British Journal of Social Work (2024) **54**, 1340–1355
https://doi.org/10.1093/bjsw/bcae007
Advance Access Publication February 12, 2024

Learning by Stealth: Newly Qualified Social Workers' Experiences of Navigating Health and Hospital Social Work

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Abstract

Hospitals are known to be fast paced, multidisciplinary environments, which can be experienced as both challenging and fulfilling workplaces by social workers. Newly qualified social workers (NQSWs) are still learning how to be social work professionals through their engagement in and delivery of practice. Drawing on a larger pilot study conducted in Brisbane, Queensland, this article reports findings from a cohort of NQSW hospital social workers' conceptualisation and responses to complexity. Findings indicate that within a hospital context, NQSWs learn how to be professional social workers through stealth due to the broader organisational factors surrounding their role. Whilst these organisational factors present challenges, participants enacted several adaptive strategies to manage their work. Yet, these strategies are not without their limitations. Implications are raised in terms of the need for more purposeful support and socialisation of NQSWs within hospital contexts.

Keywords: health social work, hospital social work, lifeworld theory, newly qualified social workers, professional development, professional identity

Accepted: January 2024

Introduction

Health and hospital social work are recognised as complex fields of practice where social workers are expected to be highly versatile and capable of working across multiple dimensions of practice (Judd and Sheffield, 2010; Cleak and Turczynski, 2014; Fantus *et al.*, 2017; Heenan and Birrell, 2019). Hospitals are recognised as a major employer of social workers in the Australian context and provide a well-established field of social work practice (Cleak and Turczynski, 2014). Whilst hospital social workers work within the hospital and provide ward-based services, health social workers are typically based within the community and deliver care outside of the hospital setting. The complex role of hospital social workers typically entails a diverse range of tasks including discharge planning, adjustment counselling, bereavement support and patient advocacy (Cleak and Turczynski, 2014; Heenan and Birrell, 2019). However, the breadth and responsivity of this role often leave it difficult to clearly define (Heenan and Birrell, 2019; Steils *et al.*, 2021). Similarly, the scope of health social work can be quite diverse and may include a range of roles such as health prevention, case management and individual support.

Despite the established nature of hospital social work, little research has explored the ways in which newly qualified social workers (NQSWs) *become* established hospital social work professionals. This article will examine how NQSWs learn to become social work professionals within complex and dynamic hospital and healthcare contexts. It is argued that the organisational structure and climate of a health setting can promote a culture of 'learning by stealth', which on the one hand demonstrates recent graduates' commitment to learning to be a social worker, but on the other carries the risk of poor care practices being emulated.

'Early career' social workers have been defined as those within the first five years of their professional career (Fook *et al.*, 2000). Fook *et al.* (2000) examined how expertise is developed for emerging social work professionals. They found that within the first few years of practice, the focus is on learning the 'how' of practice, and that the capacity for contextualised reflexive practice may not yet be developed. This study suggests that the organisational environment of hospital and health social work actively works against the capacity of NQSWs to engage in critically reflective practice and *become* reflexive social workers.

Hospital social work

Practising social work within a hospital setting has been reported as complex due to its fast-paced nature and multi-disciplinary context (Cleak and Turczynski, 2014). Increasing pressures on hospital bed capacity and the need to attend to discharging patients as quickly as possible create a highly pressured environment (Cleak and Turczynski, 2014; Redfern *et al.*, 2016). Heenan and Birrell (2019, p. 1741) found that within this context, traditional social work roles have become 'secondary to co-ordinating hospital discharge'. Consequently, social workers are now spending less time in traditional roles such as bereavement counselling, case management and crisis intervention (Judd and Sheffield, 2010; Heenan and Birrell, 2019).

The bio-psycho-social approach preferred in hospital social work practice is challenging to implement adequately in the fast-paced time-pressured environment of the hospital (Heenan and Birrell, 2019). Social workers value *care* as well as *cure*; however, the organisational environment of the hospital, such as the power dynamics present within the multidisciplinary teams, and the imperative to discharge, impede the ease to which this value can be attained and expressed within their everyday practice (Beddoe, 2011). Despite the long history of hospital social work, social workers are often seen as outsiders to the system, by others and themselves (Burrows, 2022). Hospital research suggests when social workers are unable to practice in accordance with their professional values due to organisational constraints, they become at risk of moral distress; with moral distress impacting 'personal identity and professional agency' (Fantus *et al.*, 2017, p. 2276).

