

**School of Allied Health**

**Experiences and Expectations of Australian  
Early Career Social Workers**

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This thesis is presented for the Degree of  
Doctor of Philosophy  
of  
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## AUTHOR'S DECLARATION

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I declare that this thesis is my own account, of my research and contains as its main content, work which has not previously been submitted for a degree at any tertiary education institution.

The research presented in this thesis was conducted in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Research Involving Humans (2007) – updated March 2014. This research study received human research ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Number # HR 211/2014.

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Catherine Fleur Stewart

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Working in domestic violence services, the health and mental health sector with consumers, families and other practitioners, I came to realise my passion for improving supports for people managing transition; in welfare, health or the workplace. Thank you to social work and to social workers around the country. I only hope this research makes a difference for emerging professionals, so you can get on with the important work you do every single day and know that you are not alone. You are in great company.

## DEDICATION

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I dedicate this thesis to my sons Jack and Max Stewart in the hope you both aspire toward life-long learning. I want to remind you to make good use of what you learn, to put it towards endeavours that work to improve the lives of those around you. I encourage you to hold tight to idealism, without it we can't move beyond criticism to enact positive change. Passion and hope are vital to making the world a better place, even in the smallest most everyday ways.

## ABSTRACT

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Social workers entering their first professional position face many challenges, however these are not limited to the nature of their work. Current organisational conditions which include high caseloads with limited access to formalised support have added to international concerns about burnout, recruitment and retention in the profession. This mixed methods, Australia wide PhD study set out to explore early career social work experiences of the first year of practice in the health sector. Questionnaire data ascertained the nature of organisational support provided to early career social workers (ECSWs) in the first year of practice, providing a reference point for the rest of the study. Thematic analysis of semi-structured interviews with ECSWs and supervisors revealed the ways in which experiences of organisational support are described and interpreted. The narratives of the participants illuminated the complexity, depth of experience and meanings associated with starting out in the profession.

Theoretical analysis based on Pierre Bourdieu's concepts of field, habitus and capital, provided the means to examine both the organisational issues and the ECSWs' subjective experiences in the health sector. Expectations to 'hit the ground running' were experienced within a shifting landscape characterised by precarious employment. Transitioning into the field, ECSWs were unsurprised by the content, focus and nature of the work; however, workplace related challenges were not anticipated. The discussion reflects on ways in which the development of professional identity (becoming and being a social worker) in the first year of practice in health and its relationship with professional capital (acquired and applied) holds implications for professional resilience (in sustaining practice) for ECSWs in the health sector.

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## CHAPTER 1: ORIENTATION

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This study started long before it was conceived as research. It began with my own story, where I stood, as an emerging professional in the health sector...

Starting out I did not quite know what to do with myself but soon the tasks rolled in. I was geared up and ready for the challenge knowing I would be 'holding down the fort' for a short time while they recruited a new senior. It was a government position, and this took a lot longer than anticipated. Ten months by the end. Much happened in that time. I was riding a roller coaster without a time limit. All I could hear were the words of a peer "it won't be good for your resume if you leave within a year". I kept asking my fellow graduates, "how are you going, are you stressed?" I felt blinded by my own deficiencies. It took some time before I felt game enough to state I needed social work supervision. They 'heard' me, but nothing happened, as they said there was no funding for external supervision.

Six months in I received social work supervision in-house. I was grateful. On the second or third session, I opened up and admitted that I had lost confidence in my ability. My honesty shocked me. I was vulnerable. I had no plan for being vulnerable and I certainly did not think I should be in any way. "I am a professional. I am supposed to be capable". I had so much to prove to the team, to my family, to myself. I felt myself harden. I stood back and realised why my supervisor empathised so deeply and why my colleagues had started advocating for the department to improve my situation. My situation was not a new one.

I worked on. As a part-timer, I matched the caseload of a full-time social worker. I received positive feedback, but the relationships I had forged with consumers, their families and my colleagues, along with the arrival of a supportive new senior, did not seem to be enough. I had a bad taste in my mouth. I felt used. They had saved on social work funding that year. The people I knew, working at a local non-government organisation, which I regularly referred people to, were so approachable, welcoming, and supportive. It was a no brainer. I had to leave my first social work position.

Upon graduation, Australian social workers enter complex work environments where high caseloads have been cited as particularly challenging (Agllias, 2010; Cameron, 2003; Eadie & Lymbery, 2002). The busyness of workplaces is noted to have a direct impact on the supervision of early career social workers (ECSWs) (Fook et al., 2000), and more experienced workers have linked workload with their intention to leave a position (Tham, 2007). As I reflected on my early experiences in social work, I realised that during my first year of practice I had identified something was not quite right in the field, working in the health sector. This led me to a curiosity, culminating in researching the experiences of other ECSWs.

In light of my positioning, I consider myself an embodied researcher where my motivation for this study was conceived from the experience of my first professional position as a social worker in health, as described in the prior reflection. The primary challenges I encountered, were accessing appropriate supervision to meet my needs as an emerging professional, and recruitment and retention issues in my department, which impacted directly on my role and caseload. The stressors I encountered in my first year in the field led me to question my personal and professional development. It was only when my colleagues expressed similar concerns that my deficit-based interpretation of my professional attributes shifted, and I came to realise the workplace concerns I had experienced were shared. A motivation, to ‘name up’ the issues I had identified, and to explore the perspectives of other ECSWs, through their stories, emerged. Later as researcher, listening to the journeys of other ECSWs, these prior experiences and the emotions they had generated, became triggers or “pivot[s] of reflexivity” (Bourdieu & Wacquant, 1992, p. 38), opening new understandings.

Experiential knowledge from my personal background, history and professional identity as a social worker formed part of this research; specifically, in how I analysed the data which is reflected in Maxwell’s comment (2005, p. 46): “Any view is a view from some perspective, and is therefore shaped by the location (social and theoretical) and lens of the observer”. Importantly, as part of my endeavour to achieve trustworthiness in the research material presented, I aimed to demonstrate a level of dependability, with the reader able to follow my decision-making processes (Altheide & Johnson, 2011) and my analysis of the phenomenon apparent in the process of “telling the tale” (Holloway & Wheeler, 2010, p. 325) of this study. Enacting research reflexivity called for an active engagement of self, in questioning my perceptions (Bourdieu & Wacquant, 1992;

Greene, 2014) particularly in regard to professional identity and issues of personal responsibility.

Whilst my motivation for this research was borne of frustration experienced in my first professional role, the decision to carry out a PhD study, as a first in family university student, was not taken lightly. My first career was seated firmly in arts and performance and I had already grappled with the transition to social work as a practitioner. Whilst I viewed my research in much the same way I did my practice, my sense of ‘fit’ within academia was another matter, in view of my working-class heritage. I had achieved some familiarity with university, as I had completed an arts degree, and later an honours program in the Bachelor of Social Work. However, postgraduate studies were unknown territory. In this respect, the writings of French sociologist Pierre Bourdieu, who questioned his own ‘fit’ within academia, resonated with my personal discomfort with the decision to carry out postgraduate research. Although this meant for an arduous journey, in questioning the self throughout the work, it also brought with it an openness to examining what is taken for granted in the profession of social work. The sense of being both insider and outsider assisted my overall quest to “reveal that which is hidden” (Bourdieu, 1996, p. 17) in the everyday experiences of the participants in this study. My engagement with this research as both insider and outsider is discussed further in the methodology chapter. A deeper engagement with early career social work narratives was achieved through a third phase of data analysis, utilising the theoretical concepts of Bourdieu, which is detailed in Chapters 7 and 8.

In her research on the transition from practitioner to researcher within social work doctoral education in the United States, Mendenhall (2007) wrote of role discontinuity. While I also experienced some sense of role discontinuity, my own approach as a practitioner and researcher were integrated throughout. It is recognised in qualitative studies that researchers have their own knowledge base, disciplinary orientation, lived experiences and perspective which shape not only *what* they engage with but *how* they do it (Kincheloe et al, 2005). I viewed this research in the same way I did my practice, meaning this research is inscribed with social work views and values which seek to address social injustices over individualised issues. The way I approached this study was similar to the way I practice social work, which is eclectic, utilising a variety of methods and approaches.

This research was conceived from an interest in the phenomenon of the emerging social work professional, the provision of and access to organisational support, and the development of professional resilience. This interest fitted within interpretive approaches, which include the interaction between the individual/participant and the researcher, with the researcher present in the text (Denzin, 2001). Consequently, the methodology of interpretive phenomenology allowed room for reflexive engagement with my professional experience, knowledge and values, which were noted and discussed in doctoral supervision, and informed my approach to explore, find meaning and deepen understanding of ECSW experiences (Ponterotto, 2005; Somekh & Lewin, 2005). In this respect, these new meanings and understandings were gathered and interpreted from the interactive and dynamic dialogue between me as researcher and the participants who were still in the midst of experiencing, processing and expressing their reality (Ponterotto, 2005).

Interpretive practices in qualitative research “make the work visible” (Denzin & Lincoln, 2011, p. 3), in this case the everyday world of the ECSW in health settings. Making social work activities, issues and concerns visible has been a motivation, in my practice, as a colleague in allied health teams, and in my honours research, a case study on “Social Work and the Multidisciplinary Research Team” (Stewart, 2010). In my work and research, I endeavoured to name up what we do as social workers and why we do what we do. Whilst the relational nature of social work is often characterised by what appear to be informal and personal interactions between professionals and the consumers, families and communities we work with, this does at times belie the complexity of the work we do in multidisciplinary teams. As I wrote this, I realised this confirmed a reflection from my honours thesis:

When I was a professional dancer, talent was defined by how effortless the dancer made the movement appear. Social work is observed as informal and ‘natural’ in the process of its work, however that does not make it any less valuable, it makes the profession extraordinary (Stewart, 2010, p. 53).

In this PhD study I extended the focus, on what we do and why, to what we require as professionals in order to do this work. Hence, the development of my research questions and objectives started with the phenomenon of the emerging social work professional, focussing on the level of organisational support provided to social workers in their first year of practice in the health sector. Information was gathered, to explore

*what* the issues were for this group of social workers, in order to explore *how* a lack of organisational support might impact their development as emerging professionals and their ability to build resilience. Further information was gathered from ECSWs on perceptions of experience of the first year of practice along with the perspective and views of supervisors working with ECSWs.

The application of a post-structural theoretical framework provided a means to hold and consider different sets of information at once, allowing them to build one upon the other, the first (quantitative) providing data on organisational support in which to situate the subjective experience (via qualitative interviews). Bourdieu's theory of social fields provided the critical framework to zoom out and reveal the nature of unanticipated challenges associated with the workplace. Bourdieu's concepts of field, habitus and capital offered a framework to examine ways in which the organisational context was internalised by the ECSWs and what this meant to them. This framework was a means to bring the subjective and internalised narratives of the ECSWs to the foreground of the study, recognising the value of their experiences and to gain a deeper understanding of the meanings made of their situation.

In identifying not only what the issues were but also how they were perceived by ECSWs, I aimed to make the depth of practice experience visible, exploring understandings and meanings made of the first year of practice working in the health sector. Although individual perceptions and subjectivity may be considered by some to be limitations, this research aimed to explore the way in which practice experiences are perceived in the formative stage of starting out in the profession. Further, the development of professional resilience was considered in these contexts.

Throughout this study I held an expectation that awareness leads to change (Gardner et al., 2006). By gathering and interpreting the meanings of the recounted experiences, I envisaged that this research may improve supports for social workers in the "beginning phase" (Bradley, 2008, p. 349) of their career. I hoped that improved support for front line practitioners would enhance practice, resulting in better outcomes for consumers, families and communities. As a critically reflexive researcher, the experiences shared by other Australian ECSWs were examined in order to reveal what usually remains unseen in everyday practice and to identify the ways in which the transition from student to professional may be improved. In my positioning as both practitioner and researcher

(insider and outsider) in this study, discussed in the methodology chapter, I maintained the view of White (2006, p. 27), that:

Reflexive practitioners need to be able to tell stories about themselves and others (and stories about those stories) which defend the openness of human conversation and create possibilities that things could be otherwise - and not because they necessarily ought to be, but so they might be.

Whilst this study commenced with the broad aim to explore the experiences of ECSWs, it was also concerned with organisational support. The research aim was broken down to four questions:

- 1] What is the nature of organisational support provided to ECSWs in the first year of practice?
- 2] How are the experiences of organisational support described and interpreted by participants?
- 3] How can a theoretical analysis deepen our understanding of this information?
- 4] What enables and hinders the building of resilience for ECSWs?

## THESIS STRUCTURE

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The thesis is comprised of eleven chapters, with the first three presenting background to the research. Chapter 1 offers an orientation, including my positioning in the conception of the study. Chapter 2 reviews the literature incorporating background to the topic, concepts and terms, as well as demonstrating my reasoning for focussing on selected areas for research. Chapter 3 explains the research design, including the conceptual framework, methods and approaches to collecting data with description of the three phases of data analysis which address each of the four research questions.

The thesis then presents findings from the study. Chapter 4 introduces the participants with the demographics of the two groups: the ECSWs and the supervisors. Chapter 5 outlines the quantitative findings from this mixed method study. This research commenced by establishing the 'lay of the land' from a questionnaire completed by ECSWs and supervisors. Descriptive statistics detailed the nature of organisational



support provided to ECSWs in the first year of practice which was operationalised as a reference point for the rest of the study. Chapter 6 expands on and explains the data provided on the nature of organisational support through thematic analysis of qualitative information from three open questions at the end of the questionnaire and interviews. The ways in which experiences of organisational support are described and interpreted by ECSWs are presented under sub-headings derived from themes from the qualitative information: *the landscape was shifting* (employment and workloads), *hit the ground running* (induction and orientation to the organization) and *the supervision myth* (access, type and frequency of supervision). Given that the first three research questions inform question four on which focusses on professional resilience, the final sub-section of Chapter 6, describes the ways in which ECSWs and supervisors perceive the notion of resilience in relation to findings on retention.

Chapters 4 to 9 illustrate a hermeneutic cycle of analysis to delve deeper into experiences of organisational support. The relationship between field, habitus and capital was examined in Chapters 7 to 8 in order to deepen understanding of experiences and perceptions of organisational support, and how the organisational context was internalised by these social workers. The analysis in Chapter 9 shows how the ECSWs reached a turning point which led to enacting agency and making decisions regarding future careers.

Chapter 10, the discussion chapter presents new understandings of ECSW experiences derived from the three phases of data analysis: the first identifying the situation, the second exploring themes and the third delving deeper via theoretical analysis. In response to new understandings generated through layers of analysis, the discussion offers my critical interpretation of what can be learned from this study and why they matter. Ultimately, Chapter 10 addresses the final research question regarding what enables and hinders the building of professional resilience for ECSWs.

The conclusion and key messages in Chapter 11 draw on this analysis, and are directed to potential stakeholders, translating this research into practice, offering ways to better support and sustain emerging social work practice in the Australian health sector. Recommendations for future research are also offered. The thesis finishes with an epilogue, reflecting on my experience of the study as an emerging social work researcher. The table on the following page outlines the thesis structure:

**TABLE 1***Thesis structure*

Chapters	Content
<b>Chapter 1:</b> Orientation	Researcher's reflection.  Positioning.  The research questions.
<b>Chapter 2:</b> Literature	Literature review.
<b>Chapter 3:</b> Methodology	Methodology, conceptual framework and methods.
<b>Chapter 4:</b> The participants	The early career social workers.  The supervisors.
<b>Chapter 5</b> responds to research Question 1:  Identifying the nature of organisational support provided to ECSWs in the first year of practice.	Findings derived from quantitative data (descriptive statistics) identified the situation, regarding the types and frequency of forms of organisational support such as induction and supervision as well as identifying perceived levels of work stress, workload and retention.
<b>Chapter 6</b> explores themes from the qualitative information on Question 2:  How experiences of organisational support described and interpreted by participants.	Thematic analysis of the qualitative data is presented under 4 subheadings identifying, describing and interpreting experiences of organisational support: <ul style="list-style-type: none"> <li><i>a) the landscape was shifting</i> (employment and workloads),</li> <li><i>b) hit the ground running</i> (induction and orientation to the organisation) and</li> <li><i>c) the supervision myth</i> (access, type and frequency of supervision),</li> <li><i>d) ECSW resilience and retention.</i></li> </ul>

<b>Chapters 7 and 8</b> address Question 3: Revealing how a theoretical analysis can deepen our understanding of this information.	Theoretical analysis of findings examining the relationship between field, habitus and capital, delving deeper into understanding ECSW perceptions of organisational support. This includes how their context was internalised and meanings attributed to their experiences.
<b>Chapter 9:</b> Actions revealed implications for ECSW retention in health organisations.	The theoretical analysis in Chapter 6 and 7 revealed ways in which the ECSWs reached a turning point and enacted agency (to leave, speak up and/or persist).
<b>Chapter 10:</b> The discussion addresses Question 4: What enables and hinders the building of resilience for ECSWs?	The researcher's critical interpretation of what the findings reveal, considering organisational support in relation to the development of professional resilience.
<b>Chapter 11:</b> Conclusion and key messages.	Applications for practice directed at various stakeholders (ECSWs, educators, supervisors, managers and health organisations and the Australian social work peak body) in order to better support and sustain social work practice of emerging professionals working in the Australian health sector with recommendations for future research.
<b>Epilogue</b>	Researcher reflections.

The structure of the thesis is best represented by an hourglass. It is framed with the researcher's positioning, methodology and existing literature. The sand poured into the hourglass is the quantitative and qualitative data gathered on the nature of organisational support in the Australian health sector with comparisons made between experiences and expectations of ECSWs, factors related to retention and interpretations of professional resilience (findings). The thesis then narrows to the in-depth findings,

employing Bourdieu's conceptual toolbox of field, habitus and capital in order to gain a deeper understanding of how or if the organisational context was internalised and what this meant to them.

The action of the sand spilling down to the lower half of the hourglass represents where the ECSWs reached a turning point and enacted agency, making decisions about their careers. Finally, this analysis and new conceptualisation spreads at the bottom of the hourglass to reveal what can be learned from the study, and the implications of this information for the development of ECSW resilience. The base marks a return from the theoretical perspectives to applications for practice, for stakeholders in sustaining social work practice. Lastly, as researcher, I review the hourglass and reflect on the research experience. Importantly, all that the hourglass holds, remains fluid allowing for reflexivity.

