guide these efforts. It would also be beneficial for future studies to identify and test the effectiveness of specific organizational and workforce strategies that aim to prevent and address social workers' health problems.

Study Limitations

A number of limitations may affect interpretation of study findings and their implications for social work. For instance, the questionnaire asked respondents to describe “serious physical health problems” they have experienced, without providing a definition or operationalization of this term. As the interpretation of this phrase was left to respondents, it is likely that the great variation in participants’ understanding of this term impacted the responses they provided. This lack of precision compromised the consistency and reliability of study findings. Survey analytics indicate that a majority of respondents completed questionnaires during standard work hours; therefore, it can be inferred that they did so while on the job. As a result of stigma and social desirability related to issues addressed in the questionnaire, respondents’ awareness of their setting while taking the survey might have made them less likely to report their personal problems.

Regarding the sample, surveys were only distributed to social workers maintaining active licenses. Therefore, data do not capture the experiences of social workers who are no longer practicing, some of who may have left the field as a result of their physical health problems. Future research can explore experiences of these professionals and how their health challenges may have influenced their decisions to discontinue employment in social work. Further, as licensees from only 13 states were invited to complete the questionnaire—and their rate of participation was relatively low—findings are not generalizable to all licensed social workers in the United States.

As the questionnaire offered participants opportunities to respond to open-ended items by typing their comments in a text field, the data lacked the depth that would be obtained through qualitative interviews. During the analytic process, the number of comments for each type of response was not tallied, which would have significantly added to the meaningfulness of the findings.

Subsequent studies can employ these and other qualitative methods to explore the issues that are identified in this paper. It is also important to note that the survey was administered several years ago, prior to the onset of COVID-19, so results do not capture the vast health and workplace consequences of this particular crisis. Since the pandemic, the growing recognition of the importance of social workers’ health—in addition to the lack to previous research in this area—supports the significance of these results. Future investigations can use this data to inform further investigation of social workers’ wellness.

Conclusion

This survey of 1,388 licensed social workers licensed in 13 states found that their serious physical health problems have varied and substantial effects on their careers, including their initial decisions to enter the field and their ongoing experiences as helping professionals. In addition to influencing their personal and professional lives, social workers' health challenges are especially impactful in their relationships with clients, colleagues, and the organizations in which they are employed. It is necessary for institutions educating and employing social workers to anticipate the scope and impact of their physical health problems, and further develop resources that support those encountering these issues. Results from this study can inform the implementation of strategies for assessing and preventing physical health problems among social work students and professionals, providing paths forward for individuals who are encountering these challenging experiences.

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