Social work in the hospital context is argued to be uncertain in its purpose (Steils *et al.*, 2021) and struggles to define itself (Beddoe, 2011). For NQSWs entering practice as hospital social workers, learning how to *become* a social worker is potentially challenged by a context which has a lack of clarity around roles and imperatives to be task focused as opposed to being values and patient focused. Maintaining a professional identity can be challenging in these circumstances (Heenan and Birrell, 2018; Steils *et al.*, 2021) let alone forming a professional identity.

NQSWs identity formation

There are a range of factors that shape the development of NQSWs. Research indicates that there is an expectation that novice social workers already know how to navigate the realities of practice due to their university and placement training (Healy *et al.*, 2015; Harrison and Healy, 2016; Hunt *et al.*, 2017). However, as Hunt *et al.* (2017) state, NQSWs

require support such as collegiality, supervision and coaching in their early years to support their professional development.

Organisational factors, such as managerialism, have been found to block the practitioner's professional development and space for critical reflection (Gould and Baldwin, 2004). Short-term contracts and resulting insecure employment associated with managerialism, impact on social workers' professional and career development, and confidence in challenging the status quo in the systems they work within (Pascoe *et al.*, 2023). An Australian study by Harrison and Healy (2016) examined how recent graduates employed in the non-government community services sector forged their professional identities. It found that NQSW's professional identity is shaped as much by job insecurity as it is by the work they do. Study participants reported an overriding concern with finding their next job and/or securing permanent work, which detracted on their developing professional identity. Although research reveals that NQSWs require certain conditions to learn the craft and become social workers, there is a gap in the research that addresses how NQSWs can navigate this complex process in the hospital environment.

Learning as becoming: a lifeworld perspective

The research was underpinned by a lifeworld perspective and the related principle of 'learning as becoming'. The lifeworld perspective draws attention to how we are entwined with others and our world, and in doing so challenges an objectivist positioning. It is through entwinement with our lifeworld that we learn, and hence doing is integrated with being (Dall'Alba and Sandberg, 2010, p. 107; Rasche and Scherer, 2014). From a lifeworld perspective, as we learn social work and human service practice and interact with others in our various fields of practice we become social workers and human service practitioners. However, Dall'Alba and Sandberg (2010) argue that the process of becoming a practitioner is always incomplete and is constrained by our understanding and our entwinement with others and things. This focus on the embodied expression of practice knowledge is highly relevant to the learning of social work and human service practice given the value-based nature of these professions.

A lifeworld perspective accounts for the multiplicity of ways that practice is expressed and embodied within and across fields of practice. It recognises that learning and the expression of that learning is highly contextual, and as such is embedded in social, historical, cultural and material contexts. Additionally, learning develops in response to our entwinement with our social world or work context and is made possible due to this entwinement. For health and hospital social workers this context is multidisciplinary and hierarchical with competing perspectives and

demands needing to be navigated. Part of this learning process may include replicating the practice and process of colleagues through socialisation, education and work. That is, 'we take over ways of being from others in social practice, embodying and making these ways of being our own' (Dall'Alba and Sandberg, 2010, p. 117). Drawing on critical thinking and reflective skills, learners may adopt ways of being from others through socialisation in a discerning way, making active choices about the type of practitioner they wish to become (Dall'Alba and Sandberg, 2010, pp. 116–117).

Methodology

The findings presented in this article form part of a wider qualitative pilot study that explored how NQSWs work with and respond to the complexity of their work. The pilot project aimed to explore how NQSWs: (i) conceptualise and identify sources of complexity; (ii) are socialised into making sense of and responding to complexity in practice; and (iii) what they perceive to be innovative practice in responding to these factors. Human Research Ethics Committee approval was provided by the Department of Health, Queensland and Queensland University of Technology Human Research Ethics Committee. All participants provided informed consent and have been anonymised and treated confidentially in the reporting of findings. The study was based in Southeast Queensland and involved focus groups and semi-structured interviews with NQSWs, and senior practitioners who manage or supervise recent graduates. This article reports on select findings from one cohort of participants: NQSWs and managers working in hospitals or community health settings.