**FIGURE 1**

*Thesis structure*



## CHAPTER 2: LITERATURE

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This chapter addresses questions one, three and four, and provides background information. My search of the literature on early career social work experiences identified existing research and gaps in knowledge regarding the phenomenon of the first year of practice, providing a guide, in terms of areas of focus in this research project. Firstly, when conceptualising the study, I considered the terminology used to identify this group of social workers. In Australia, the terms ‘social work graduates’ or ‘novice practitioners’ describe the first year in the profession (Agllias, 2010; Bates, 2013; Hawkins et al., 2000; Healy et al., 2009). In Europe and the United States, this group was described as ‘social work graduates’ (O’Donnell & Kirkner, 2009). In England, the term ‘newly qualified social workers’ dominated the literature (Carpenter et al., 2015; Jack & Donnellan, 2009; Manthorpe et al., 2014) and in Ireland, the term ‘early career social workers’ was found (Guerin et al., 2010). In the education field, the notion of ‘early career’ refers to the first three years of practice (Hargreaves & Fullan, 2012).

Although the term early career social worker was used by only one researcher from Australia and New Zealand (Pack, 2015), I elected to follow her lead. Pack’s research also focused on social workers in the health sector, however the decision to adopt this terminology was based on my perception that the term ‘novice’ did not acknowledge participants who held prior experience in the sector. Hence, although they were new to the profession of social work, they were not necessarily new to the field of health, or human services. I perceived the term graduate, and newly qualified social workers as limiting the focus of this study to simply a transitional phase of undergraduate to graduate, overlooking the complex and more profound features of emerging, developing professionals. The next section outlines additional terms and concepts used throughout this study.

## TERMS AND CONCEPTS

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In Australian social work, there are commonly used terms and phrases which continue to be contested and refined over time. *Critical reflection* and *reflexivity* are two such terms. The writing of D'Cruz et al. (2007) assisted me in clarifying what I meant when using these terms. *Critical reflection* is a practice skill and process of knowledge formation, which social workers engage with to enable practice development and enact social change (Fook, 1999). This is a process of questioning power relations and challenging dominant discourses about consumer, family and/or community experiences (D'Cruz et al., 2007). Further, D'Cruz et al. (2007) note this term is used interchangeably in the literature with reflexivity.

The conceptualisation of *reflexivity* differs and extends on the process of critical reflection in respect to knowledge as a social construction in which the practitioner or researcher is situated. Most importantly, reflexivity includes critical awareness of self, including self-monitoring of the practitioner or researcher's knowledge claims. In this respect it is operationalised within practice and is closely related to Schön's (1983) "reflection-in-action" where learning is reviewed and adapted in context. In this study, both the reflexivity of ECSWs is discussed, along with my processes of reflexivity as researcher. I view the differentiation between critical reflection and reflexivity as particularly important because reflexivity includes the positioning of the practitioner which is significant in social work where the relationship between the practitioner and consumer or individual/family/community is the site of intervention (Ruch, 2005, p. 113).

*Social work practice* operates at the interface between people and their environment (social, cultural and physical) (AASW, 2014). In their work, social workers engage with individuals, families, groups and communities but also with social policy, management and administration, education, research and evaluation (AASW, 2014). Associated activities working in any of these areas are commonly phrased as one's *practice*. This incorporates many aspects referring to outcomes associated with activities, but also the use of self and ways in which a professional approaches their work. In this respect, it is the craft of performing social work.

A phrase which recognises the completion of a qualifying social work program is *readiness for practice*, where the practitioner is considered to have acquired a baseline of

knowledge and a range of capabilities in order to practise effectively with a variety of client groups, across different fields of practice (Hay et al., 2017; Howard et al., 2015). In more recent times the notion of *readiness* has become a contested concept (Hay et al., 2017) due to how readiness is defined and framed culturally, politically and economically in specific practice contexts (Craig et al., 2016; Frost et al., 2013; Hay et al., 2017). Whilst this study did not define what readiness for practice entails for new social workers in the health sector, it did explore what facilitates and supports continuous development of practice knowledge and skills and the role of organisations, supervisors and managers.

In recognition of the need for continued practice development, *graduate programs* are structured programs to support graduates entering the workplace. These are commonly found in the professions of nursing and medicine however, there are limited reports of their use in allied health (Newton & McKenna, 2007). These programs supplement induction, supervision and professional development activities and aim to: support new graduates in their transition from student to professional, increase understanding of the role within the health sector, develop critical reflection skills and foster interdisciplinary working relationships (Smith & Pilling, 2008). Graduate programs may run for a short time or longer like the Assessed and Supported Year in Employment (ASYE) in the United Kingdom, in the field of child welfare (Carpenter et al., 2015). Graduate programs have been identified as a potential response to the increasing demand by the health sector that graduates be ready to slot into their role and meet clinical competencies in direct practice (Smith & Pilling, 2008).

## SUPERVISION

In the discipline of social work in Australia, *supervision* denotes professional supervision as defined by practice standards, which are outlined by the Australian Association of Social Work (AASW), the peak professional body for social workers. The AASW Practice Standards (AASW, 2013) outline practice expectations and requirements of Australian social workers in regard to ethical conduct and accountability which includes the need to improve and broaden skills and knowledge for effective professional practice. Professional supervision is a forum for review, reflection, critique and replenishment for practitioners to ensure they meet and are accountable to the practice standards of social work (Davys & Beddoe, 2010).

Whilst access to, and the focus of, regular supervision is recommended and outlined in the AASW Supervision Standards (2014) there are no professional, regulatory or policy requirements guiding this activity. Organisations which employ social workers are not required to provide supervision. There is a lack of an evidence base for the efficacy of supervision internationally (Carpenter et al., 2013), and in response, Davys et al. (2017) have started to explore how the effectiveness of supervision for all stakeholders (supervisees, managers, consumers and families) can be measured.

There are multiple types of supervision that social workers might access within their organisations or externally in Australia. Further, supervision can be categorised as formal or informal. In this project, *formal supervision* means the provision of scheduled sessions based on a one-to-one, supervisee and supervisor dyad (AASW, 2014; Kadushin & Harkness, 2014). *External supervision* is a specific type of formalised supervision which is conducted with a supervisor who works outside the organisation. There are advantages and disadvantages to practice development with this form of supervision. The benefit of external supervision is the opportunity to reflect on practice from outside the organisational setting. This has been reported as particularly valuable for supervisees in building trust in their supervisory relationship where open discussion of more sensitive issues can occur in a safe space without fear of judgement which might impact on performance evaluations (Beddoe, 2012; Egan et al., 2018; Hair, 2013; Pack, 2015; Wepa, 2007; Yontef, 1997). However, the disadvantage of this form of supervision is that organisational accountability is not addressed because the supervisor is not located in the organisation and is not aware of the dynamics and processes of that environment (AASW, 2014; Beddoe, 2012).

In contrast, *informal supervision* occurs outside of formalised sessions and may be conducted during or following practice (such as a home visit), and functions to raise awareness, engagement and insight on issues presented in practice. This may be with a supervisor, manager, mentor or senior colleague (AASW, 2014; Manthorpe et al., 2014).

Supervision is not limited to an activity between two individuals. *Group supervision*, pertains to scheduled sessions between a group of social workers or multidisciplinary supervisees, facilitated by a designated supervisor. Participants of the group benefit from the contributions of other supervisees and the guidance of the supervisor (AASW, 2014; Kadushin & Harkness, 2014). Whereas *peer supervision* may be one-to-one or in a group context, with a professional colleague (multidisciplinary or another social



worker). However, within peer supervision there is no senior person of ‘authority’ in a ‘supervisory’ role and all participants are of equal standing (AASW, 2014). For this reason, Bogo and McKnight (2006) describe this as peer ‘consultation’, however the term peer supervision is used in this thesis as it was the term used by study participants.

There is agreement throughout the literature on the three main functions of supervision, regardless of whether supervisors follow Kadushin’s (1993, 2014) education, administrative and support framework or Inskipp and Proctor’s (1993) formative, normative and restorative dimensions (Beddoe, 2010; Egan et al., 2018). An additional feature of supervision is provided by Morrison (2001) recognising the mediative role of the supervisor as conduit between the worker, management and organisation. An alternative model is offered by Hawkins and Shohet (1989) which focuses more on processes within supervision.

The *managerial* function of supervision is defined as administrative (Kadushin, 1993) or normative (Inskipp & Proctor, 1993). Attention is focused on organisational requirements, legal obligations, policies, practice standards and client outcomes (managing quality assurance). The AASW (2014) uses the term accountability for this feature of supervision to emphasise the role and responsibilities of social workers in their specific practice context. This feature of supervision is operationalised via administrative activities, compliance and management of workload (Egan et al., 2018). However, the focus extends to the social work role as it intersects with the professional, organisational, legislative and political context in the social worker’s field of practice (AASW, 2014). Throughout the thesis the term managerial will be used to describe this feature.

Another function of supervision is the *developmental* focus and is also described as educational (Kadushin, 1993) or formative, (Inskipp & Proctor, 1993). Regardless of the term, the focus is the ongoing education and development of the social worker, providing opportunity for continued learning, skills development and practical and theoretical knowledge acquisition. Importantly, processes of exploration and critical reflection are utilised with the purpose of enhancing the quality and positive outcomes of practice (AASW, 2014).

The third function of supervision is termed *supportive*, also known as restorative (Inskipp & Proctor, 1993), where the personal impact of practice on the professional worker is

recognised. The intent is for a safe space to be provided for the social worker to explore their personal reactions to the work, to acknowledge the inherent stress involved in their everyday work and deal with how emotions impact on practice (Inskipp & Proctor, 1993). Self-care is addressed and strategies to sustain practice are explored (AASW, 2014).

Supervision which maintains a focus on enhancing the supervisee's practice and skill development is called *clinical supervision* (Egan et al., 2018). This form of supervision separates itself from line management with an overarching purpose to ensure quality of service for consumers, families and communities (AASW, 2014).

Whilst this research employed concepts used in social work practice the study also utilised the theoretical concepts of Pierre Bourdieu in the analysis. Considered the last survivor of the great French intellectuals, Pierre Bourdieu died relatively recently in 2002 (Jenkins, 2014). Conscripted into the French army to attend military service for a year, Bourdieu's time in Algiers prompted his ethnographic research which formed the foundation of his social anthropological reputation (Riley, 2017). His legacy in sociology, anthropology and philosophy re-asserted the centrality of critical, systematic inquiry and empirical research (Jenkins, 2014). His work holds a number of key 'messages' for social work (Garrett, 2009). In particular, Garrett claims that Bourdieu's work offers social workers a means to interrogate the spaces we occupy, through processes of stepping back to view the bigger picture and the totality of the profession's location. Exploring and utilising Bourdieu's key theoretical concepts of field, habitus and capital, I was able to create a theoretical framework, through which I could essentially zoom in to closely examine ECSW perceptions then pull back and view big picture understandings, engaging reflexively from my positioning as researcher and social worker. Bourdieu's work has been helpful to extend, deepen and disrupt my analysis of the qualitative data and deepen my awareness of my dual insider/outsider positioning.

## BOURDIEU'S CONCEPTS OF FIELD, HABITUS AND CAPITAL

For Bourdieu, the goal of research is to uncover what may not be obvious in social fields and recognise the mechanisms which ensure reproduction of the social world or, its transformation (Reay, 2004). In Bourdieu's theory of social fields, the *field* is a setting with its own social order in which individuals are positioned (Fligstein, 2001). It is the field, which sets the value and nature of social, cultural and economic capital (Grenfell, 2009). Social workers commonly discuss going into the field as working in front line practice, however, in this study, it refers specifically to the Australian health sector.

The theoretical concept linked closely with field is *habitus*, which is acquired through experience and carried with us in every social field we step into. It is layered with histories, some of which are familial, where sets of dispositions and perspectives are developed (Reay, 2004; Schirato & Webb, 2003).

The habitus is this kind of practical sense of what is to be done in a given situation – what is called in sport a 'feel' for the game, that is, the art of *anticipating* the future of the game, which is inscribed in the present state of play (Bourdieu, 1998, p. 25).

Bourdieu views the social world as a mass of accumulated history between individuals where "games of society" (1986, p. 280) are played out. Within Bourdieu's "games of society" (1986, p. 280), *capital* is accrued and can be conceptualised in three forms, *economic*, *social* (via relationships and networks) and *cultural* (in the acquisition of education, knowledge and skills). Cultural capital is considered to advantage one's status in society (Bourdieu, 1986), in this case the development and positioning of ECSWs in the organisation they were working in. The application of Bourdieu's concepts in the third phase of data analysis (discussed in Chapter 3) was particularly useful in exploring ECSW experiences in an integrated way, inclusive of both the organisational/ environmental and subjective understandings, as compared to dualistic thinking, taking an either/or approach to structure and agency (Hodkinson et al., 2008).

## EXISTING RESEARCH WITH ECSWS

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The approach taken in examining relevant literature was to search existing literature regarding ECSW experiences. The question guiding my literature searches asked: What field of evidence exists in Australian studies about the experiences of ECSWs? This question was a starting point, to provide a descriptive account and overview of existing research, while making no attempt to rank or appraise identified studies (Arksey & O'Malley, 2005; Davis et al., 2009). Conducting this review was an inductive process, which first identified the range and nature of Australian studies, noting gaps in research, then branching out to international studies. The search focused on western countries due to similarities in social work approach and health settings. I restricted my searching to articles published in English as translation resources were not available. The initial literature searches uncovered a diversity of terms for ECSWs, which led to expansion of terminology for future searching. Searches were also limited to publications from 1995 to present, with a focus on capturing trends in this area of research over the last twenty-five years.

Papers searched included quantitative and qualitative studies, systematic and scoping reviews. For this reason, the search was limited to peer reviewed journal articles and academic theses. Grey literature was excluded. The electronic bibliographic databases searched were: CINAHL, Cochrane Collaboration, Joanna Briggs Institute, Informit, Medline, Proquest, Scopus, Web of Science, Sage Journals and Taylor and Francis online. Hand searches of Australian Social Work and the British Journal of Social Work were also conducted because these journals regularly publish Australian articles. The initial literature review, conducted for purposes of candidacy, ascertained these databases to be effective in identifying research in the field of social work and included Australian studies. Given the diversity of terms identified internationally as noted earlier, the terms used in initial searches were: early career social workers, newly qualified social workers, graduate social workers, or social work managers and social work supervisors. This produced a limited number of results, mostly international studies. For this reason, the terminology was re-examined, and a second search was conducted with the search terms: novice practitioners, new graduate social workers, undergraduate social workers.

The Boolean term OR was used to broaden the search between these terms, whereas AND Australia, was used first to limit the search to Australian studies, with varying ability to do so, depending on the database. Any phenomena, which pertained to early career issues in the profession, were included. These included career pathways, experiences of practice, support, supervision, workloads and workplace conditions and rates of recruitment and retention of ECSWs.

During this review twenty-three articles were identified as relevant for background literature to the study topic. Examining literature with ECSWs in the Australian health sector was problematic. This was because many studies included a variety of professional disciplines, with social work comprising a small proportion of the overall sample. Most of the relevant research focussed on ECSW experiences in child protection (Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy & Meagher, 2007). The following section, examining existing literature, focuses on the development and background to this study.

A focus on experiences of ECSWs is relatively underexplored in social work research internationally (Cleveland et al., 2019). Research specific to Australian ECSWs was even more limited. This was due to the range of occupations graduates of social work programs may take up in Australia. For example, in not for profit health settings, the role of Complex Care Coordinator may include staff with social work and other qualifications. Healy and Lonne (2010) observed a lack of consistency with occupational definitions including social work, human services, community and welfare work. For this reason, they state that this presents “a variety of challenges to developing a coherent overview of the Australian social work and human services workforce” (Healy & Lonne, 2010, p. 31). In recognition of these issues, this study focused on the homogenous group of ECSWs employed specifically in the health settings. The term homogenous refers to specific groups of people, in this case ECSWs working in one sector (health). However, working in the health sector included diverse sites of practice: such as government inpatient or outpatient hospital settings, or positions within not for profit organisations in health and mental health, in metropolitan, rural and remote locations.

In a literature review on difficulties with retention in allied health workforces, Campbell et al. (2012) noted a variety of definitions used for the terms rural and remote in research, which were mostly used to broadly denote communities beyond major

metropolitan areas (city and suburban). Definitions for the term remote in Australia are problematic because it is comparative (Munn, 2003; Pugh, 2003) and differs across Australia. It generally indicates a measure of road distance and accessibility between populated places and service centres. In the larger states such as Western Australia, Queensland and the Northern Territory vast distances are travelled between remote communities with particularly small populations. For example, the town of Alice Springs in the Northern Territory is categorised as the remote centre of Australia. It is more than 1000 kilometres from the capital city of Darwin with desert country between which is sparsely dotted with settlements, of mostly Indigenous communities (Green & Gregory, 2004). Given that this study commenced with the broad aim to explore the phenomena of the emerging social work professional, literature searching focussed initially on the student transition into the workforce.

## THE TRANSITION FROM STUDENT TO PROFESSIONAL

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Earlier Australian research on ECSWs concentrated on employment pathways and trends such as workforce shortages and the significant expansion of social work throughout the 1990s (Hawkins et al., 2000). The implications of expansion were felt in the social welfare sector with the category of social worker declining at a time when general welfare occupations increased significantly (Martin, 1996; Hawkins et al., 2000). At this time, the profession of social work became legally protected in the United Kingdom stopping other welfare occupations from using the title of ‘social worker’ without the appropriate degree (Jones, 2012). Campaigns to have social work registered in Australia are yet to succeed and the lack of consistency with occupational definitions has resulted in concerns of de-professionalisation within human services, resulting in research focussed primarily on the employment paths and opportunities for graduates or the development of social workers (Hawkins et al., 2000; Healy & Meagher, 2004; Ryan et al., 1995).

Research on the experience of ECSWs has also considered competency and professionalisation. Ryan et al. (1995) conducted a seminal study in the state of Victoria, Australia, which interviewed social workers eleven times over five years, starting when they were students, and following them as they transitioned into the profession. Their study explored changes in participant attitudes, knowledge, skills and theory utilisation. Findings from this study identified issues regarding readiness and competence for a

range of complex settings as well as the professional use of self (Ryan et al., 1995). Early career social workers' use of self is important in practice development as it involves sufficient self-awareness to communicate effectively with consumers and their families.