For the purpose of this study, NQSWs were defined as those with between 2 and 5 years post-qualifying practice experience. This increases the likelihood of a capacity having been developed to reflect on the complexities of practice (Fook *et al.*, 2000). Managers and supervisors were required to have current or past experience of working closely with NQSW practitioners.

Focus groups and interviews aimed to examine collective and individual understandings of complexity within the hospital context and how NQSWs are socialised into responding to this complexity. The focus groups had the advantage of allowing for collective knowledge to be gathered (Liamputtong, 2019) about the sources of, and innovative responses to, complexity in contemporary social work and human service practice. The interviews enabled participation for those unable or unwilling to participate in focus groups and provided an option for practitioners from regional settings to participate in the research.

This article includes data from two focus groups and two semi-structured interviews that were conducted in 2018–2019. Recruitment of participants involved a combination of purposive and convenience sampling approaches. Participants were recruited through the researcher's professional networks and a local health department. A recruitment flyer was emailed to potential participants and managers of local hospitals. Interview participants who contacted the research team to indicate their interest were provided further information about the project, and a time for the interview was negotiated. Scheduling of focus groups was facilitated through liaison with hospital managers, to ensure staff availability. Informed consent was gained from all participants prior to the commencement of focus groups and interviews.

The data reported in this article involve sixteen participants: eight recent graduates and eight practitioners working in management or supervisory positions. All participants were social work practitioners, and whilst most were metropolitan based, one was located regionally. All participating NQSWs were female, and only one manager/supervisor was male.

Focus groups and interviews were recorded, transcribed and entered into Nvivo. One researcher coded the data drawing out conceptualisations and features of complexity, socialisation strategies, challenges in responding to complexity in practice and innovative practices they aspire to. The coding and identification of key themes were generated through ongoing reflective conversations between the two authors, providing the opportunity to refine themes and maximise reflexivity (Braun and Clarke, 2021). The anonymity of participants was ensured by omitting all personally identifying content; this was especially important due to the small number of participants.

Findings

Learning as becoming—learn by stealth

> 'Oh my god, I don't even know where I am. Don't ask me a question!'.

As NQSWs shared their experiences of becoming a hospital social worker, they conveyed a sense of being overwhelmed by the enormity of the undertaking in the fast-paced multidisciplinary context of the hospital and broader healthcare system. The participants identified many factors contributing to the complexity of the work and barriers to learning all that is required of the job. Organisational factors that hindered professional growth and added complexity were given greater emphasis by the recent graduates than the senior staff. At times, participants were visibly heightened emotionally as they discussed their challenges.

Becoming a social worker while confronting the realities of the practice environment

There were several organisational factors that increased the experience of complexity and hindered learning. These included the need to 'hit the ground running', the fast-paced environment with its constant pressure to discharge people as quickly as possible, and the precarious nature of employment for those on contracts. These concerns were relevant in the community health setting as well as the hospital. The organisational pressure to discharge was likened by one recent graduate to 'working in a pressure cooker'. Pressure to discharge was further complicated by the sheer volume of the work on some wards. Large numbers of potential patients all needing to be prioritised and progressed (and re-prioritised as things changed) made planning and responding throughout the day challenging. The linear expectations of the health system were viewed as misaligned with the complex reality of the engagement required with external agencies to allow safe discharge, and this incongruence led to pressure and stress.

The organisational environment of the hospital and health system sat in stark contrast to the ideological nature of social work taught to NQSWs when at university. For some the adjustment from the values taught at university to the reality of the demands of the health environment was particularly challenging. For instance, time pressures experienced could lead to practitioners not working in alignment with their own practice framework, such as being able to work with the patient at their own pace to meet their own priorities.

> I just came with this absolutely … ideological base of social work, and just the beauty of it. And the magic, and you leave Uni. and I rocked up to my first day [of work], … and then [told] 'just get these people out'. And it's just that adjustment. Because I feel like, in the course that I did, they did a wonderful job on cultivating social work values and what that means. But then being put into the health context, and those organisational imperatives, which tries to obliterate or really challenge those values.

For this participant, the period of adjustment meant moving away from social work values to purely 'learning how to do your job' and then back to those values and what they mean 'while pumping out your psychosocial [assessments] and doing your very task focused [work]'. During this period of adjustment to the job of working in a hospital, she felt as though 'a lot of the value base of social work, fell away', and was left asking 'How do I make this work?'.

The need to put the values of the profession, including human rights advocacy, on hold to 'get the job done' did not sit well with participants. This same participant noted that it was only now, a few years into the

job, that she was able to reconnect with her social work values and move past 'learning to do the job'. Trying to reconnect with social work values whilst 'doing the job' added another layer of complexity to the work.

The capacity of NQSWs to learn on the job was impacted by workload distribution. The more senior practitioners were seen as having lighter loads to allow them to engage in other work; however, for the inexperienced there was a sense of being overwhelmed by the enormity of the workload. People who were employed under the New Graduate Programme (a two-year comprehensive work-based programme) were perceived to have a better experience in terms of workload expectations.

> [you] just hit the ground running … you might just have to go in. Maybe that's just what has to happen … It might look different if you [had] gone through an interview process and [had] a new graduate position, and were orientated, and done your training here.

Whilst the NQSWs saw there was a problem with workload distribution, the managers believed the recent graduates were vulnerable to over-referral as they had difficulty drawing the boundary around their role and pushing back to more senior staff. NQSWs expressed limited confidence in asking for help due to contractual employment arrangements and a need to be seen as competent in their work for fear of not gaining permanent employment. Staff who were currently on contract, and also those who were now permanent employees, reflected on the precarity of this casualised employment.

> I didn't know if I'd be working more than like four weeks at a time, like that was the nature of being on the ground …

The contractual arrangements required staff to compete against each other for contract extensions and permanent roles. One participant related how destabilising this was to individuals and team relationships:

> It fosters a competitive environment whether you want it to or not. Which I don't feel most of us want … When a contract comes up, we know the people we're competing against for the permanent role.

Being on contract also impacted recent graduates' knowledge of how much energy to expend on developing themselves professionally and trying to influence change when they did not know if they would be in the position for any length of time.

> … how much energy and time should I put into influencing strategic change. Or should I be thinking, is this the best way to be doing this role and thinking about conforming in the role …

Most concerningly, the uncertainty of contractual employment influenced how NQSWs engaged with patients. As one NQSW stated: 'It influences then the path that you go down. The choices that you make in terms of

the way that you practice, because you have a sense of uncertainty'. The uncertainty of longevity in the role also impacted patient care in relation to whether to pick up a patient who might require longer term contact, and whether staff felt able to advocate for a patient to senior staff. This latter point is illustrated in the below quotes:

> … if you go there [clinical lead] with a situation and they're like, no not our issue, send them away. Then that's a complete affront [to social work values], it's like, oh, well I was ready to advocate … but you'll also be looking at my next contract. Okay. Out they go.

> You're just working for the man. Like … that change agent and advocacy I think we lose a lot of power there to make those changes and be those advocates. When we're also thinking about the next pay cheque.

Here it is evident that the uncertainty of work conditions can have serious impacts on how NQSWs practice and how and whether they integrate their professional values and code of ethics into their work and social work identity; ultimately shaping the way in which new practitioners work within a hospital and health context.

When applying for permanent positions, NQSWs were generally interviewed by the same senior staff member they had been working with throughout their contract.

> … we have team leaders that sit on the interview panel along with our Director. So, you know, you might feel differently if it's your team leader, or your supervisor that's sitting on that panel, as opposed to being a team leader or supervisor that you don't know.

Knowing the possibility that their direct line manager would be on the interview panel contributed to NQSWs needing to 'learn by stealth', as participants reported being concerned about not wanting to be seen as unknowledgeable regarding things they believed they should know.

> Also just sharing an office with people who are more senior than you, knowing that they might be on the interview panel, or like extra opportunities for learning that we've got in the hospital, I've at times felt self-conscious about, well this person is my team leader, what are they going to think of my [practice] … But there's going to be an opportunity in the future that I may well be interviewed in front of this person. I'm making myself quite vulnerable by doing this thing and exposing myself in this way. How is that going to be seen?