The attainment of competence and confidence as a new practitioner has been linked with the successful transition from student to professional (Carpenter et al., 2015). However, processes in developing and attaining competency can be fraught with problems, with a disparity between expectations of an organisation and the new social worker. In the United Kingdom, research has found that the high volume of cases, combined with the significant level of complexity in the work, presents challenges for ECSWs adjusting to the change from the closely supervised practice offered on student placements (Carpenter et al., 2015). Whilst a focus on competency has persisted in Australian research, this has broadened over the recent decade toward identifying organisational conditions and cultures, which impact upon the experiences of ECSWs in Australia (Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009; Moorhead et al., 2016).

A two-part qualitative study conducted in the state of Queensland, Australia, in 2005 and 2006 was one such research project, which focused on the journey of student to practitioner (Agllias, 2010). This research recognised the difficulties experienced by early career child protection workers in their transition into the workplace, specifically due to their caseloads and diversity of tasks (Agllias, 2010). Research in the state of Victoria, again in the field of child protection, reported a culture of induction as “sink or swim” (Gibbs, 2009, p. 292). Early career child protection workers from both studies identified the nature of the work as complex and distressing at times yet classified these experiences of stress as secondary to the impact of overwhelming caseloads without sufficient support (Bates, 2013). These findings were consistent with those of Healy and Meagher (2007) where reduced resources were reported to place additional stress on the day-to-day work of early career child protection workers in the states of Queensland and New South Wales. This, combined with remuneration considered disproportionate to the role, were identified as factors leading to attrition in child protection staff (Healy & Meagher, 2007).

In the state of Victoria, Australia, the provision of a graduate program in the health sector was evaluated as one method in facilitating a successful transition for new allied health professionals (including social workers) into the sector and contributing to

improved staff retention (Smith & Pilling, 2008). The United Kingdom (UK) has garnered interest internationally by rolling out a national graduate programme called the Assessed and Supported Year in Employment (ASYE) providing supervision and support to social workers in their first year of practice in child welfare. This program has been evaluated, using a longitudinal methodology, collecting data from over 2,000 social work participants identifying improvement in both competence and confidence by the end of the first year of practice (Carpenter et al., 2015).

In England and Canada, research focusing on the transition from social work student to professional was identified as fraught with difficulty for agencies and social workers alike (Jack & Donnellan, 2009; Newberry, 2014; Searle & Patent, 2012). Many organisations are explicit in their expectation for newly qualified social workers to be practice ready in order to “hit the ground running” (Newberry, 2014). This phrase means more than being prepared to start work immediately and demonstrate competence. This need for emerging health professionals (allied health and nursing) to commence work at a fast pace has been linked with retention issues in health care organisations internationally (Chernomas et.al., 2010). Whilst new professionals require a constructive learning environment, managers faced with staff shortages, view the ability to “hit the ground running” (Chernomas et.al., 2010, p. 71) as ideal. Concerns have been raised regarding the impact of managerialist expectations placed on ECSWs through language such as “hitting the ground running” (Newberry, 2014). The administrative and organisational system of managerialism with its focus on efficiency, output and aversion to risk has been seen to leave little room for reflection on macro issues impacting upon practice (Newberry, 2014; Trevithick, 2014). A disconnect between practice readiness and current organisational conditions has been reported in the United Kingdom consistent with Australian results where graduate social workers are quickly overburdened with excessive caseloads (Agllias, 2010; Bates, 2013; Carpenter et al., 2015; Jack & Donnellan, 2009; Gibbs, 2009). Importantly, the combination of excessive workloads without adequate organisational support is noted to increase stress levels, which it is argued, puts ECSWs at higher risk of experiencing secondary trauma (Graham & Shier, 2014; Jack & Donnellan, 2009).

The ASYE in the United Kingdom garnered interest from the research community as a potential response to these challenges. The main feature of the ASYE graduate programme was to provide regular support and development opportunities to ECSWs



as they gradually increased their caseload during their first year of practice. Kinman and Grant (2017) evaluated an intervention aiming to enhance resilience of ECSWs enrolled in the ASYE program. This included case studies and exercises from daily practice to enhance skills with peer support, goal setting, self-knowledge and critical reflection along with coping skills, cognitive-behavioural techniques and mindfulness. Post intervention improvement was noted, particularly in emotional self-efficacy. Their findings noted that access to appropriate supervision for ECSWs in this program required further examination.

In Australia, a study by Moorhead et al. (2016) noted a lack of access to regular supervision, was experienced by 17 ECSW participants from one university in the state of New South Wales. These participants worked in government and not for profit organisations across a range of areas. This research raised questions regarding levels of organisational support for ECSWs in this country. They linked this finding with the impact of neo-liberal discourse on the reduction of resources and focus on efficiency. These researchers called for further exploration regarding supportive and developmental measures for ECSWs in Australia, particularly regarding time and space for building professional identity in supervision and other supportive relationships in the workplace (Moorhead et al., 2016).

The support of colleagues and the availability of experienced social workers as mentors have been identified as protective factors against workplace stress (Kinman & Grant, 2011; van Heugten, 2011). This is because having effective relationships within the workplace is considered to improve the social competence and confidence of ECSWs, with social support operating as an effective buffer against stress (Kinman & Grant, 2011). Other forms of support, which social workers identify as helpful in managing stress, include induction programs and opportunities for professional development (Acker, 2004; Kearns & McArdle, 2012; van Heugten, 2011). The need for both regular and effective supervision is consistently highlighted throughout the literature (Acker, 2004; Beddoe et al., 2014; Chiller & Crisp, 2012; Kearns & McArdle, 2012; van Heugten, 2011).

In comparing organisational support of ECSWs in the UK and Australia, Moorhead et al. (2020) recently undertook an analysis of publicly available documents, which were stored electronically on websites from social services and care councils in the UK. These provided information on formalised support arrangements accessed by ECSWs.

The study specifically sought to examine learning and development mechanisms such as supervision, induction, professional development plans, mentorship and access to training and assessment, and appraisal activities such as observation of practice, records of training and development and involvement in quality assurance programs (Moorhead et al., 2020). Documentary analysis was conducted in order to identify potential implications for Australian stakeholders in the professional development of social workers in this country. Currently in Australia, the only national mechanism in place for the support and development of ECSWs is the AASW recommendation for more frequent supervision of those in their first year of practice (AASW, 2014). Moorhead et al. (2020) called for further research detailing the support and development mechanisms accessed by ECSWs in Australia (Moorhead et al., 2020). As this study focuses on one sector, health, it is important to consider the distinctive role of social work within both hospital and community health settings.

## SOCIAL WORK IN THE HEALTH SECTOR

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Public service organisations are increasingly complex environments, experiencing competitive pressures, and undergoing significant change (King et al., 2016).

Historically, social work was positioned under the patronage of doctors in hospitals and health settings (Cabot, 1919), and as a result has needed to carve out a distinctive role in the sector to be recognised as a legitimate discipline (Beddoe, 2011). Auslander (2001) noted how over time, social work has contributed to the social model of health, which incorporates psychological, spiritual, cultural, environmental and social factors in care. Importantly, today, social workers utilise the bio-psychosocial model which considers the way these factors impact on the management of disease, including family coping and support requirements (Beddoe, 2011).

Despite the rise of more integrated health approaches and teams (Saxe Zerden et al., 2019), doctors and nurses remain the primary service providers, as they offer individuals the first level of contact with the health system (King, 2001). Working under the medical model, social workers, defined as one of the allied health professions, are constructed as assisting or helping with assessment, treatment and recovery (Saxe Zerden et al., 2019). Under a social model of health, health care is viewed as a human right, with social workers incorporating the role of advocate in their responsibilities (Bywaters, 1986; Beddoe, 2011). Social work has a long tradition of advocacy which it

has brought to health settings, advocating on multiple levels; with and for individuals and families, within interdisciplinary teams, the organisation and also more broadly in building the legitimacy and status of the profession in the health sector.

Globally, the rise of managerialism and perpetual change means the role of social workers in health settings continues to be a site of struggle. Health organisations are located within a broader climate embracing neoliberalism. Under neoliberalism, the free market is viewed as the ‘rational’ means for production, distribution and exchange of goods and services with the privatisation of state services encouraged, emphasising individual responsibility and the importance of efficiency and effective outcomes (Hyslop, 2016). From the United States, Saxe Zerden et al. (2019) write that social work is well placed to demonstrate positive outcomes from interventions, for example in managing discharge of patients and being able to evidence the value of their interventions which reduce the risk of hospital readmission. With the link between physical and behavioural health now acknowledged, the value of holistic care in medical settings and evidence-based interventions by social workers are increasingly recognised (Saxe Zerden et al., 2019).

However, individual social workers in health settings continue to describe their work as a daily struggle or battle (Beddoe 2011). In Canada, Wilder Craig writes about daily life as a hospital social worker as a form of advocacy in response to her sense of “profound loss of voice” (2007, p. 436) in a health setting. In Australia, the AASW continues to campaign to maintain the positioning of social work as part of the essential workforce in health and human services. Ten years ago, the AASW campaigned against the Federal Government excluding mental health social workers as private providers under the Medicare Better Access Program, which was a primary national mental health initiative in 2010 (King et al., 2016). More recently, the AASW has successfully campaigned against reduced government subsidies for qualifying social work university courses, which were proposed in the Job Ready Graduates Higher Education Reform Package 2020 (Australia. Department of Education, Skills and Employment, 2020). This campaign asserted the professional contributions of social work across a wide range of sites of practice, including health.

Challenges associated with the neoliberal turn have impacted daily social work practice. From the Republic of Ireland, Garrett (2009) notes how managerial preoccupation with procedural compliance, standardised assessment and risk aversion detracts from quality

decision-making. The economic focus and push for efficient discharge is at odds with professional decision-making in social work, which is informed by relational approaches situated within social work's value base and commitment to promoting social justice (Hyslop, 2016; Garrett, 2009). The holistic strengths-based approach of social work is constrained by bureaucratic procedures promoting risk-averse practice (Beddoe, 2010). The identification of the constraints and tensions impacting on social workers and their ability to manage the increasing pressure in the workplace, has led to a focus on professional resilience (Adamson et al., 2014; Cleveland et al., 2019).

### THE RESILIENCE OF ECSWS

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Social workers have been identified as professionals who are particularly vulnerable to job-related stress, hence the focus on developing resilience in the profession (van Heugten, 2011; Grant & Kinman, 2013). Resilience is considered a core component of professional competency in order to manage the complexity of social work, the challenges of the work environment, which is constantly changing, and to protect wellbeing (Grant & Kinman, 2013). Cleveland et al. (2019) recently proposed that resilience was particularly important for ECSWs as it can inform the trajectory of their future career.

In a literature review specifically focused on the resilience of child protection social workers, McFadden et al. (2015) identified that peer and organisational support improved resilience, which was also seen to improve retention. The research of Cleveland et al. (2019) provided practical advice specific to ECSWs in terms of their physical location in office spaces in order to access support from their collegiate group, and they emphasised the role of senior workers in providing peer supervision. The literature is consistent in the view that whilst it is important for social workers to develop coping strategies, to manage the content of their work, they require resources in the form of formal and relational organisational support, (Adamson et al., 2011; Beddoe et al., 2014; Kinman & Grant, 2011; Shier & Graham, 2011; Wendt et al., 2011).

The discourse of resilience is problematic as it can be seen to individualise social problems (Harper & Speed, 2012). In the context of organisations, concerns have been raised regarding the use of resilience as a means to pathologise social workers who are unable to manage increasingly heavy workloads (Considine et al., 2015). In this respect,

with its focus on the individual's ability to respond to and cope with adversity, the construct of resilience could be considered to distract attention from considering how structural changes can mediate or improve the situation (Harper & Speed, 2012). These different views on resilience as a construct were also explored by Beddoe et al. (2014) who examined the perceptions of experienced social workers who self-defined as resilient. The authors identified supervision and collegial support as key to developing and sustaining resilience throughout one's social work career. Recently, in Australia, the benefits of effective supervision have been aligned with the potential to improve the work environment and enhance interventions with consumers, families and communities (Egan et al., 2018). Working within neoliberal environments, where evidence of practice outcomes is required for procurement of funding, supervision is cited as having the potential to assist social workers to manage competing demands in the workplace (Egan et al., 2018).

## CONCLUDING COMMENTS

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The first and second chapter of the thesis offered an orientation to this study, outlining my positioning as a practitioner/researcher and the impetus for specific lines of inquiry, which came from a combination of my experiences and existing literature. Earlier research with ECSWs either focused on small groups of graduates from one university, or the child protection sector (Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009). Issues have been identified in the child protection sector regarding difficulties experienced by graduates transitioning into the workplace. This research builds knowledge by exploring how these challenges impacted on ECSWs in the health sector in Australia.

The next chapter describes the methodology of this study, which commences with my conceptual framework and proceeds to describe the methods and approaches utilised in gathering and analysing the research information. The research design allowed room to focus on organisational structures and activities in the health sector as well as the subjective experiences of ECSWs in the workplace. Finally, the limitations of the study are outlined.

### CHAPTER 3: METHODOLOGY

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This chapter describes my conceptual framework, which allowed me to explore alternate ways and means of knowledge construction. Throughout this research, I aimed to maintain an open, responsive and inductive approach to exploring the information provided by ECSWs and supervisors. This process was contained within an overarching structure, as I first sought to understand the participants' situation via descriptive statistics, to secondly, explore meanings attributed to their experiences through thematic analysis, and thirdly, to re-examine findings through a theoretical post-structural analysis. These three phases of data analysis provided the opportunity to progressively delve deeper into the research problem, of organisational support provided to ECSWs in their first year of practice working in the Australian health sector, by working through the four research questions:

- 1] What is the nature of organisational support provided to ECSWs in the first year of practice?
- 2] How are the experiences of organisational support described and interpreted by participants?
- 3] How can a theoretical analysis deepen our understanding of this information?
- 4] What enables and hinders the building of resilience for ECSWs?

Utilising mixed methods, I struggled at first with the duality and tension associated with using both quantitative data and qualitative information to explore the experiences of ECSWs. The quantitative data set was static and reductionist, providing an overall picture of a material reality in respect to organisational support provided and accessed by the ECSWs in their first year of practice. In comparison, the qualitative information was messy, discursive and subjective, reflecting the complexity of meanings attributed to their experiences. In the process of going back and forth between different information sets, the fluidity of poststructuralist concepts allowed me to explore the dimensions of participant experiences without becoming 'stuck' in an objectivist dichotomy of the agency/structure relationship, where it can be easy to lay blame either on the system or the social worker for their lack of ability to access support (Hoggett, 2001). This meant I did not view the social worker/participant as a unified and fixed 'self', "but as a continual construction in response to changing events and circumstances that are available through the discourses and culture of a historical period" (Weinberg & Taylor, 2014, p. 77). Importantly, it was the process of post-structural theoretical

analysis which brought the situation and the story together allowing for collective understandings and meanings to be generated then interpreted.

Language and discourse are of particular interest in post-structural analysis (Gannon & Davies, 2012). In this study, this involved paying close attention to everyday language, terms in common usage and cultural markers specific to the discipline of social work (Gardner et al., 2006). This attention to everyday language also meant “structures of everyday life are opened to scrutiny” (Gannon & Davies, 2012, p. 81). For example, the idiomatic phrase to “hit the ground running” is in common circulation in social work in the United Kingdom (Donnellan & Jack, 2010, p. 3), Canada (Newberry, 2014, p. 42) and in other health professions such as nursing (Chernomas et al., 2010, p. 71). This phrase became a theme in this study in Australian social work, scrutinised for its representation of emotionally challenging experiences for emerging professionals and the complexity of issues faced in entering employment in the health sector.

Discourses are sets of language through which “we understand ‘reality’ and act upon it” (Healy, 2005, p. 198), influencing what is say-able and how concepts such as ‘needs’ are understood in a particular context. The concept of need, in relation to ECSWs ‘need’ for support, in the form of supervision and continued professional development, was linked by participants to concepts of competence and resilience, in regard to improving and sustaining practice to not only survive but ‘thrive’ in the profession of social work (Adamson et al., 2011; Kinman & Grant, 2011; Wendt et al., 2011).

Poststructuralism proposes that knowledge is constructed via narrative expression and language (Richardson, 2003). The story of a participant’s experience remains open to interpretation by the researcher and again by the reader. Importantly, in taking the theoretical position of poststructuralism, there is no one authoritative knowledge from a universal method or theory, instead truth claims are suspected of masking cultural or political struggles (Richardson, 2003). In paying attention to discourse, I sought to challenge existing power relations and structures by deconstructing assumptions (Gardner et al., 2006). The way in which ECSWs are socialised into the profession and the experience of working in the Australian health sector can be explored via ‘discursive constructions’, in the ways language was used by ECSWs to construct impressions of themselves, others and the workplace (Lingard et al., 2002). In health care teams, discourse facilitates professional relationships, constructs and delineates a sense of one’s profession, and is a strong socialising force in the training of emerging professionals (Lingard et al., 2002, p. 729).

With this approach to knowledge construction, I endeavoured to take a stance as a critically reflexive researcher, in efforts to push this inquiry beyond surface meanings attributed to the organisational issues faced by ECSWs, and delve deeper into assumptions (Alvesson & Sköldberg, 2000) within the profession that I as a social worker upheld. With this reasoning, the research problem was separated into the four distinct questions. Using mixed methods of data collection provided different types of information. Then using different methods of data analysis provided new insights to the layers of information, allowing me to identify, examine and understand the role of health organisations in the building of professional resilience with ECSWs.

Traditionally, social work has drawn upon critical social theory to explain and examine structural disadvantage, marginalisation and oppression (Allan et al., 2003). When critical theory first emerged in the Frankfurt School of Social Research in the 1920s, concerns were related to emancipation. This focus still threads through contemporary critical theory today where the goal is to move beyond analysis of social life to transform it (Gannon & Davies, 2012). Viewing research through a critical lens means an emancipatory interest in knowledge is held, and yet the term ‘emancipation’ itself is questioned, where no one can ‘emancipate’ another; hence this research is not intended to ‘emancipate’ graduates (Kincheloe et al, 2005).

For critical social workers, examining the “practice of social workers is a legitimate focus” (Fook, 2003, p. 128). As a critically reflexive practitioner/researcher, I felt a sense of permission to question the practice of social work and the profession itself. However, in doing so, questions remained in terms of “whose needs does research serve” (Fook, 2003, p. 128). In this respect, the underlying assumption held throughout this research is that by building a knowledge base about the experiences of ECSWs, any improvements made to develop and sustain practice are expected to improve processes and outcomes for consumers, families and communities.