This was also considered a barrier to authentic engagement in supervision; as one NQSW commented '[it] impacts on how you can engage in supervision in a really honest way, in terms of [disclosing] I'm worried about my practice … '.

Learning by stealth

A disconnect between the preparation provided by university studies and the realities of the hospital practice environment was expressed by some NQSWs. As one participant emphatically stated, 'It's like being hit by a truck!'. Another participant added:

> It's kind of like you're studying for your learners written test and knowing all the road rules, and then being out on the road and actually driving. You know, there's a big difference. You're learning the rules, that framework and skills, but actually practicing is very different.

NQSWs felt under-prepared for the realities of the practice environment but did not feel able to be open about just how under-prepared they were. Consequently, they developed a range of techniques to learn what they believed they should already know without directly asking for help. NQSWs spoke of not knowing who the right person was to talk to and how to 'negotiate relationships with people who are very powerful world specialists in their field'. While they could potentially consult with colleagues, they reflected a perception that 'everyone's busy making that call or having that conversation and *assuming* that you're going to get good quality regular supervision'.

Mastering the language of the hospital context was a key area of learning by stealth. The strategic use of language was considered important to increase professional credibility and therefore the influence of the social worker. A participant summarised the experience as '… thinking or feeling like everyone else in the room knows exactly what they're talking about and you're the only one who doesn't'. Rather than asking for clarification, or being seen to not know, Google searching was seen as the best option. As one participant commented: 'Like people would talk about his diseases, and I'd be like 'well that's very serious', and I'm like 'I have no idea' like feeling I needed to Google it'.

Whilst managers can recognise the importance of creating a safe and supportive culture in supervision for recent graduates, this was not necessarily experienced by many of the NQSWs in our study. Instead of learning from supervision, some NQSWs indicated that they learnt their practice through observation of people they aspired to practice like.

> I think it comes down to how you want to be, and which people you feel inspired by within the team. And then you follow them, and you gravitate towards them, and you see yourself in them.
>
> Then again, there are things that they teach you not to do. You know, if someone started to chuck a tantrum, well you think, that's something that I won't do… I model good qualities. You take and pick which one that would work for you and which ones would be a good thing to put in your toolbox.

Similarly, another NQSW indicated that she would copy the way in which certain more experienced practitioners wrote up their case notes, copying down examples and key phrases that she may draw on in the future.

Learning how to respond to complexity through on-the-job socialisation was not always perceived favourably by NQSWs:

> A lot of the time the new grads, just because they're new grads, [and] they're new in the workforce, quite frankly they become sheep, they just mirror what the senior social worker or the person who trained them is doing. They become the next generation of sheep.

This quote illustrates the importance of the quality of practice modelled to NQSWs. However, even one of the managers noted that as an experienced practitioner moving into the hospital environment, she needed to learn 'by osmosis' due to the 'unwritten rules that exist' and the complex organisational environment. This manager described the hospital practice setting 'as the hardest environment I've ever had to adapt to … including starting working in child protection', taking over two years to learn.

Coming to terms with the demands of hospital practice

Some managers indicated a belief that it was up to the NQSW to come to terms with the complexity of their work.

> I think part of their development is their ability to make sense of that [complexity] and become tolerant and patient with it, and sit comfortably with it. I think that's part of being settled over time, of being a new grad.

This capacity of NSWQs to sit with complexity in the challenging hospital environment and be comfortable with its presence was seen as akin to developing resilience. One manager commented:

> I think it's also building resilience in new practitioners, isn't it … you see people come to a big organisation like this and then really aspirational, and they've got a lot of good intentions and drive and creativity. And when they feel as though that isn't valued or that they're fighting the machine, that's where … you either learn how to operate within it or [you] go. And so it's also about learning how to … for certain people, to build some of that resilience, in order to continue to try and be here and work for good outcomes for the people that we work for.

The ability to be resilient to the nature of the work was seen to sustain NQSWs in the role, and adapting to the machine was seen as a way for NQSWs to survive.

The NSWQ participants were still in the throes of coming to terms with the hospital environment at the time of the focus groups and interviews. Participants discussed the strategies they were using to try to survive and practice effectively. These included needing to know when to advocate

and when to prioritise their knowledge and practice framework, determining how much power and influence could be used, where and when, and how to use language strategically. As one participant noted, it is about learning to determine if 'this is the hill you want to die on' in the ongoing battlefield of patient advocacy. One participant with slightly more experience described that once they had started to master the 'doing' of practice, there was some space to re-connect with their social work values: '… and then it's only maybe in the last twelve months that it's sort of allowed… and I can think about this now as a social worker and these values. But that adds another layer of complexity as well to your work'.

Discussion

The findings of this article highlight that the hospital organisational environment may lead to NQSWs learning by stealth versus fostering a context that promotes learning as becoming. What we see is an environment that encourages NQSWs to just learn to 'do' tasks rather than learn 'about' practice and *become* established social work professionals. The doing of the work can become disconnected from social work professional identity and worldview. Alternatively, professional identity becomes reduced to the 'doing' of certain tasks.

The hospital environment was described by participants as frenetic and challenging, contributing to the need to learn on the run. The unpredictability of the work and the sense of constant demand was reinforced by the frequent beeping of pagers and ringing of phones throughout focus group discussions. NQSWs were emphatic that the contractual nature of the work impacted their sense of safety in the organisation and their capacity to openly engage in learning their role and profession. Learning was still sought through the workplace, but primarily through stealth as opposed to a transparent and open process.

The challenges NQSWs reflected in coming to terms with learning to become social workers within the hospital and healthcare contexts may reflect the broader marginalisation of social work within these settings. Beddoe (2017) highlights how social work within these contexts has been positioned as being guests within a 'host setting'. Within these host settings, power remains in the hands of dominant professions, such as medical professionals and nurses, and other professionals such as social workers 'remain in positions of low visibility (Morriss, 2016) and potential disempowerment' (Beddoe, 2017, p. 217).

A lifeworld perspective highlights the importance of the dual process of learning what social work practice involves and learning what it means to be a social worker. Additionally, it espouses that learning occurs through our '*entwinement with others and things*' (Dall'Alba and Sandberg, 2010, p. 107), so we learn to become a social worker through

the environment in which we are immersed. Our participants highlighted the disjuncture between their university preparation for practice and the realities of the practice environment. When the values and worldviews of social work that have been established in the university setting are not reflected in the NQSW's workplace the risk of learning to 'do' rather than 'becoming' is further compounded.

Hospital social workers have been found to be at risk of moral distress when they are unable to work in a way that is congruent with their values (Fantus *et al.*, 2017). NQSW identified that they feel lost in the hospital environment and untethered from professional values. Whilst they look to others for guidance, the organisational environment does not foster space for genuine engagement in activities that would support the development of professional identity, such as professional supervision and critical reflection. Not having the opportunity for critical social work conversations was highlighted by participants as running the risk of developing bad practices, becoming a sheep, and perhaps even shifting the nature of what it means to be a social worker within healthcare contexts. NQSWs were observed by the researchers to be relieved to have their experiences shared by others in the room and expressed the value in coming together and sharing the challenges they were experiencing—including that of competition with their peers for the next contract or permanent position.

In recent years, state health services in Australia have begun to implement new graduate programmes to try and ensure a high level of orientation to the health context. For example, the recently implemented Queensland Health Social Work New Graduate Programme specifically seeks to assist new graduates in translating knowledge to practice and gaining additional requisite skills and knowledge in a professionally supported manner (State of Queensland(Queensland Health), 2020). Programmes focused on new graduate capabilities recognise the limitations of university education programmes in being able to prepare students for the breadth of practice fields in which their graduates may find employment, and recognise the importance of the continuation of the learning journey in the early years of practice (Stoikov *et al.*, 2022). This programme has similarities to the Assessment and Support Year in Employment programme for NQSWs in the UK, which aims to further develop their skills and knowledge during the first year of employment across all sectors of practice (Department of Education, 2019).