As social work research, this study was inscribed with the views and values of the profession, the use of reflective self-awareness and commitment to the people we serve (AASW, 2020). Throughout this process I maintained a broad view toward improving social work practice by critiquing the conditions necessary for quality service provision to occur. Importantly, using a critically reflexive lens involved reflecting and theorising on social conditions in different ways (Watts, 2019). “Being ‘critical’ adds an expectation of exploring practice in the context of the social system in which it operates” (Gardner



et al., 2006, p. 145). This includes understandings of knowledge, power and subjectivity being viewed as dynamic and changeable (Fook, 2003).

Questions of power are inherent in critically reflective practice and research, particularly in terms of whose knowledge is legitimate (Fook, 2003). A commitment to 'bottom up' methodologies within practice and research is grounded in approaches which value the person who has the experience as 'expert' on the phenomena studied, in this case social workers discussing their first year of practice in the health sector. "Who speaks, who listens, who is heard and who is passed over in silence are questions central to effective practice" (Crawford, 2006, p. 179), and in this case, research. From the outset, one of the ontological concerns which interested me was the positioning of new social workers at the bottom of the hierarchy of the bureaucratic model of health service delivery and how they navigated agency within and beyond that constructed and determined space.

Whether I have demonstrated critical reflexivity throughout this study can only be left to the reader to determine, considering there has been no empirical study outlining exactly how researchers 'do' reflexivity (Probst & Berenson, 2014). Whilst Probst and Berenson (2014) asked this of qualitative researchers, their research noted that the mechanism of reflexivity does not necessarily lie in external actions taken but in the way in which activities are approached and engaged. For example, it is not the writing of a memo which makes an action 'reflexive' but the attitude with which the activity is undertaken, that is "the researcher's willingness to launch the double-pointed arrow without knowing where it will land" (Probst & Berenson, 2014, p. 825). Whilst I am aware of my internal conversations and discussions within doctoral supervision, I hope that this thesis reflects my attitude to reflexive processes, which encouraged further analysis, revealing ever more layers and influences on ECSW experiences. However, I remain conscious of the risk of shifting attention away from the phenomena being studied (Probst & Berenson, 2013) and in this respect the narratives of the ECSWs remain privileged throughout the thesis.

Engaging critical reflexivity in my approach to the research questions, necessitated a level of disruption, to my interest and familiarity with the topic, to practice Pillow's (2003, p. 181) "reflexivity of discomfort". This was achieved through the mixed and eclectic approaches used in this inquiry. The core of post-structuralism recognises knowledge from alternate sources rather than any singular claims to authoritative knowledge, this means alternate representations of research material are possible

(Richardson, 2003). Arts-based research, as a form of qualitative research, is defined by the presence of aesthetic qualities which are noted as part of the inquiry as well as being present within the text. This is achieved by employing procedures and principles of the arts (Barone, 2008). Arts-based research, perspectives and approaches are particularly useful in the ways they disrupt traditional research paradigms, by creating new pathways for knowledge creation across disciplinary boundaries from different epistemological and theoretical bases (Leavy, 2020). Whilst this mixed method study was not arts-based research per se, arts perspectives and approaches were applied in the thematic analysis and presentation, specifically I wrote a poem to explore verbatim quotes of participants as the first stage of the coding process of the qualitative information, and I have used metaphors throughout the thesis.

I have made heavy but careful use of metaphors to shape the story of these ECSWs in an effort to “expand literal meanings” (Staller, 2007, p. 784). It was important to recognise and respond to the dominant scientific perspective which underpins the health sector whilst engaging with arts-based perspectives. To do this, I employed mixed methods to explore and examine the ECSWs’ experiences of the first year of practice. As social workers we hold stories in our hands, whether they are shared with us by consumers and their families or participants in research. The need for care in the co-construction of stories was highlighted by Staller who advised social workers to “hear your own metaphors” (2007, p. 784). I applied this advice to my analysis of the language of social work in this study, hearing and valuing the metaphors and recognising that the arts can also provide legitimate methods to knowing and expressing ECSW experiences. “Science is one lens, creative arts another. Do we not see more deeply through two lenses?” (Richardson, 2003, p. 202).

Given this, the conceptual framework employed in this study may be viewed as its strength in its rejection of formulaic approaches and instead viewing the research from different perspectives, engaging in the messiness and complexity of human experience (Probst & Berenson, 2014). Richness in description is utilised throughout the presentation and ‘telling’ of this research, in order to highlight the tensions and contradictions experienced by the ECSWs and strong emotions evident in the descriptive data (Alvesson & Sköldberg, 2000). In doing so, the challenges I experienced as researcher stepping between different approaches and methods is noted throughout the ‘story’ of this research. The act of describing and understanding the

experiences of these social workers mirrors practice, in terms of engaging in complexity, which at times muddies the waters making it difficult to maintain clarity, particularly in analysis of the ECSW habitus, which was resisted but also shifting, for these emerging professionals. From the beginning, I needed to stop and consider my viewpoint as researcher, particularly in the way I viewed the participants collegially.

## ETHICAL CONSIDERATIONS

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As a social worker and member of the Australian Association of Social Work (AASW), I am bound in practice by the AASW Code of Ethics (2020), including direct practice with individuals, families and communities, in research and as a clinical educator in accredited university courses. In addition, this research project received ethics clearance from the Curtin University Human Research Ethics Committee (Approval Number HR 211/2014).

Ethical requirements for consent followed from Chapter 2.2 of the National Statement on Ethical Conduct in Research Involving Humans (National Health & Medical Research Council et al., 2007). Participants were recruited through online advertisements. When responding, participants were directed electronically to the Curtin University website where details of the research were located (see Appendix B). The first page of the questionnaire was the information sheet for that phase of research (see Appendix C), and a second information sheet was provided for those who decided to continue to the second phase of the study, the interview (see Appendix D). The information sheets outlined:

- 1) The purpose of the study,
- 2) the stages and demands of the study,
- 3) how it would be carried out (methods),
- 4) that participation was voluntary,
- 5) their freedom to withdraw at any stage,
- 6) confidentiality and
- 7) potential risk and response to the risk or emotional distress.

The university website provided access to the questionnaire, and was also where participants could indicate willingness to be interviewed. This site included additional participant information and consent forms specific to the interview phase of the study

(see Appendix D) and a list of support services if any distress was experienced as a result of the interview process (see Appendix B).

Coming to research from direct practice I had not expected this research to be considered high risk, as the participants were practitioners. I did not consider them to be a vulnerable population in comparison with my experiences of interviewing people who had experienced an acquired brain injury, as part of a practitioner led research team evaluating a pilot project. However, what needed to be taken into account with this group were the rates of anxiety, burn out and exposure to secondary trauma in social work populations, as mentioned in the literature (Bednar, 2003; Graham & Shier, 2014; Takeda et al., 2005; Stalker et al., 2007). In this respect, a level of foreseeable psychological risk needed to be acknowledged. Given the possibility that participants may have experienced emotional distress when recounting experiences of their first year of practice, an adverse reaction procedure supported the interview process.

An adverse reaction procedure reminds researchers of the importance of sensitivity and appropriate responses to the participant's experience of the interview. Observing any distress, the procedure would remind me to re-direct, stop and resume, or abandon the interview, as necessary. However, issues requiring follow up were not identified in this study. If needed, referral for counselling, to manage any distress which unexpectedly arose, would have been provided. Whilst the ECSWs who participated in this study discussed emotional experiences during the interview, and at times expressed these with a lowered voice, experiences of mental distress did not surface.

There were however, moments where I felt compelled to lean in to feelings of concern or discomfort during interviews (just like in practice) and this meant a duty to ensure questioning was not exacerbating any emotional responses to what had been disclosed. In the same vein of community research ethics, my aim was not simply to avoid or minimise emotions but to go beyond and to invest in the wellbeing of individual participants (Paradis, 2000). Toward the end of each interview I utilised a strengths-based approach, reiterating the tenacity and flexibility the ECSWs had demonstrated throughout their narrative. I returned a thematic summary to the participants which also provided the opportunity to reiterate these strengths and the message that their stories would be put to good use in efforts to improve transitions into the field for future ECSWs (see Appendix E).

The overarching aim of this research was to be of use for future ECSWs, working in health, to assist them when advocating for improved organisational support. In providing information about graduate expectations and their preparedness for the profession, it also aimed to assist social work educators to better prepare ECSWs for the reality of practice settings. In addition to its use for future ECSWs and educators, this study sought to provide recommendations for health organisations, regarding ways to support social work practice and improve the retention of ECSWs. This is crucial considering that social workers are part of the essential workforce, managing heavy workloads in a time of reduced resources.

## RESEARCH DESIGN

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This study sits within an interpretive phenomenological tradition, which places emphasis on experience and interpretation (Henning et al., 2004). Whilst I incorporated mixed methods and worked with material realities, such as frequency of ECSW access to formalised organisational support, the emphasis is on participant perceptions of these experiences and activities. In taking this approach, my knowledge of reality leans toward a constructivist-interpretivist positioning, where reality is acknowledged as subjective and influenced by context, namely the individual's experience and perception of their situation (Ponterotto, 2005).

The purpose behind gathering quantitative data was to address the first research question, to determine the nature of organisational supports provided to ECSWs in the first year of practice working in the Australian health sector. This data provided a 'lay of the land', which offered a reference point for the rest of the study. In the course of mapping research with ECSWs in the literature review, I located extensive quantitative data about new graduates facing overwhelming caseloads without sufficient organisational support in the Australian child protection sector (Agllias, 2010; Bates, 2013; Gibbs, 2009). However, conditions in the health sector remained largely unknown.

Considering that this research commenced under the banner of phenomenology it may be surprising that gathering quantitative data was the first stage of data collection. Despite phenomenology having a long philosophical tradition, Mayoh and Onweuegbuzie (2015) propose that it remains malleable enough to incorporate other

methods. In this study, data was collected from two sources: the self-administered, on-line questionnaires and in-depth, semi-structured interviews. The quantitative data was sourced from two questionnaires: one for the ECSWs to self-report their access to organisational support and a second modified questionnaire for supervisors and managers to report on their observations and views on the ECSWs' access to organisational support. Descriptive statistics established the 'lay of the land' specifically in relation to the formal activities in the workplace such as induction, professional development and supervision provided to ECSWs in the first year of practice. The data collected from supervisors gathered information about the same topics.

Given the array of research with ECSWs in Australia in the field of child protection (Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009) and my own experiences working in health, I was interested to learn if issues identified in the child protection sector were also identified in health. Both strands of data started with the same three topics: induction, caseload and supervision. These topics were selected as they were identified in the literature as key forms of organisational support for the development of ECSWs in their first year of practice (Acker, 2004; Agllias, 2010; Bates, 2013; Beddoe et al., 2014; Chiller & Crisp, 2012; Graham & Shier, 2014; Healy & Meagher, 2007; Jack & Donnellan, 2009; Kearns & McArdle, 2012; van Heugten, 2011).

The data from the questionnaire also informed the semi-structured interviews with the same topics explored, in-depth. The interviews provided the opportunity to explore the meanings the ECSWs attached to their situation. In this way, the research design involved a layering of research information, whereby the quantitative data formed a foundation which was enhanced by the richness of the qualitative information. In this respect, the layered approach to the same topics provided opportunity to access different levels of the research problem, reflected in the four research questions.

Greene et al. (1989) characterise a research design with this kind of layered approach to the research problem with the analogy of peeling layers off an onion. This layered research design utilised mixed methods which can be described by a quan + QUAL model (Teddle & Tashakkori, 2011). Exploring the limited information on ECSW experiences of organisational support working in the health sector, this research was rooted in interpretive phenomenology where meaning making was derived from the qualitative semi-structured interviews (Mayoh & Onweuegbuzie, 2015). By combining descriptive statistics detailing the ECSWs' setting, with personal stories and

perspectives, comprehensive understandings of the complexity of their experiences were developed.

However, there were limitations in working with mixed methods. Firstly, this was related to my discomfort with quantitative methods which was new to my knowledge base but perceived as necessary to gather a baseline of information on ECSW access to induction, supervision and professional development activities. However, the quantitative data analysis remained limited, it did not stretch beyond descriptive statistics. Typically, mixed method research projects are critiqued for being “qual light” (Teddle & Tashakkori, 2011, p. 295). This research may be critiqued for the reverse by some, because statistical analysis was limited to summarising and drawing descriptive statistics from the data. In addition, since the combined analysis of both sets of data was not necessarily innovative, nor a thorough integration of mixed methods, I cannot claim to be on a journey of “methodological connoisseurship” (Teddle & Tashakkori, 2011, p. 295). And yet, although simple, this research design resulted in multilayered information and analysis which can be considered distinct from qualitative or quantitative research alone (Teddle & Tashakkori, 2011).

Mixed method studies are noted as taking longer to conduct and this can be an issue for doctoral students (Teddle & Tashakkori, 2011). I found this to be the case, and while data collection time was extended to increase the sample size, it was the analysis and presentation which required more time than anticipated. The following section on the population, sample and recruitment strategy, outlines the way in which I approached the gathering of information from ECSWs and supervisors working in the Australian health sector from the beginning of 2015 until mid-2016.

## POPULATION, SAMPLE AND RECRUITMENT

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In order to investigate organisational support provided to ECSWs in their first year of practice I recruited from two homogenous populations of qualified social workers: those in their first three years of practice employed in the Australian health sector and those who currently supervised ECSWs (also employed in health organisations). In this respect the two samples were purposive, with participants recruited through national advertisements (see Appendix A) in a variety of electronic newsletters (AASW, Australian Council of Social Services and university alumni organisations). I also utilised

social media to advertise the study, specifically Facebook and LinkedIn. The AASW social media platforms on Facebook with the Queensland Social Work Student and New Graduate Network and the Western Australian New Graduates Practice Group which were effective in advertising directly to ECSWs.

The inclusion criteria for the ECSWs were:

- ✓ Qualified with a Bachelor of Social Work or a Master of Social Work (Qualifying), and with no more than three years of experience.
- ✓ Eligible for Australian Association of Social Workers membership.
- ✓ Currently or previously employed in a government or non-government health organisation.

Of the 199 people who started the questionnaire, 70% met the criteria (outlined in the following section) and completed the questions. This resulted in a total of 139 completed questionnaires, 94 ECSWs and 45 supervisors.

The first group of participants, the ECSWs, were within three years of graduating but were reporting on experiences of their first year of practice working in a health setting. Given that the ECSW questionnaire was completed in the year 2015 this meant that these participants graduated at the end of 2012 or later. Hence, the ECSWs were reporting on their first year of practice experiences which occurred between the years 2013 and 2015, with some having completed the questionnaire whilst still in their first year of practice. The ECSWs were self-reporting on their own experiences whilst the second group of supervisors were reporting their observations and views based on their work with ECSWs.

To gain professional qualification as a social worker, two types of degree were offered by Australian universities at that time; a Bachelor of Social Work (BSW) or a Master of Social Work (Qualifying) (MSW(Q)). At the time of data collection, 29 universities and one college offered social work courses accredited by the AASW (2015a). Of these courses, the most common was the BSW, which may be completed as a stand-alone, as part of a double degree or with honours. Fifty-nine courses with these combinations were offered at that time. Twenty-four MSW(Q) courses were offered nationally. In this study, the majority of ECSW respondents (59%) completed a BSW with some having completed additional qualifications and training. Some ECSWs worked across two



states in their first year of practice.

The inclusion criteria for the supervisors were that they were a:

- ✓ Qualified social worker
- ✓ Supervisor, may be internal or external to the workplace, providing formal supervision to an ECSW in the health sector.
- ✓ Manager, the direct line manager of a social worker who meets the criteria.
- ✓ The social worker they managed or supervised did not need to be participating in the study.

For the supervisors the most common qualification was also the BSW (89%) which may reflect that this was the most common qualifying course in Australia until more recently. As the supervisors' questionnaire allowed for reporting on up to five ECSWs, information on 88 ECSWs was provided by this group. Whilst this produced information on the experiences of 182 ECSWs, I kept the information in two strands of data. This was because these were two different groups, providing information and views derived from very different perspectives.

## DATA COLLECTION – THE QUESTIONNAIRE

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The aim of the online questionnaire was to gather descriptive data about the nature of organisational support provided to Australian ECSWs in their first year working in the health sector. I piloted the questionnaire prior to advertising the study with seven social work colleagues employed in the health sector. Their feedback helped me to identify ambiguities in the questions and reduce item non-response (Gray, 2013; Lewin, 2005).

Data collection, transcription and the first phase of data analysis of both the quantitative data and qualitative information were conducted simultaneously over eighteen months ensuring prolonged engagement (Holloway & Wheeler, 2010). As discussed previously, the aim of the online questionnaire was to gather descriptive data about the nature (types and frequencies) of organisational support provided to Australian ECSWs in their first year working in the health sector. The two questionnaires (see Appendix C) not only provided demographics and the nature of organisational support nationally but also afforded an opportunity to compare

differences in the perception of organisational support between the ECSWs and supervisors.

Data collection commenced in January 2015 as soon as the study was advertised. The online questionnaire for ECSWs was open for 12 months and extended for another six months for the supervisors until mid-2016 (for which an ethics amendment approval was obtained). Throughout this time the response rate was maximised through repeated posting and advertising. Given that the ECSWs participating in this study could have up to three years of experience some were discussing their experiences from two years prior. Hence, this cross-sectional survey provided a snapshot pertaining to the nature of organisational support accessed by social workers in their first year of practice, between years of 2013 and 2015.

The supervisors' questionnaire held the same (reworded) questions as the ECSWs', (see both in Appendix C) asking them to report on induction, graduate programs, workload, networking opportunities, access to supervision and mentoring for the ECSWs they were supervising at that time. For those who identified as external supervisors, skip logic was built into the questionnaire for questions specific to organisational knowledge. Questions based on the supervisors' observations of ECSW experiences of work-stress and perceived impact on ECSW physical and mental health were also asked. It is important to keep in mind that this was self-reported by the ECSWs and observed by the supervisors. The ECSWs also self-reported on their intent to stay in their current position and the profession, whereas the supervisors reported on their observation of retention rates of ECSWs in their organisations. The three open questions in the survey provided qualitative data on the views of both groups on positive workplace support, potential improvements to the first year of practice, and barriers in accessing support. The interviews commenced prior to closing the questionnaire which meant concurrent quantitative data and qualitative information collection occurred for a period of twelve months.