Caution must be exercised, however, in the delivery of new graduate programmes. An emphasis on learning the *doing* of practice without the balance of learning the *performance* of practice risks misapplication of learning and reductionism (Dall'Alba and Sandberg, 2010). Fook *et al.* (2000) argue that expertise in social work is developed through providing opportunities for critical reflection and critical analysis, and that too much emphasis on competence, through measurable skills and tasks, reduces the social worker's capacity to deal with unpredictability and

complex situations. At its worst, an emphasis on task competence can detract from the professional practice that is required to *be* a social worker (Fenton, 2019). Our findings highlight that after a period of adjustment to the realities of the job, NQSWs can adjust back to their professional values and attempt to determine how to be social workers within this context.

Professional supervision plays an important role in supporting hospital social workers' professional development and personal well-being (Joubert *et al.*, 2013). The managers and supervisors did raise the importance of professional and peer supervision in supporting new graduates; however, the NQSWs did not necessarily experience the supervision provided as an effective professional learning tool. Given the workloads and frenetic pace experienced by the NQSW participants, time and space to critically reflect on their practice was sadly wanting. This is congruent with findings from a previous study ($N = 17$) where hospital social work participants felt that opportunities for critical reflection were lacking in their day-to-day practice, and that supervision primarily focused on operational matters rather than supporting critical reflection (Darracott *et al.*, 2021). Operational, task-related matters being prioritised over professional development and support is a common theme in social work supervision literature (see e.g., Newcomb, 2022).

Whilst new graduate programmes or induction processes more generally may recognise the need to monitor caseloads of new graduates to allow greater opportunity for processes such as critical reflection and supervision, it is questionable that this is truly achievable in health systems under such pressure. Importantly, initiatives such as this cannot address the lack of safety that contracted staff experience, which leads them to learn by stealth. Additional investment in organisational structures and processes that foster a culture of learning where staff feel safe to be open regarding their learning needs is required (Newcomb, 2022).

Limitations

This research reports on the experiences and perspectives of one cohort of participants, NQSWs and managers working in hospitals or community health in two areas of Queensland. Hence, the perspectives outlined may reflect the organisational contexts of the specific health settings of participants rather than the broader hospital social work context. As this was a pilot study, larger scale research is needed to establish whether the findings outlined in this article, such as learning by stealth, are representative and reflective of NQSWs experiences of hospital social work. However, the rich, nuanced descriptions by participants may resonate with other NQSWs (Liamputtong, 2019).

Conclusion

The findings of this study demonstrate how a lifeworld approach aids understanding of how NQSWs learn to become social workers within hospital and healthcare contexts. It draws our attention to the risks of just learning the tasks associated with a role rather than tasks being initiated and conducted as an element of social work praxis. The lifeworld approach highlights the need to create space for critical reflection and the development of critical reflexivity in the fast-paced hospital environment to allow NQSWs to *become* social workers. This study contributes to our understanding of hospital social work by demonstrating how precarious employment and the broader organisational context detract from opportunities for NQSWs to engage openly in learning and becoming social workers; and highlights the creativity and resilience of NQSWs in their attempts to learn despite this context.

Conflict of interest statement. None declared.

References

Beddoe, L. (2011) 'Health social work: Professional identity and knowledge', *Qualitative Social Work*, **12**(1), pp. 24–40.

Beddoe, L. (2017) 'Field, capital and professional identity: Social work in health care', in Webb, S. A. (ed.) *Professional identity and social work*. New York, Routledge.

Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide to Understanding and Doing*, Thousand Oaks, CA, SAGE.

Burrows, D. (2022) 'Liquid old age: Some insights from an ethnographic study of a hospital social work team', *Ethics and Social Welfare*, **16**(3), pp. 258–73.

Cleak, H. M. and Turczynski, M. (2014) 'Hospital social work in Australia: Emerging trends or more of the same', *Social Work in Health Care*, **53**(3), pp. 199–213.

Dall'Alba, G. and Sandberg, J. (2010) 'Learning through and about practice: A lifeworld perspective', in Billett, S. (ed), *Learning through Practice: Professional and Practice-Based Learning*, pp. 104–19, Berlin, Germany, Springer.

Darracott, R., Lonne, B., Cheers, B., Cumming, S., McCawley, A. and Hand, S. (2021) 'Change processes and challenges for critical reflection and supervision: Findings of an implementation study in a busy tertiary hospital', [Conference paper] *International Conference on Practice Research*, Melbourne. https://healthsciences.unimelb.edu.au/engage/80-years-of-social-work/80-years-of-social-work-welcome/the-5th-international-conference-on-practice-research.