## DATA COLLECTION – THE INTERVIEWS

Interviews were conducted with participants who indicated interest and provided their contact details at the end of the questionnaire. From the 40 ECSWs and 14 supervisors who provided contact details, non-probability, purposive sampling was used. After collating questionnaires with prospective interview participants, I made contact with the first participant from each of the states returning back to the list to select the next from each state if there was one, whilst maintaining a range of participants from government and not for profit health services. If they responded to my initial contact I then scheduled interviews face to face or via Skype. No ECSW participants from the Northern Territory provided their contact details, and there were no contact details from supervisors in Tasmania. In most cases, contact to schedule the interview was made via email or by phone, and 22 participants responded and two cancelled. In total, 14 ECSWs and six supervisors were interviewed. The table below shows the breakdown of interviews per State.

**TABLE 2**

*Interviews conducted*

State	ECSWs	Supervisors
Western Australia	2	2
Queensland	3	0
New South Wales	3	2
Australian Capital Territory	2	1
Victoria	2	0
South Australia	1	0
Tasmania	1	0
Northern Territory	0	1
<b>Total</b>	<b>14</b>	<b>6</b>

Whilst some authors claim data saturation may be achieved within 12 interviews (Creswell & Plano Clark, 2011; Guest, 2006; Sandelowski, 1994), I had not predetermined or fixed this sample size, reflecting the statement: “Small sample size should not be seen as a limitation, in and of itself, when evaluating the rigor and

findings of qualitative research” (Young & Casey, 2019, p. 12). For this study, I identified data saturation in two ways. After eight interviews there was a lull in responses which provided the opportunity to commence data analysis, by coding the raw data from the interviews into recurrent themes (Grbich, 2013). The coding process is discussed in more detail later in this chapter under the section on data analysis. I noted that “code saturation” (Hennink et al., 2019, p. 1483) was reached following these first eight interviews. At that time, I identified the full breadth of issues and no new codes were added from the interviews which followed. In subsequent interviews with the supervisors, there were no changes to the codebook.

The information the supervisors provided did not offer new themes, nonetheless it enhanced the richness of the data, with their views on issues facing ECSWs. The purpose behind the inclusion of the supervisors was to provide different perspectives and context to the ECSW experience of accessing organisational support. Interviews with both ECSWs and supervisors yielded rich data, meaning it was layered, detailed and nuanced (Fusch & Ness, 2015), however “meaning saturation” (Hennink et al., 2019, p. 1483) was achieved much later, when twelve interviews with the ECSWs had been completed. These additional interviews provided more comprehensive understandings to the issues coded. I stopped at fourteen ECSW interviews, having already scheduled the final two interviews when meaning saturation had been achieved. Whilst individual experiences were expressed in the interviews, commonalities in their perceptions, views and emotions related to the issues they faced which could be categorised (Hennink et al., 2019, p. 1484). The following section provides more detail on my approach taken in the interviews.

## NARRATIVE AND COLLEGIAL APPROACHES IN INTERVIEWING

In the interviews, I used both collegial and narrative approaches. They commenced with collegial discussions in relation to where the participant was working and how long they had been in the job. I shared a brief version of my own experience as the impetus for conducting this research. I worked with the construct of authenticity, being open and transparent in interviewing, by first making reference to my professional history, then focusing on the participant’s experience (Rew et al., 1993). This appeared to work well in reducing the power differential between the researcher and participant (Corbin & Morse, 2003), with some participants commenting on feeling comfortable enough with

me during the interview to discuss the more emotional and personal aspects of their journey. And yet, any claims of authenticity are problematic when working from a theoretical position of poststructuralism which doubts claims to authoritative knowledge. “Poststructuralism proposes that systems of knowledge are narratively constructed” (Richardson, 2003, p. 5). Whilst the participant shares their experience it is the writer who does the story telling which is open to interpretation by the reader. Even if the participant shares ‘their’ truth and this is heard it is still (re)presented in the narrative of the study. Authenticity in the presentation and issues of trustworthiness in this study are discussed further, later in this chapter.

Opening the interview, by first making reference to my professional history took less than five minutes, after which I asked the participant the “grand tour question” (Morgan & Guevara, 2008, p. 469): “Can you tell me about your first year?”, or for supervisors: “Can you tell me about the professional experiences you see as significant for social workers in their first year in the profession?”. These questions created conditions for participants to speak continuously, reflecting on the significant experiences of that first year. I listened actively to the participant’s experiences in a collegial manner, co-constructing shared understandings and validating their perspectives (Corbin & Morse, 2003). I identified these moments of co-construction of understandings and meanings when ECSWs would state “you know?” and I would paraphrase back to them my interpretation of what they had said and they would either add to their statement or agree with my response. In this respect the semi-structured interviews provided space for the ECSW narrative to be discussed and shaped as it went along rather than as formalised interviews with a question and answer format:

5.A (interview participant): they seemed to see my role as you know, counselling staff, they didn't really seem to know what to do with me,

C (researcher): yes, so you were defining your role as you went along?

5.A: yeah, and I was trying to set boundaries with things that I thought was appropriate.

There were times where validating the experiences of the participants meant my views were challenged. For example, an external supervisor spoke of ECSW experiences of supervision provided internally within the workplace as “completely unsafe” (3.L), which differed from my own experience and is not the case for every ECSW. I validated her statement recognising that ECSWs working in health and mental health frequently

seek out external supervision when there are issues of trust in the workplace (Pack, 2015). Whilst this differed from my views initially, it was not too problematic because this view fit with some of the ECSW reports.

Responses to the narrative approach I used to open the interview varied. Twelve of the fourteen ECSW participants launched into their story and were eager to share. Only one had trouble, twice pointing out that it was a very broad question. Some of these immediate responses were lengthy and could almost stand-alone as short narratives. I have presented segments of these throughout the thesis to exemplify particular themes (Holloway & Wheeler, 2010).

When supervisors were asked about what informed their supervision of ECSWs, four of the six immediately responded by reflecting on and sharing their first experiences of supervision. This open and spontaneous sharing of their stories as a supervisee at the beginning of their career, reflected the benefit of the narrative approach in commencing the interview process. Whilst interviewing, I was comfortable with the collegial approach with the ECSWs. This was because I had positioned myself as 'one of them', however I initially held reservations with this approach when 'interviewing up' with the supervisors. Each of the supervisors were armed with a wealth of experience and status in the profession in leadership roles as managers and supervisors. At the time of interviewing I had not yet been in a supervisory or management role, however I maintained my collegial approach as a fellow social worker and practitioner. I had not anticipated the way they responded so openly, responsively and collegially in return. Any pre-conceived ideas were shattered in the very first interview with a highly experienced supervisor in a hospital setting. On arrival at the hospital, while we were walking to the office, we discussed the questionnaire and completion rates as she had recently sent out a questionnaire for her own research (I was already daunted by her reputation in health research). Once we started and I shared my motivation for the research and she explained who could supervise in the hospital setting (again I was well aware that she was working at the highest level). And then all my preconceptions were busted as I watched her sit down and reflect back to when she started out:

1.K: I think that my practices in supervision are really strongly influenced by my own very first experience of supervision in my first job (pause) which was horrendous.

I admit I was surprised by how open she was in sharing her early practice experiences and that my sense that ‘something was not quite right’ was shared by a fellow social worker. Most of all, what was clear throughout this conversation and with each of the supervisors was their drive to improve ECSW experiences and a sense of shared concern. We discussed research topics and shared resources. The sense of hierarchy dropped away with the supervisor’s reason for participating, which was her apparent commitment to and support of the study itself and improving organisation support for ECSWs.

The interviews allowed for in-depth discussion of the topics in the interview schedule and additional areas the participant felt were relevant and wished to discuss with me. The average interview length was an hour. There was no distraction of note taking, as all interviews were audio recorded, with the participant’s permission. I conducted the transcription verbatim as soon as possible following the interviews, which enhanced my immersion in the data. Preliminary data analysis was conducted during transcription, and the methods and approaches utilised throughout analysis are discussed in the following section.

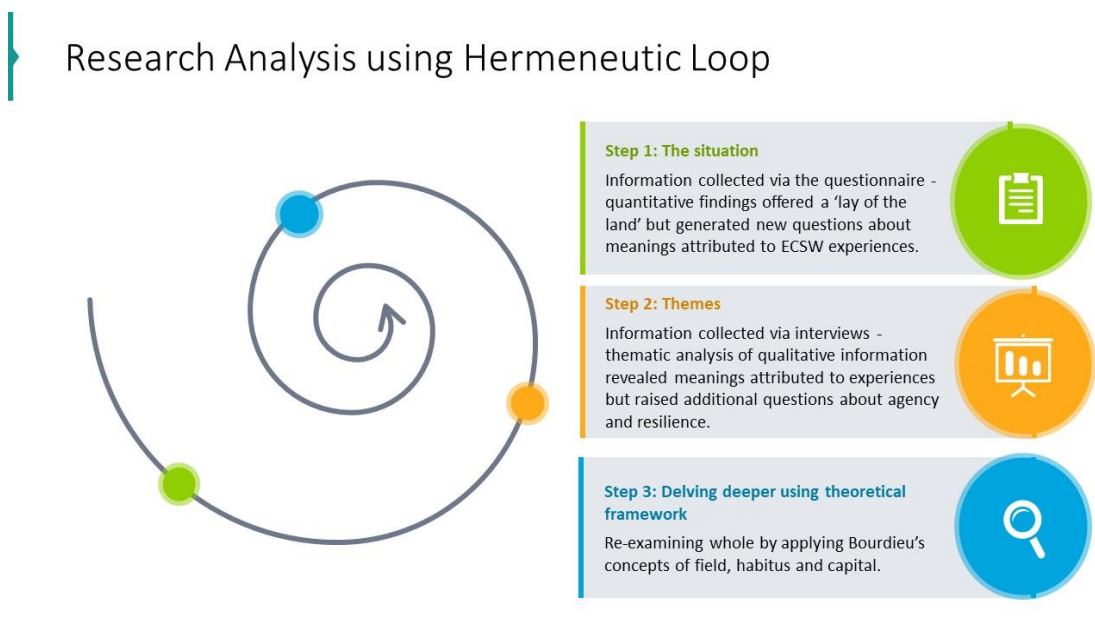
## DATA ANALYSIS

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The first phase of data analysis described the situation in the ECSWs’ first year of practice in the form of descriptive statistics from the quantitative data from the questionnaire with both ECSWs and supervisors. The second phase of analysis explored themes derived from the qualitative information from interviews, which offered meanings attributed to ECSW experiences in the first year of practice. When working through the steps in the first and second phase of thematic analysis, I came to realise multiple levels of analysis were required in this study in order to respond to the richness of the data and information provided by the ECSWs and Supervisors. I was engaging the hermeneutic iterative process (Gadamer, 1975) seeking understanding of the situation, exploring experiences and delving deeper into the research problem, with each phase raising additional questions. It was at this point that I drew on post-structural theory and Bourdieu’s theoretical concepts of field, capital and habitus to form a framework to deepen understanding of ECSWs’ experiences. Figure 2 on the following page presents a visual of these three phases of data analysis. Descriptions of each phase and the diversity of methods employed follow.

FIGURE 2

*Three phases of data analysis*



## IDENTIFYING THE SITUATION

The initial step in the first phase of data analysis commenced by taking the quantitative data from the online questionnaire and gathering demographics of participants, placing the data in two groups: self-reported by ECSWs and supervisor reported, and then into the three subgroups: government or not for profit sites of practice, health or mental health positions in the health sector, and regions of Australia. Responses were given numerical values and a codebook was developed (Engel, 2013; Lewin, 2005). Whilst the questionnaire was open, the Qualtrics online survey platform generated initial reports on each of the questions, identifying areas to discuss further in the interviews such as work-stress. Upon closing the questionnaire, I coded the data and entered it into SPSS 12 software which generated descriptive statistics as frequency charts and custom tables. This provided a snapshot of the distribution of the ECSWs' access to each of the forms of organisational support (induction, graduate programs, mentoring, supervision and networking opportunities). From this first step in analysis of the quantitative data, I made summarising statements on the distribution graphs and frequency tables, which the qualitative information might further explain.

This first phase of data analysis identified and outlined the nature of organisational support provided to ECSWs working in the Australian health sector. This included the



descriptive statistics and interpretations of the data providing a descriptive context which could be used as a reference point for the rest of the study. The second phase of data analysis explored themes derived from the interviews.

### EXPLORING THEMES THROUGH LANGUAGE

When collating the quantitative data from the survey, I also organised and collated the qualitative information from the three open questions at the end of the questionnaire. This information provided views from both groups about the most positive support available in the workplace, potential improvements to the first year of practice and perceived barriers to accessing support. I coded these responses manually, grouped and numbered them (Gray, 2013).

Given that there were two sources of qualitative information, the first from three open questions at the end of the questionnaire and the second from transcripts of the in-depth, semi-structured interviews, these are differentiated throughout the thesis. Quotes from the questionnaire respondents were simply numbered (e.g., 88), whereas quotes from interview participants were numbered and initialled (e.g., 5.A), as the number of different pseudonyms required would have proved distracting for the reader.

Following the interviews, brief thematic summaries were provided to participants. As an initial analysis of the qualitative information, these were descriptive in nature, engaging lightly with the data, identifying broad responses and issues related to topics such as induction and supervision. The purpose of these summaries was to broadly capture the events, views, issues and emotions associated with the ECSWs' experiences. This method of data analysis may be considered as holistic coding due to its preparatory nature, before starting more detailed coding methods (Miles et al., 2014). The thematic summaries were written in a conversational manner, situating myself in the text, my analysis of their responses, with a curious rather than authoritative tone. The summary was sent to each participant by email two weeks after the interview and included an invitation to amend the document or respond with written reflection or comment via email. Some examples of these thematic summaries may be viewed in Appendix E.

Written responses to the thematic summary, served as respondent validation and improved credibility of the research ensuring the participants recognised the meanings they attributed to their experiences (Holloway & Wheeler, 2010). The participants

offered email responses such as: “This sounds about right” (6.C) “You really hit it spot on in so many areas” (5.A) and “I don’t think you could have expressed my thoughts, feelings and views any better” (2.T) with some making minor amendments and additions to the document. This process not only validated initial findings but also ensured I was accountable in my process, identifying their interests and concerns. Their responses and comments confirmed the research questions and interests were not mine alone (Paradis, 2000). Participants reported benefits of participating in the research process particularly in taking the time to reflect on practice. It also served to prolong their engagement with the topic (Paradis, 2000) with some commenting that the summary was a useful tool to provide both a sense of how far they had come and perspective on their current situation, as this ECSW participant stated: “This is a helpful narrative for me to reflect on over time and also review my current position on things. I guess it provides me with an opportunity, beyond supervision, to locate myself in the work arena” (7.N).

Richardson (1997) deconstructs the traditional idea of validity with crystallization, where complexity of experiences in research can be viewed from a different perspective in the same way we view the refraction of light from a crystal from different angles. In this respect, “properties of the crystal-as-metaphor help writers and readers alike see the interweaving of processes in the research: discovery, seeing, telling, storying, [and] representation” (Lincoln et al., 2011, p. 122). This approach to analysis for me fits with the depth presented by the earlier analogy of peeling layers of an onion (Greene et al., 1989), in this case starting with the phenomenon of the first year of practice in the Australian health sector. The analysis progressed through layers of information, stories which were not only heard but felt, interpreted and critiqued to come to the heart of the matter, a representation demonstrating complexity, finally reflecting light in different directions offering multiple responses and views of what “might be” (White 2006, p. 27). It confirmed the utility of an integrated arts-based perspective throughout analysis, interpretation, critique and representation of findings for this study.

The qualitative information gathered from the interviews provided deeper, more personal internalised responses about their situation. It was in the more personal subjective experiences of the ECSW narratives, that I identified what I termed sentient statements, where during the interview and transcription, their comments ‘pulled me in’ and heightened my engagement with the qualitative data. Part of this second phase of

analysis involved attention to the language the ECSWs were using in the interviews, which I had noted at the time of interviewing and transcription, as both personal and powerful. Within the process of thematic analysis, attention to the participant's use of language led to their statements being used as titles for themes. I named these sentient statements.

## SENTIENT STATEMENTS

Following the first eight interviews, my scheduled interviews dropped off and more advertising was required. It was at this time that there was a pause in the 'doing' of interviews, providing an opportunity for the initial analysis to shift from an individual case summary and impression to 'step back' and start to engage in broader thematic analysis, with identification and coding of the raw data from the interviews into recurrent themes (Grbich, 2013). The themes which were starting to emerge were common threads throughout the narratives (Morse & Field, 1995). By the end of data collection and the first phase of analysis, these threads wove together to form thicker threads entwined with sentient statements, which had been identified during transcription and noted in memo form. These were discussed in supervision. I also discussed my responses to the participant's story, and how they had presented their narrative. My interview notes, responses and discussions with my supervisors informed reflections which I called interview impressions which were also put to one side. It was within this process that I was struck by the powerful and emotive language and tone which participants used at times during the interview. In response, I pinpointed a number of sentient statements which were phrases used directly by participants. Although this meant themes were not 'imposed' by the researcher (Creswell & Plano Clark, 2011; Holloway & Wheeler, 2010), I found these sentient statements provided moments where the language of these ECSWs had 'pulled me in' for closer engagement. I later realised that these statements or phrases served to express both content (regarding the issues faced by these social workers) but also something more powerful which was being conveyed in the telling of their narrative. These statements were often repeated among the transcripts of different participants and provided the means to shift from individual stories regarding common issues to a common narrative. The ECSW's language revealed emotional understandings and meanings which later became significant in presenting the depth and complexity of ECSW experiences.

Attending to these sentient statements, became a method in honouring the powerful emotions raised by experiences of the first year of practice in social work. Engaging with emotionality brings with it more vulnerability than is customary in traditional social science (Ellis & Berger, 2003). For this reason, I attended to the emotional content carefully, making an effort to prioritise the specific language of the participants. Some words and phrases were repeated by different participants and I gathered these together. As I commenced this process of coding, fortnightly supervision was particularly important because my supervisors would regularly question if some voices were being 'heard' more than others (Garside, 2014). For this reason, throughout coding I listed the relevant participant in the margin to ensure I wasn't privileging some participants' voices over others. These initial seven codes were:

- *"I'm a new grad"* (6.C) referred to expectations placed on ECSWs by the organisation as well as their own expectations of the workplace and the profession,
- *"the unspoken fears"* (7.N) related to ECSW experiences, their views and emotions about those experiences,
- *"reflective work"* (1.M) concerned supervision and what ECSWs considered to be social work supervision,
- *"if you're vocal"* (8.Z) explored action, inaction and agency,
- *"sink or swim kind of environment"* (2.T) detailed challenging workplace issues and relationships,
- *"the landscape was shifting"* (5.A) referenced the broader political and economic environment, and
- *"it's been a journey"* (6.C) referred to ECSW reflective views on resilience and the experience of 'becoming' a social worker.

I continued to utilise NVivo 12 software during this process of coding and went on to use it for more general purposes of organisation and storage of transcripts, audio, notes, literature, reflections and memos (Seale & Silverman, 1997).

In the first two phases of analysis I viewed ECSW experiences of organisational support from very different perspectives via descriptive statistics (presented in Chapter 5) through to arts-based approaches, exploring the use of language (presented in Chapter 6). Theoretical analysis provided yet another viewpoint utilising different post-structural concepts to examine and better understand what these issues and concerns meant for the ECSWs. This process linked well with the interests of Bourdieu who viewed the function of social research to “reveal that which is hidden” (Bourdieu, 1996, p. 17).

### DELVING DEEPER: REVEALING NEW UNDERSTANDINGS

Commencing the third phase of analysis, my stance as a critically reflexive practitioner, educator and researcher could best be described as a straddle, where issues I had identified during data collection and the first two phases of analysis drew my attention back to what was ‘not quite right’ in the field. At the same time, I stood firm with the view of White (2006, p. 27) that the telling of stories creates possibilities for change.

Back when I first transcribed the interviews with NVivo, I had used the side notes feature to create jottings from initial observations. These side notes had served to identify underlying issues which deserved further attention. These were particularly important as they served to strengthen the coding process, suggesting connections between the codes and how to expand upon shorter statements gathered from the open questions in the questionnaires. These were the points or issues I critically reflected on during supervision, and they were considered during the subsequent wave of interviews (Miles et al., 2014). These issues demanded deeper attention and were what I described as ‘red flags’.

In social work practice with individuals, families and communities, a red flag is a commonly used phrase to describe what practitioners consider a potential warning sign. It is not something which is necessarily overt. A red flag simply indicates that something (a statement or issue) requires more attention. It is often something which is felt, a concern demanding further attention, needing to be unpacked. In the same way I had experienced them in practice, I recognised these red flags in the interviews as issues which indicated a need for me to lean in, to question not only the participant further but to question myself in terms of what it was, and why it was perceived as a matter of concern. It was through theoretical analysis, utilising Bourdieu’s concepts of field,

habitus and capital, that I had the opportunity to delve deeper, and further examine this collection of red flags.

### FIELD, HABITUS AND CAPITAL AS ANALYTIC TOOLS

Given that social work “operates at the interface between people and their social, cultural and physical environments” (AASW, 2010, p. 9), and Bourdieu’s focus on relationships between people and the environments they live and work in (Garrett, 2007), I found the concepts of field, habitus and capital useful in examining the relationship between ECSWs and their work environment.

I made the decision to engage with post-structural theorising in the third phase of data analysis because of its capacity to engage with ambiguity and the messiness and complexity of human experience, given the tensions and contradictions experienced by these ECSWs who struggled with uncertainty starting out in the profession (Alvesson & Sköldbberg, 2000; Probst & Berenson, 2014). Examining ECSW experiences from different perspectives, functioned to both disrupt and expand analysis, challenging my views as researcher following lines of inquiry. Importantly, Bourdieu’s concepts, in particular habitus, was useful to not only investigate how people construct and are constructed by their environment, but also to examine individual readings of their situation, founded on patterns which may be reproduced or disrupted and transformed (Fowler, 1996; Kenway & McLeod, 2004; Reay, 2004).

Bourdieu’s metaphor “games of society” (1986, p. 280) is utilised throughout the presentation of this third phase of analysis in Chapters 7 and 8, where ECSWs participated in social interactions, which were part of a game, located in the field, that is the Australian health sector. For these ECSWs, the terrain of the field working in health heavily influenced the state of play. The perceived lack of organisational support influenced their daily activities, including the need to seek out support in the workplace. This analysis illuminated the links between field and habitus in the ways in which both the ECSWs’ and their employer’s expectations set the pace of this “game” (Bourdieu, 1986, p. 280). In this respect, Bourdieu’s concepts of field, habitus and capital were applied as a method of analysis in order to elucidate the social relations which contribute to the way these ‘games’ are played and influence support-seeking in the workplace. Importantly, the habitus encapsulates the way the ECSW approaches this ‘game’, which reflects dispositions, previously held experiences, together with their

expectations and new experiences in their social journey in the ‘field’ working in health (Costa et al., 2019).

Costa et al. (2019) suggest it is possible to conceptualise habitus as both research lens and research instrument, meaning the construct is more than theory per se, it can be a useful tool for tracing social practices and lived trajectories. They observed that “the operationalisation of habitus differs from one research project to another” (Costa et al., 2019, p. 19). In this project, habitus was operationalised as an instrument to closely examine the subjective, emotional experiences of these ECSWs. In this respect, working with habitus as research instrument led me to explore and examine the ECSWs’ reflexivity, while working with habitus as research lens promoted researcher reflexivity.

I examined the ECSWs’ reflexivity in the process of the interview, looking at the ways in which these social workers made sense of their experiences and perceived themselves as emerging professionals in relation to their context (their workplace) (Donati & Archer, 2015). My engagement as reflexive researcher, required stepping back from ‘close’ examination of the internalisations these ECSWs shared to (re)viewing and (re)considering their concerns at a collective level in relation to the profession itself, within which I am located.

This theoretical analysis reviewed the subjective and experiential information more deeply than the earlier phases of data analysis. The sentient statements identified earlier in the participants’ narratives had ‘pulled me in’ to the data, offering rich descriptions and building upon knowledge of the conditions the ECSWs were working in, situating their experiences. The application of Bourdieu’s concepts offered the opportunity to further explore the internalised responses to experiences of organisational support. As researcher, this phase marked a reflexive turn in my line of analysis, which was selected with the intent of providing weight and depth of understanding to the ECSW experience (Alvesson & Sköldberg, 2000).

## EMBODIMENT

In the process of re-examining the qualitative information via the theoretical framework provided by Bourdieu’s concepts of field, habitus and capital, what first drew my attention was the experiential nature of the ECSW habitus where: ‘a living body knows its environment by being in it’ (Gendlin, 1997, p. 27). The phenomenological tradition of Husserl, Heidegger and Merleau-Ponty, focusing on the experience of self and

others, identified the body as the location where epistemological, ontological, and ethical concerns meet. In this respect, being and knowing are not separated from one's body (Todres, 2007). The ECSW habitus was known in the body, and felt.

In order to explore the embodied nature of the ECSW habitus, conceptualisations of the body called for further attention. Two approaches identified by Grosz are the "lived body" and the "inscribed body" (1994, p. 86, 121). Physical and subjective experiences are located, felt and lived in the body, with the body's surface inscribed by values, morality and social laws. The socialising mechanisms of the profession, in education, fieldwork and employment, inscribe the body of the social worker with a strong focus on professional ethics and values with a commitment to social justice (AASW, 2015b). In this analysis I conceptualised the embodied habitus to include both the inscribed and the lived body of ECSWs as the way in which doxa, what was taken for granted in the field, was internalised.

The realm of experiences associated with the field and work stress were described in the interviews, however as the ECSWs discussed issues and concerns they were also in the process of making sense of their experiences and attributing meanings to them. In the process of sharing their experiences, they also discussed how they felt. Gendlin (1997, p. 41) applied the term "felt sense" to the experiential, subjective sensations which interact with one's environment: "What one feels is not 'stuff inside' but the sentience of what is happening in one's living in the outside" (Gendlin, 1997, p. 41). In several of the interviews, there was a point where the ECSWs shared what may be considered "felt sense" (Gendlin, 1997, p. 41).

During my analysis of the interview transcripts, I noted a performative shift, which occurred when the ECSWs progressed from discussing what happened and the issues they faced in their first year and changed focus, inwards, discussing feelings and meanings. This shift was where their responses became much more personal, about their 'self' in social work, where my analysis was leading me to a different level of insight into the phenomenon of the ECSW experience. What became evident in this process was "the visceral experience of doing social work" (Ferguson, 2009, p. 474).

As most of the interviews were conducted via Skype, I anticipated the technology might interfere with rapport building (Seidman, 2013). This was noted in one of the interviews conducted by telephone with no visual connection. However, in the Skype interviews,



the participants (bar one) elected to participate in their own time from home with their own devices, usually an iPad or computer and one with a smart phone. For those who sat in their bedrooms in pyjamas, in lounge rooms in gym clothes or with pets in their study, they were 'at home' in more ways than one. And yet, they always started the interview sitting upright, ready to 'present' their story and themselves as professionals.

The iterative reflexive approach taken (Atkinson, 1998; Costa et al., 2019), following lines of analysis interpreting ECSW experiences, revealed layers of meaning which are discussed in Chapters 7 and 8. This began with noting a performative shift during the later stage of the interview for nine of the fourteen ECSWs. This shift was denoted by a sigh and/or lowered tone of voice which signalled a move toward deeply personal descriptions of the ways in which their experiences were embodied. I had not recognised this until I started comparing the narratives. I was aware of emotional content in the transcriptions; however, it was only in this exploration of the ECSW habitus, that the significance of this performative shift became evident.

Reviewing the feelings these social workers shared, provided the opportunity to delve further into the emotional dimensions of the ECSW habitus. The depth of meaning they attributed to their experiences was indicated in how their emotions "bodied forth" (Todres, 2007, p.12) in dialogue. When transcribing the interviews, I noted this as the point when the participant sighed, flagging the moment where they 'let go' in the discussion and disclosed something they were unsure of or had not planned on sharing, as one participant stated: "I think I talked in depth about a lot of it, um, a lot more than I was expecting to (laughs)" (9.A1).

The laugh was another moment of expression observed to signal an ending to a disclosure. In the interviews, I noticed the role of laughter, lightening expression of emotional content. I recognised it as a book-end to deeper discussions, it had the potential to divert attention from the weightiness and personal nature of what had been shared. Again, this was a moment where expression brought attention to what was said, whether this was their intent or not "the truth unveiled itself there only by veiling itself" (Bourdieu, 2008, p. 65).

Whereas the sigh signalled a beginning again, a moment where they delved back into themselves, back to a place where the experience was felt. It was in these moments that it became apparent just how important these feelings and emotions were to the ECSWs

and how significant they were to their overall experience. Their narratives revealed tacit understandings from the field, while their views and experiences were heard (Costa & Murphy, 2015).

In this third phase of analysis, the post-structuralist approach to this study became hybridized. The analysis moved beyond dualisms, which were presented by focusing primarily on either the structural or the subjective, and I could explore the relational processes between the two, with a focus on power and agency. With critical reflection and interpretation I continued to delve deeper, to what I saw as the heart of the study, exploring how these findings might be applicable in supporting the professional development and resilience of ECSWs. Examining the layers of findings I considered what they meant and why they matter, holding some aspiration for this research to be transformational, through the expectation that awareness leads to change (Gardner et al., 2006, p. 229-231). This final process involved 'stepping back' to view the interrelated themes and perspectives for critical analysis and forming comparisons with existing research in the discussion section of the thesis (Alvesson & Sköldberg, 2000; Bryman, 2012; Creswell & Plano Clark, 2011; Harden et al., 2004).

Ultimately, this study was inductive, guided by a post-structural conceptual framework which allowed for a focus on both the structure of organisational activities and the subjective experiences of individuals. Whilst this was predominantly a qualitative study, the quantitative data provided context, the 'lay of the land' in which to situate the subjective experiences of the ECSWs. The metaphor of peeling layers of an onion (Greene et al., 1989) was particularly helpful throughout the three phases of data analysis and the presentation of findings. In the first and second phases of analysis of the quantitative data and qualitative information, I peeled the outside layers, providing context, the 'lay of the land', identifying and explaining the types of organisational support provided to ECSWs in their first year of practice and the meanings they attributed to their experiences. In the third phase of analysis, Bourdieu's concepts of field, habitus and capital offered a framework to explore the more subjective understandings and experiences of organisational support from different but inter-related perspectives. These findings offered depth of understanding of ECSWs perceptions of organisational support.

## PRESENTATION

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The centrality of participant experiences and views in the presentation of this research has meant a heavy use of verbatim quotes (Harden et al., 2004). I aimed to maintain not only the content of participant perspectives but to convey the tone, feelings and mood of the participants. The careful use of quotes and narratives aimed to bridge the gap between the reader and the participants and to increase authenticity, strengthening trustworthiness throughout the study (Corben & Morse, 2003). As discussed previously the construct of authenticity is problematic. In my view, this was not in regard to truth claims, but instead in my presentation of participant experiences where I have made efforts to achieve a level of fairness, valuing diversity of experience with a balance between the voices of all participants to be heard and present in the text, which is in keeping with post-structuralism (Guba & Lincoln, 1989; Seale, 1999).

The diversity of experiences and views of social workers and supervisors were considered and compared throughout data analysis. As researcher, I acknowledged that one can never fully understand another's experience, however, the aim was to provide an in-depth understanding of their experiences and the meanings they attributed to them (Howie, 2013; Denzin, 2001). Although realities are noted in this research as multiple, the experiences of the ECSWs were explored for the possible connections between them (Crawford, 2006). Given the post-structural framing of this study, the subjective experience of individuals and shared meanings are valued. My aim was to gather a variety of meaning, individual and collective, rather than a single truth of the broader ECSW experience (Charmaz, 2000). This aim problematizes the notions of reliability, validity, and truth in research (Richardson, 1993; Lincoln et al., 2011).

Richardson (1993) proposes another form of validity, a post-structural transgressive form which permits a different relationship with one's research work. "Reseeing and retelling are inseparable" (Richardson, 1993, p. 167) when the purpose of the study is to uncover hidden assumptions. In this study, this meant integrating different forms of knowledge and experiences of life events, which acknowledge physical and emotional understandings of experiences (Tangenberg & Kemp, 2002).

As I reflected and drew on my prior experience of being an ECSW in the health sector, and my remembered emotional and physical feelings and reactions, I considered myself to be an embodied researcher, and therefore suggest this study itself is an embodied enquiry, in which it is important to acknowledge the body as the 'place' where

experience is situated (Todres, 2007). The challenge then was to work with the written word to share access to these places of experience, where the experiential is expressed twofold; firstly in the telling in the interview or written in response to open questions in the questionnaire, and secondly in my analysis of these individual and shared expressions (Todres, 2007).

### INSIDER/PRACTITIONER AS RESEARCHER

This study exemplifies insider research in that, as a social work practitioner, I hold prior knowledge of the group studied (Greene, 2014). This insider positioning has the potential to be problematic, due to presumptions based on experience and in determining what is an “appropriate degree of both social and emotional distance” (Greene, 2014, p. 9) from the participants and the field. My perceived alignment with the ECSW participants had the potential to limit my understandings. Given this, self-reflexivity was vital as a researcher, to take into account my own consciousness, acknowledging and questioning my feelings and responses to the participants and the content of their responses (Greene, 2014). In this respect, the length of time taken in doctoral research became beneficial to the self-reflexivity process, because my social and emotional distance to the participants and the field was ever-shifting (Greene, 2014), particularly at the later phase of analysis and presentation when I stepped into a new work role as a clinical educator in field education.

In presenting my layers of analysis of the findings from this study there was much to grapple with in regard to my positioning as a fellow practitioner working in the health and mental health sector. The balanced and heavy use of verbatim quotes meant I felt accountable to the participants and their individual subjective experiences. Yet, at the same time I acknowledge my role in the act of analysis, particularly in the selection, presentation and linking of participant quotes, which was informed by my own experiences and worldview (Smart, 2009). For example, in my experience as an ECSW, I was professionally isolated in my first year of practice and I sought the support of social work seniors and colleagues. When some of the ECSWs described social work teams with “hints of bastardisation (or social workers eating their young) as nurses sometimes described” (80), such descriptions did not evoke views of professional social work behaviour I had experienced or expected to hear about.

During the interview process and throughout data analysis, attention to what were perceived as red flags meant my practice as a social work practitioner or a researcher did not require the wearing of 'two hats' (Mendenhall, 2007), instead my approach was experienced as congruent. Regarding this integrated approach as a practitioner/researcher, I encountered little role conflict. Throughout the study, I engaged in role integration, holding tight to my identity as a social work practitioner, where my practice skills along with my experiences of these settings, were useful in carrying out this study as an insider researcher (Mendenhall, 2007).

In the interviews with the ECSWs there were times when something said by a participant left me with a sense of unease. This meant further questioning in the moment as to what actions the participant took, in order to manage this issue or feeling, or in asking more about what the experience meant for them. Sometimes my experience of a red flag in interviewing was not something which was acknowledged or questioned by the participant at the time. At times these issues were particularly concerning and disturbing for me, and not simply because they were unexpected or unattended. Much in the same way I experienced red flags as a social work practitioner, these red flags not only indicated a need to lean in, to ask questions around the issue to gather more information about how it was being experienced by the participant (or the consumer and their family when in a practice setting), but also meant sitting with discomfort, allowing for silence or minimal response to make room for participant reflection. These moments were observed predominantly with participants who held a strong sense of persistence in facing issues in their role. In these cases, it was not until the interview process, in this telling of their experience, that they were able to take the opportunity to reflect on their current context and reconsider concerns, mostly in regard to their self-care.

At the time of data collection when red flags were identified, I also wrote memos during transcription which I revisited during this final phase of analysis and came to realise, there was more to consider regarding ECSW perceptions of competence as well as their experiences of powerlessness. I experienced the perceived sense of powerlessness of these ECSWs to be particularly disturbing as it rubbed against my own conditioning and socialisation as a social worker. From the start of this research I was aware that issues of power would be important as ECSWs are by nature new to the profession, however these issues were deeper than mere hierarchical concerns in the

workplace. This final analysis which provided space to step back and explore what was indeed ‘rubbing me up the wrong way’, when I listened to and reviewed these internalised struggles shared during the interviews. Following my first interview, I had noted:

She owned that experience. She took it home with her. Broken briefly, she pulled it all in, gathering the pieces and presented them to each other. She showed them to me at the precipice of possibility. And yes, she tells me later, she got the job.

This first participant made sense of her experience in the presentation of her story to me. A strong image remained which I associated with that interview, of hands outstretched gifting something so much more than the content of what was told. It was the telling, in emphasis and tone, which gave intensity and weight to these issues and allowed a sense of vulnerability to be seen and heard. Issues were shared, in terms of employability and job security, but the depth of what these concerns meant to her in developing her social work identity and sense of agency lingered.