Department of Education. (2019) Assessed and Supported Year in Employment (ASYE). GOV.UK, available online at: https://www.gov.uk/government/publications/assessed-and-supported-year-in-employment-asye/assessed-and-supported-year-in-employment#employers-providing-the-asye (accessed October 5, 2023).

Fantus, S., Greenberg, R., Muskat, B. and Katz, D. (2017) 'Exploring moral distress for hospital social workers', *The British Journal of Social Work*, **47**(8), pp. 2273–90.

Fenton, J. (2019) *Social Work for Lazy Radicals: Relationship Building, Critical Thinking and Courage in Practice*, London, Red Globe Press.

Fook, J., Ryan, M. and Hawkins, L. (2000) *Professional Expertise: Practice, Theory and Education for Working in Uncertainty*, London, Whiting & Birch Ltd.

Gould, N. and Baldwin, M. (eds.) (2004) *Social Work, Critical Reflection and the Learning Organization*, London, Routledge.

Harrison, G. and Healy, K. (2016) 'Forging an identity as a newly qualified worker in the non-government community services sector', *Australian Social Work*, **69**(1), pp. 80–91.

Healy, K., Harrison, G. and Foster, M. (2015) 'Job satisfaction and workforce retention of newly qualified social work and community services workers: An Australian pilot study', *Advances in Social Work Education*, **17**(1), pp. 8– 24.

Heenan, D. and Birrell, D. (2019) 'Hospital-based social work: Challenges at the interface between health and social care', *British Journal of Social Work*, **49**(7), pp. 1741–58.

Hunt, S., Tregurtha, M., Kuruvila, A., Lowe, S. and Smith, K. (2017) 'Transition to professional social work practice: The first three years', *Advances in Social Work and Welfare Education*, **19**(2), pp. 139–54.

Joubert, L., Hocking, A. and Hampson, P. (2013) 'Social work in oncology—managing vicarious trauma—the positive impact of professional supervision', *Social Work in Health Care*, **52**(2–3), pp. 296–310.

Judd, R. G. and Sheffield, S. (2010) 'Hospital social work: Contemporary roles and professional activities', *Social Work in Health Care*, **49**(9), pp. 856–71.

Liamputtong, P. (2019) *Qualitative Research Methods 5th edn*, South Melbourne, Oxford University Press.

Newcomb, M. (2022) 'Supportive social work supervision as an act of care: A conceptual model', *The British Journal of Social Work*, **52**(2), pp. 1070–88.

Pascoe, K. M., Waterhouse-Bradley, B. and McGinn, T. (2023) 'Social workers' experiences of bureaucracy: A systematic synthesis of qualitative studies', *The British Journal of Social Work*, **53**(1), pp. 513–33.

Rasche, A. and Scherer, A. (2014) 'Jürgen habermas and organization studies: Contributions and future prospects', in Adler, P., du Gay, P., Morgan, G. and Reed, M. (eds), *The Oxford Handbook of Sociology, Social Theory, and Organization Studies: Contemporary Currents*, pp. 158–81, Oxford, Oxford Academic.

Redfern, H., Burton, J., Lonne, B. and Seiffert, H. (2016) 'Social work and complex care systems: The case of people hospitalised with a disability', *Australian Social Work*, **69**(1), pp. 27–38.

State of Queensland (Queensland Health). (2020) *Social Work and Welfare Clinical Education Program. Emerging Practitioner Two-Year Education Curriculum: Pathway to Lifelong Learning*, Queensland, Australia, State of Queensland (Queensland Health).

Steils, N., Moriarty, J. and Manthorpe, J. (2021) 'The clarity and contribution of the hospital social work role: Observations on its professional identity', *Practice*, **33**(4), pp. 271–88.

Stoikov, S., Maxwell, L., Butler, J., Shardlow, K., Gooding, M. and Kuys, S. (2022) 'The transition from physiotherapy student to new graduate: Are they prepared', *Physiotherapy Theory and Practice*, **38**(1), pp. 101–11.

British Journal of Social Work, 2024, 54, 1340–1355
https://doi.org/10.1093/bjsw/bcae007
Original article