In the process of examining new understandings derived from theoretical analysis of these red flags along with findings from the first two phases of data analysis, I noted the participant’s issues and concerns were interconnected and revealed ways in which the development of professional identity in the first year of practice and its relationship with professional capital, holds implications for professional resilience. The discussion chapter of this thesis draws all of this together addressing what enabled and hindered the development of professional resilience for these ECSWs.

Whilst the quantitative data offered context, the ‘lay of the land’, it was in the qualitative information that the findings were situated, where “telling the tale” (Holloway & Wheeler, 2010, p. 325) of this research could really begin. The findings are presented in this thesis in such a way in order to tell a story which is both vivid and credible, to allow the reader to experience the stories the way I did as researcher (Holloway & Wheeler, 2010). It is in this way that I am present in the text, sharing my journey of analysis. This means the thesis is both the story of Australian ECSWs interwoven with the story of the three phases of analysis (Miles et al., 2014). Whilst the three phases of data analysis came to address each of the four research questions with an overall pursuit to “reveal

that which is hidden” (Bourdieu, 19996, p. 17), in this study there were, as always, limitations.

## LIMITATIONS

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As discussed earlier, there were limitations working with mixed methods in this study where I chose to privilege qualitative data. This may have meant the quantitative data was not maximised as it did not stretch beyond descriptive statistics and as a result, my analysis can be critiqued for neglecting to explore the quantitative data further. The findings are not intended to be representative of all Australian social workers, and the non-probability sampling of the research design reflects this decision.

It is important to note limitations of the population studied which resulted from criteria of ECSWs who had no more than three years of professional experience. This meant the range of ECSWs speaking about their first year of practice included some who were only just at the end of that year and others who were almost three years’ post-graduation. This meant some participants were still very much in the midst of making sense of complex experiences in the workplace and to date had not had the opportunity to reflect on these until participating in the interview.

Differences between the self-reporting of ECSWs and observations of the supervisors may also be viewed as a limitation in this study. The ECSWs were telling their own story whilst the supervisors were telling stories of their observations of emerging professionals. Whilst “multiple voices in co-constructed pieces give readers multiple places to stand and look” (Ellis & Berger, 2003, p. 177), there are limitations to the data provided by the supervisors. Richardson (2003, p. 2) stated that “wherever truth is claimed, so is power; the claim to truth is also a claim to power”. She uses alternative representations of research material such as poetry as a method to remove the veil of “privileged truth” (Richardson, 2003, p. 2). There were power differentials between the supervisors and the ECSWs which may have had implications for the data. The supervisors were in a position of responsibility, both to the organisation and to ECSWs. This may have meant a level of underreporting, dependent upon their comfort with critiquing the organisation and their role in the provision of adequate support. In this it is important to acknowledge that theirs may be considered “privileged truth” (Richardson, 2003, p.2). Given this, the data which is self-reported by the ECSWs was

privileged throughout this research with the information provided by the supervisors as supplementary, to offer another view of the situation in workplaces in the Australian health sector.

It is also important to note, the ECSWs who responded to this study may have been more likely to have experienced work-stress and this may have been their motivation to participate in this research, having strong views which they had difficulty voicing in the workplace. The quantitative data shows a higher proportion of ECSWs in temporary positions whereas the supervisor reports about ECSWs indicate a higher proportion employed on an ongoing basis.

Although this study incorporated individual subjective views on the first year of practice as an ECSW, it did not specifically examine differences between participant experiences in terms of diversity. The aim of this research was to broadly identify the situation of ECSWs working in the health sector in Australia, it does not claim a single 'truth' but collective views on their experiences. The interview guide did not include questions about specific challenges regarding diversity of race, culture, gender, spirituality, age or socio-economic background. In terms of diversity, one participant spoke about gender, another on class and another made a comment on their age, but these were not collective themes in this particular group of social workers. Future research is required for these perspectives to be explored further and this would need to be considered during recruitment.

The absence of the voices of consumers and their families in their experiences with ECSWs is undoubtedly a limitation of the study. The underlying assumption that developing and sustaining social work practice would improve processes and outcomes for consumers, families and communities requires attention and further research. The following comments are offered to conclude this first section of the thesis, which has provided background to the study, in preparation for presentation of findings.

## CONCLUDING COMMENTS

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An unexpected outcome conducting this study was the responses of the ECSWs who reported benefits of participation in the research process, taking the time to reflect on practice, locating themselves within the sector and their journey in the profession to date. When validating the thematic summary, participants commented on how the



summary was a useful tool, offering them a sense of how far they'd come, and prompting them to review their current position in their organisation, the sector and the profession.

The next chapter introduces the two groups of participants of this study: the ECSWs and the supervisors. The demographics of both groups are provided, including information on their employment, contract type, sites of practice and where they were located in Australia.

## CHAPTER 4: THE PARTICIPANTS: ECSWS AND SUPERVISORS

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The demographic profile of this sample was not dissimilar to those from previous studies, both national and international. In Australia, like the United Kingdom, social work is frequently described as a female dominated profession while men disproportionately occupy senior roles (Hicks, 2015). McPhail (2004, p. 325) proposed the description of social work as a “female majority, male dominated profession”. Table 3 shows the demographics of the ECSWs in this study, based on responses to the questionnaire. The female majority is reflected with 86% of ECSW respondents identifying as female. In terms of age range of the ECSW group, the majority were in the 20 to 29-year age bracket with mature age graduates over the age of 50, in the minority.

Diversity of sites of practice in the health sector were specified as: government inpatient or outpatient hospital settings, or positions within not for profit organisations in health and mental health, in metropolitan, rural and remote locations. The state where the highest number of participants were recruited was Queensland, followed by New South Wales and Victoria. The number of responses from Queensland may have reflected the well-established new graduate group, as a spike in responses was observed following advertising on the group’s social media platform. The majority of ECSWs were working in government health (44%), followed by non-government health organisations (32%). In mental health there were more ECSWs working in not for profit organisations (14%) than in government mental health positions (10%).

Historically, the final fieldwork placement within social work courses had the potential to lead into employment opportunities, as identified in the 1995 graduates of Victorian Schools of Social Work survey, where 21% reported gaining employment from their final placement across different sectors of employment (Hawkins et al., 2000). A more recent study with forty-three supervisors, who viewed one function of placement as a pre-employment trial, reported 60% of students on placement gained employment at that workplace (Barton et al., 2005). In contrast, this study found that 38% of ECSWs gained entry to their first position via this pathway. This data was supported, with supervisors reporting 36% of their ECSWs gained employment from participating in placement at their organisation. All ECSWs in the sample worked in their first year following graduation, and most reported having worked full-time (61%). However, this

was lower than a Graduate Careers Australia (2014) study at a similar point in time with 940 social work graduates from various sectors, reporting a full-time employment rate of 72% following graduation. That study reported solely on employment across all sectors in the year 2013 whereas this study surveyed social work graduates only employed in the health sector. Given this data was collected in 2015 it was reporting on employment ranging between 2013 and 2015 (the range being within 3 years of graduating).

Reports of the type of employment differed between the two groups. The majority of ECSW respondents were working on fixed-term contract (63%), whereas supervisors reported that the majority of ECSWs were employed on an ongoing basis. Information gathered from the interviews with these ECSWs highlighted that contracts were often of a short duration (six to 12 weeks). Table 3 on the following page, provides an outline of the demographics of the ECSWs:

TABLE 3

*ECSW Demographics - questionnaire*

Demographics	(n=94)	(% of choice totals)
<b>Qualification</b>		
BSW	55	58.5
MSW(Qualifying)	39	41.5
<b>Gender</b>		
Female	81	86
Male	13	14
<b>Age range</b>		
20-29	61	64.9
30-39	14	14.9
40-49	11	11.7
50's+	8	8.5
<b>States</b>		
Queensland	24	24.2
New South Wales	18	18.2
Victoria	17	17.2
South Australia	16	16.2
Western Australia	9	9.1
Tasmania	7	7.1
Australian Capital Territory	6	6.1
Northern Territory	2	2.1
<b>Geographical setting</b>		
Metropolitan area	72	75
Rural	20	21
Remote	4	4
<b>Health setting</b>		
Government health	44	44
Not for profit health	32	32
Government mental health	10	10
Not for profit mental health	14	14
<b>Employment</b>		
Full time	57	61
Part time	27	29
Both	10	10
<b>Contract type</b>		
Casual	10	9.9
Fixed term contract	64	63.4
Ongoing	27	26.7
<b>Position gained from field education placement</b>		
Yes	36	38
No	58	62

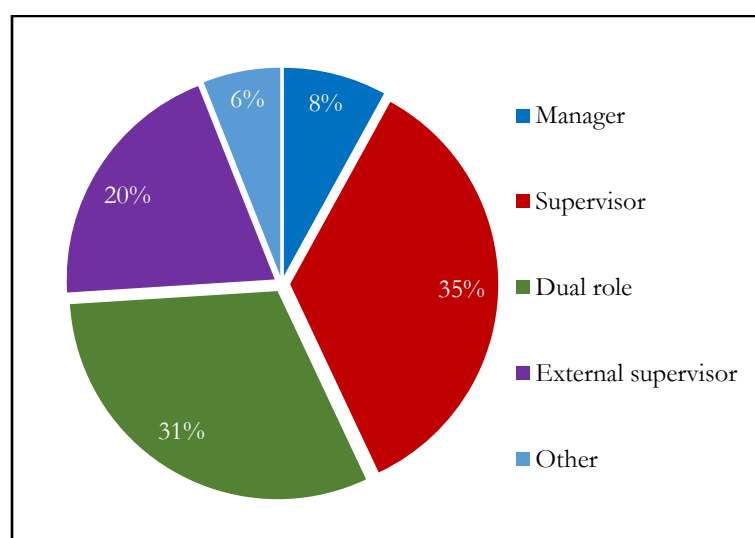
\*All questions on demographics were answered. Questions on state, geographical setting, health setting and contract type allowed for more than one response. % is calculated on number of responses to the question, the choice totals.

The decision to gather views of supervisors on the ECSW experience was for purposes of data triangulation, providing the opportunity to examine the research problem from different perspectives, and offer more depth, nuance and trustworthiness to analysis (Holloway & Wheeler, 2010). Importantly, the views of the supervisors were vital for critically reflexive analysis considering that as a practitioner my experiences were at times aligned with that of the ECSWs.

Throughout the thesis, the group of managers and supervisors is reported simply as supervisors because a very small proportion of that group (9%) were solely in a managerial role. The majority of supervisors were working internally within the organisation, alongside the ECSWs they reported on, with 31% in a dual role as line manager and supervisor, whereas 20% of supervisors were external to the workplace. Those who identified as 'other' provided additional information on their role, such as being in a coordination position with new social workers in their service.

**FIGURE 3**

*Roles of supervisors*



The prevalence of supervisors who identified as female was slightly lower (80%) than female ECSWs (86%), with the number of supervisor respondents who identified as male (20%) slightly greater than the proportion of male ECSWs (14%). Like the ECSWs group, the highest number of respondents came from the highly populated eastern states of Australia, New South Wales, Queensland and Victoria. The geographical setting of the supervisors was also similar to the ECSW respondents with the majority from metropolitan areas (64%), followed by rural (28%) and a small number of remote

respondents (8%). The majority of supervisors also came from government health (55%), followed by non-government health (23%). In mental health there were more non-government supervisors (14%) than in government mental health positions (8%). Most were managing or supervising one or two social workers, however 11% were supervising five or more social workers. Table 4 provides the demographics of the supervisors group.

**TABLE 4**

*Supervisor demographics - questionnaire*

Demographics	(n=45)	(% of choice totals)
<b>Qualification</b>		
BSW	40	89
MSW (Qualifying)	5	11
Additional Qualification	13	29
<b>Gender</b>		
Male	9	20
Female	36	80
<b>States</b>		
New South Wales	13	28
Queensland	13	28
Victoria	8	17
Western Australia	6	13
South Australia	3	6
Australian Capital Territory	2	4
Northern Territory	2	4
Tasmania	0	0
<b>Geographical setting</b>		
Metropolitan area	30	64
Rural	13	28
Remote	4	8
<b>Health setting</b>		
Government health	28	55
Not for profit health	12	23
Government mental health	4	8
Not for profit mental health	7	14
<b>Role</b>		
Manager (only)	4	8
Supervisor (only)	17	35
Dual role (manager and supervisor)	15	31
External supervisor	10	20
Other	3	6
<b>No. of social workers supervised</b>		
One	25	56
Two	9	20
Three	4	9
Four	2	4
Five or more	5	11

\*All questions on demographics were answered. Questions on state, geographical setting, health setting and role allowed for more than one response. % is calculated on number of responses to the question, the choice totals.

The next chapter outlines the nature of organisational support provided to these ECSWs in the Australian health sector. This chapter presents further findings from the quantitative data in the survey, providing a reference point for the study. Findings are also presented in relation to other Australian and international studies on the experiences of ECSWs.

## CHAPTER 5: ORGANISATIONAL SUPPORT IN THE FIRST YEAR OF PRACTICE

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Australian and international social work literature informed the development of the questionnaire and topics for discussion in the semi-structured interviews with ECSWs and supervisors. The literature identified induction and supervision as forms of organisational support which are particularly important for both practice development and as support mechanisms to reduce work stress and sustain social work practice (Acker, 2004; Beddoe et al., 2014; Chiller & Crisp, 2012; Kearns & McArdle, 2012; Senreich et al., 2020; van Heugten, 2011). Whilst they provided recommendations for providing support for emerging practitioners, what remained unknown were specifics, in terms of access, type, regularity, and who provides supervision for ECSWs in the Australian health sector. In regard to induction processes, the evaluation of the ASYE in the United Kingdom noted improved ECSW competence and confidence (Carpenter et al., 2015), and this has sparked interest in the availability of, and views on, graduate programs in social work in Australia.

Table 5 presented below, provides an overview of descriptive statistics generated from the questionnaire. Discrepancies were evident in the data provided by the ECSWs and the reporting of supervisors. On the whole, these discrepancies appear to be related to differences between the two sample groups with more of the self-reporting ECSW group working on contract than those reported on by supervisors. Hence, the supervisors were more distanced to issues related to working on contract as they were mostly working with ECSWs who were employed on an ongoing basis.

**TABLE 5**

*Nature of organisational support provided by organisations*

Type of organisational support (%)	Received by ECSWs (n=94)	Reported by supervisors (n=45)
Induction	53%	78%
Access to graduate program	17%	33%
Supervision	97%	99%
Frequency of supervision meeting AASW guidelines for ECSWs	40%	55%



An important finding from this study was that only 40% of the ECSWs received regular supervision. *Regular* supervision in this study was measured in relation to the AASW Supervision Standards (2014), which recommend fortnightly supervision in their first year of practice. In this respect, the questionnaire data highlighted the importance of seeking information on the frequency of supervision received by ECSWs as the figure of 97% of ECSWs being provided supervision in their first year of practice does not present the situation in its entirety.

Research involving more experienced social workers, has recognised the role of the organisation in providing support for staff experiencing anxiety, stress and burnout with collegial support and formal supervision frequently identified as protective factors (Bednar, 2003; Takeda et al., 2005; Stalker et al., 2007). Hence, prior to outlining the nature of support provided to ECSWs by organisations, it was important to identify levels of perceived work stress by participants.

## WORK STRESS

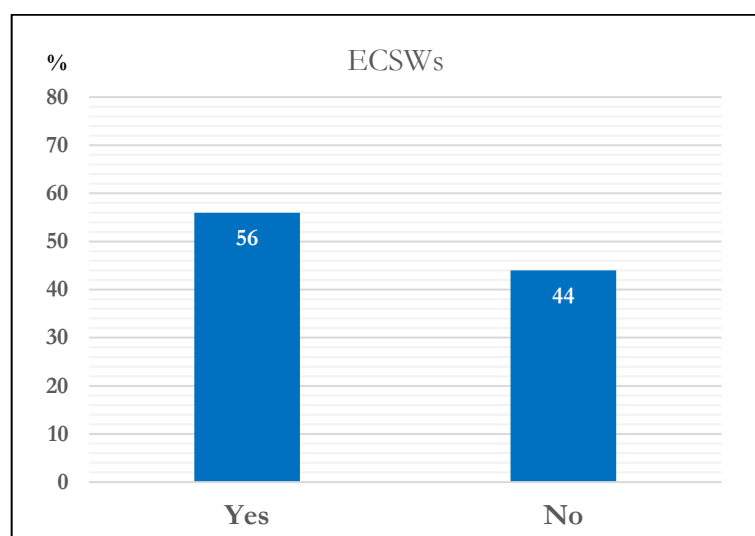
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Current research indicates the prevalence of work stress in the profession of social work is high (Senreich, 2020). No Australian studies were found indicating the levels of work stress experienced by social workers. However, Harris et al. (2006) completed a study with 139 allied health professionals which used the 21 item Depression, Anxiety and Stress Scale. Importantly, social workers were overrepresented in the small group of professionals reporting anxiety and depression in the severe range in this study. Harris et al. (2006) called for more research with specific health professions.

This study sought to identify the prevalence of perceived work stress, as experienced by ECSWs working in health, and whether they felt this had an impact on their physical or mental health. High levels of perceived work stress were identified, with 78% of ECSWs reporting experiences of work stress, and 87% of internal and 94% of external supervisors observing work stress in their ECSW supervisees. Findings of perceived work stress on the physical health of ECSWs differed between the two groups, with 56% of ECSWs reporting work stress which impacted on their physical health in their first year of practice working in the Australian health sector (see Figure 4 on the next page).

**FIGURE 4**

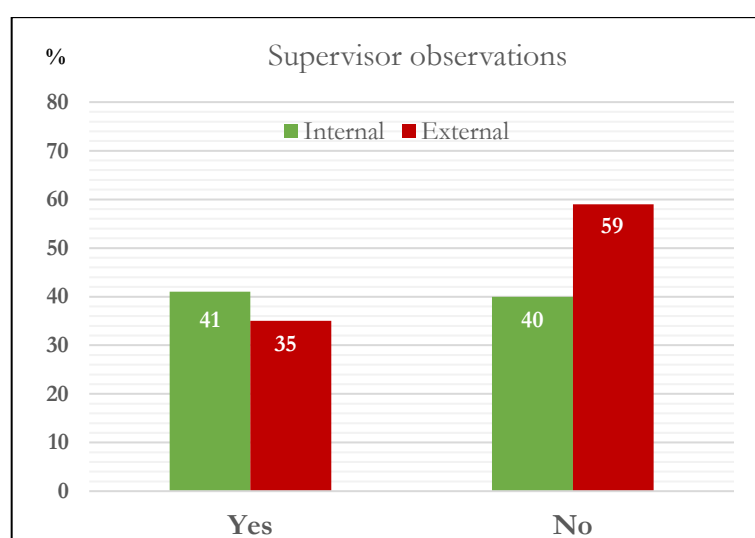
*Perceived impact on physical health*



The reports of the ECSWs were higher than those observed by internal (41%) and external supervisors (35%) as shown in Figure 5. These differences reflect ECSW self-reports and supervisor observations of physical health, particularly as external supervisors are not working within the same organisation as the ECSW and do not see them in the work environment, only in formalised discussions regarding their work and the workplace.

**FIGURE 5**

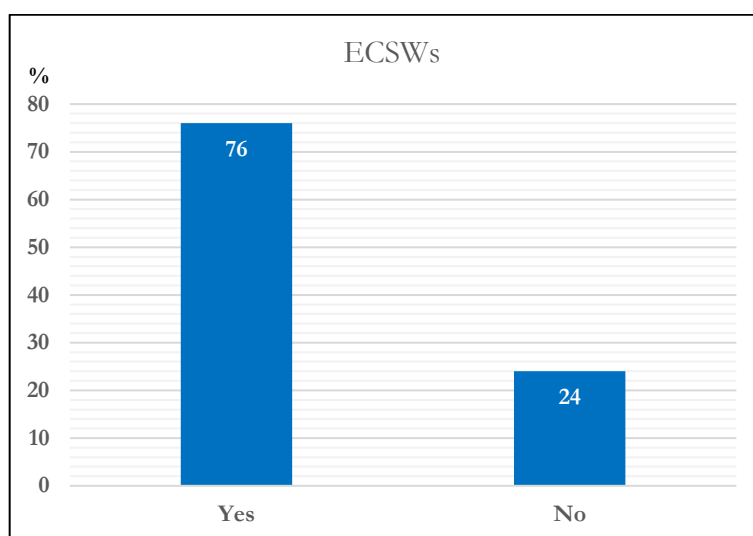
*Impact on physical health*



A high proportion of the ECSWs (76%) reported that work stress impacted on their mental health (see Figure 6 on the following page).

**FIGURE 6**

*Perceived impact on mental health*



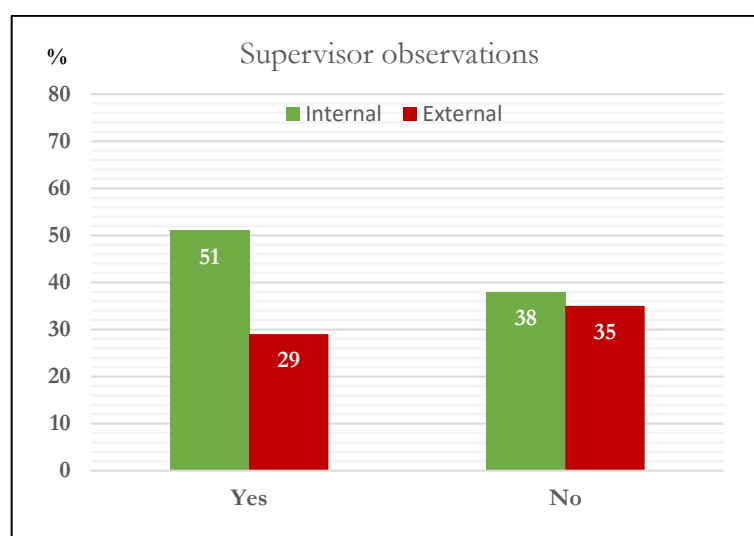
It is important to note that a higher proportion of the ECSW group (68%) worked on contract. This finding raised further questions, regarding a possible link between employment status and experiences of work stress, which was explored in the interviews when asking participants how they defined work stress. It is probable that the ECSWs who responded to this study were those who had experienced some impact of work stress and wanted to participate because they held particularly strong views, which they may have had limited opportunities to voice. Organisational research tells us that employees tend to remain silent in the workplace and do not necessarily share their ideas or concerns unless a culture of trust has actively been developed (Astvik et al., 2019; Morrison, 2014).

Once again, the reports of the ECSWs differed to those of internal and external supervisors who reported impact on mental health at rates of 51% and 29% respectively (see Figure 7 on the following page). In comparison with ECSWs reporting on personal experiences of work-stress and their perception of this level of stress having had an impact on their physical or mental health, the internal supervisors, were in a very different position. When supervisors hold dual roles of responsibility for management and supervision, they are mediating between the organisation and the workers they guide and support. It is possible that the supervisor's critiques of the organisation they work within may be impacted by the role they played with these workers, particularly in response to experiences of work stress. In this respect, the supervisors might have been comfortable reporting high levels of work stress but less so when reporting on

implications on the physical and mental health of the ECSWs they were working with, particularly because of their duty of care not only for the ECSWs but also the consumers and families these ECSWs were working with. Considering that the supervisors were more experienced social workers they were also likely to have different understandings of work stress in relation to their own experiences, where they have already learnt to manage organisational stressors.

**FIGURE 7**

*Perceived impact on mental health*



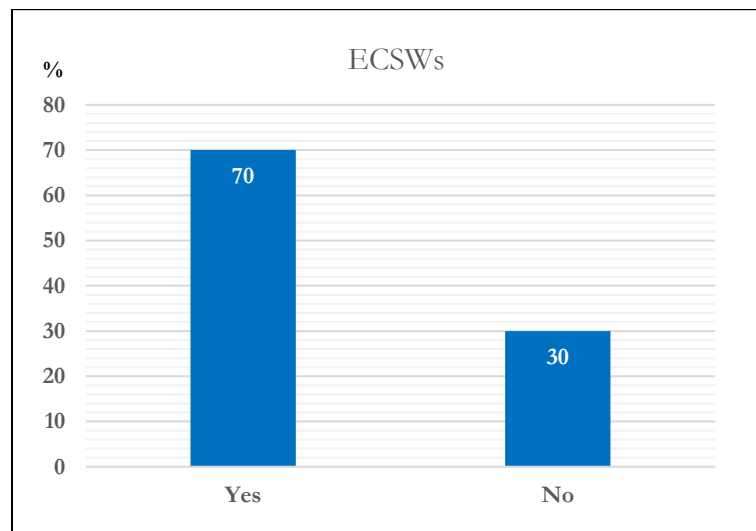
The differences between the rates of ECSWs' and supervisors' perceived impact of work stress on physical and/or mental health also highlights a difference regarding the definition of 'impact' and its meaning for the two sample groups. For the supervisors, any impact of work stress is something which is observed, heard or disclosed, meaning whether it was seen to alter the ECSWs performance in some way or if the ECSW discussed this with them. However, for the ECSWs an impact on their health or mental health is something which is experienced subjectively, it is felt but not necessarily observed by other people. This further highlights differences between self-reporting and reports based on observations and disclosure. Having gathered information on perceived work stress in the questionnaire it was also important to gather information on workloads, given that prior studies in the United Kingdom had linked excessive workloads and a lack of organisational support with increased stress levels in social workers (Graham & Shier, 2014; Jack & Donnellan, 2009).

## WORKLOAD

In this study, the questionnaire data shows a majority of ECSWs (70%), internal supervisors (62%) and external supervisors (88%) reported that ECSW caseloads had gradually increased over the first year of practice. The majority also said caseloads increased in complexity, 67%, 66% and 59% respectively over the course of their first year. However, some participants explained that they did not have a formal caseload, because when working in a hospital setting, caseloads were dependent on how busy the ward was on any given day. However, the majority of ECSWs (70%), reported being overwhelmed by their workload in their first year of practice.

**FIGURE 8**

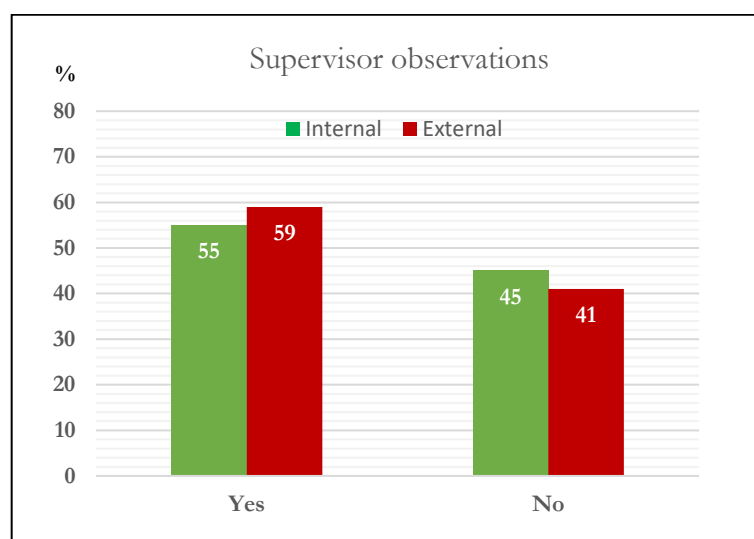
*Overwhelmed by workload*



The ECSW experiences of being overwhelmed by workload (70%) may be related to experiences of work stress (78%). In this respect, findings from this study were comparable with those of Jack and Donnellan (2009) in the United Kingdom where they found ECSWs experienced higher levels of stress from organisational pressures than those associated with the work with consumers and families of services. In comparison, internal supervisors reported rates of 55% and external supervisors noted 59%, of supervisees being overwhelmed by their workload in their first year of practice (see Figure 9 on the next page).

**FIGURE 9**

*Overwhelmed by workload*



Again, it is difficult to compare the two groups on the issue of overwhelming workloads. Supervisors base their views on observations and ECSW disclosures. In addition, the ECSW may not want to share their experiences in case this is seen to alter the supervisor's perception of their competence. This highlights not only differences between self-reporting and reports based on observations and disclosure but a mediating factor in ECSWs sharing these experiences.

Existing literature in social work identified two forms of organisational support (induction and supervision) which are considered particularly important for ongoing practice development but also as support mechanisms reducing work stress (Acker, 2004; Beddoe et al., 2014; Chiller & Crisp, 2012; Kearns & McArdle, 2012; Senreich et al., 2020; van Heugten, 2011). Findings from the quantitative data on these two primary forms of organisational support now follow.

## INDUCTION

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In making the transition to a new workplace, formal induction is viewed as necessary for existing workers to transfer knowledge to new workers particularly in regard to their role and responsibilities, including organisational policies and procedures they need to follow (Bradley, 2008). In education, Totterdell et al. (2004) completed a systematic review of international research regarding induction programmes for newly qualified

teachers. They noted consensus in the literature that induction programs improve the effectiveness of teachers and promote wellbeing. However, there has been limited research regarding induction processes with social workers (Bradley, 2008).

The ECSWs in this study anticipated induction into the organisation as well as their social work role. Processes of induction, discussed in this study included graduate programs, induction to policies and procedures and the use of shadowing, which refers to working alongside a senior who demonstrates practice and provides immediate feedback on the practice of the new worker. However, the meaning of induction appeared to be different for the ECSWs and the supervisors. In the questionnaire, 47% of ECSWs reported no formal induction to their workplace (see Table 6 below).

**TABLE 6**

*Induction - ECSWs*

	Frequency (n=94)	Percent
<b>Yes</b>	50	53
<b>No</b>	44	47
<b>Total</b>	94	100.00

Due to their roles outside the organisation, the external supervisors were not asked questions on induction, which is the reason for a reduced response rate to this question (see Table 7). Internal supervisors were more likely than ECWSs to report that induction occurred, stating that only 22% did not receive a formal induction into a social work role.

**TABLE 7**

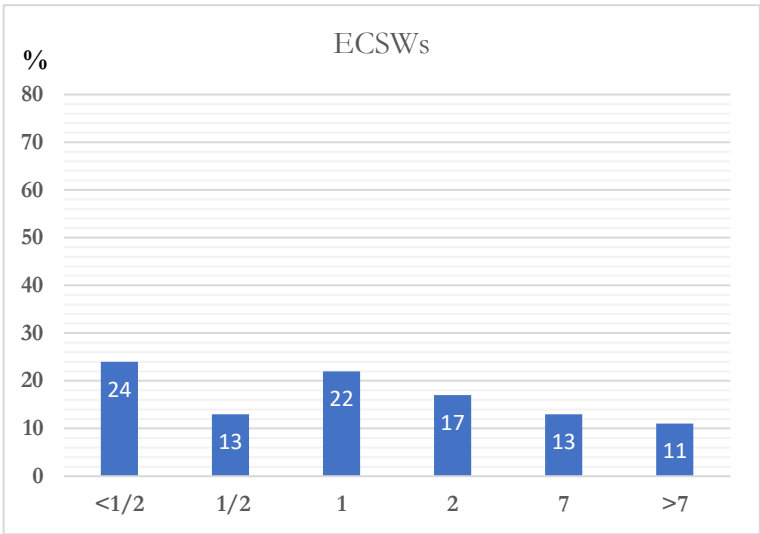
*ECSW induction – supervisor observations*

	Frequency (n=67)	Percent
<b>Yes</b>	52	78
<b>No</b>	15	22
<b>Total</b>	67	100.00

These responses from internal supervisors may reflect the higher proportion of government supervisors in the sample (62%) as compared to the ECSWs (47%) indicating different arrangements in different types of organisations. For the ECSWs who reported having received formal induction, 59% stated it lasted one day or less, with most lasting less than half a day (see Figure 10 below).

**FIGURE 10**

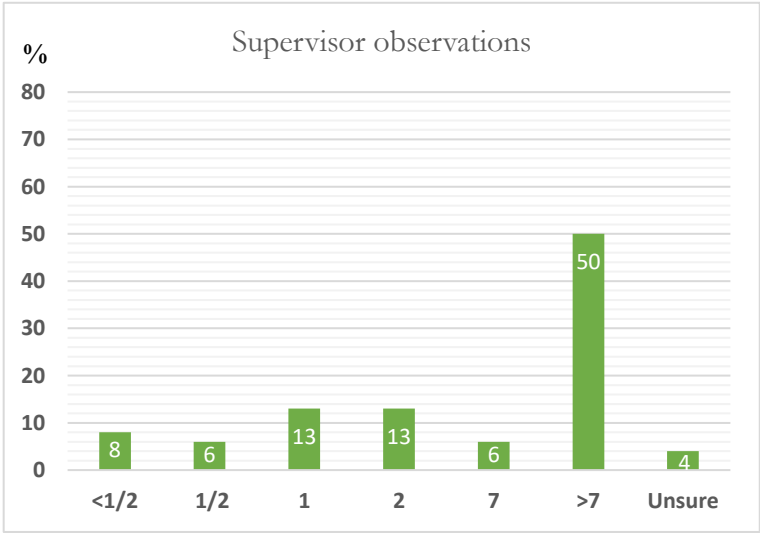
*Induction length (days)*



In comparison, the supervisors reported that 50% of ECSWs had received an induction lasting more than seven days (see Figure 11 below).

**FIGURE 11**

*Induction length (days)*





Considering such varied reports, meanings of induction required clarification, in particular, the difference between a generic orientation to a workplace and induction to the social work role, which might include activities such as shadowing senior workers. These explanations, regarding ECSW expectations and meanings attributed to induction processes, were sought in the interviews. The literature identified graduate programs as supplementary to induction in health organisations (Smith & Pilling, 2008) hence the questionnaire sought to find out how many ECSWs had access to one of these programs and if so the interview aimed to explore what these entailed.

## GRADUATE PROGRAMS

Graduate programs are structured programs commonly found in the professions of nursing and medicine (Newton & McKenna, 2007). The questionnaire asked the ECSWs if they had been enrolled in a graduate program providing them with additional support at their workplace. The term graduate program was not defined, but referred to support in addition to induction processes in the previous question (see Appendix C). Tables 8 and 9 show the responses from ECSWs and supervisors to the question about access to graduate programs. In the questionnaire, 17% of the ECSWs reported having had access to a graduate program.

**TABLE 8**

*Access to graduate program - ECSWs*

	Frequency (n=94)	Percent
<b>Yes</b>	16	17
<b>No</b>	78	83
<b>Total</b>	94	100

In comparison, 33% of internal supervisors reported that ECSWs had access to a graduate program in their first year of practice in their organisation. As with the questions on induction, external supervisors were not provided the opportunity to respond to this question (via skip logic) due to their role outside the organisations employing the ECSWs.

**TABLE 9***Access to graduate program – supervisor observations*

	<b>Frequency (n=67)</b>	<b>Percent</b>
<b>Yes</b>	22	33
<b>No</b>	45	67
<b>Total</b>	67	100

Whilst graduate programs are starting to be trialled in allied health, findings from this questionnaire indicated that they were not yet commonplace for the ECSWs in this study. The questionnaire results identified not only if supervision was being provided to ECSWs in the first year of practice but also the frequency, type and quality of supervision accessed in the health sector.

## SUPERVISION

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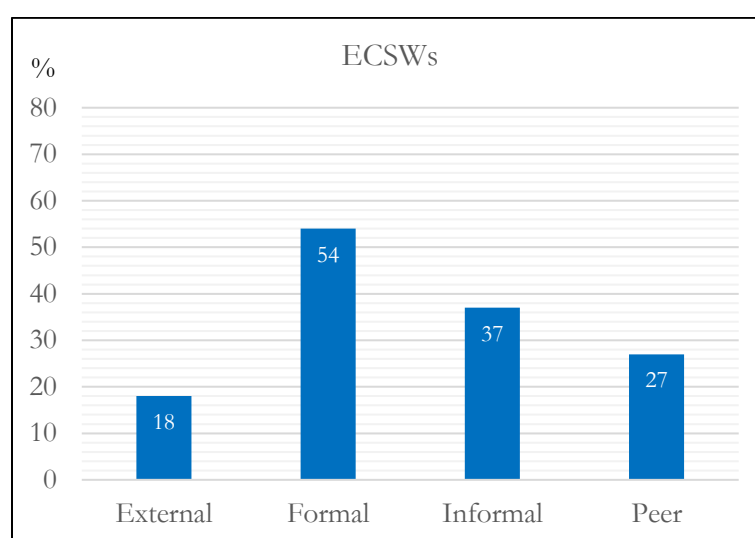
Findings from this study highlighted significant concerns regarding the provision of supervision for ECSWs in the Australian health sector. Whilst 97% of ECSWs reported they accessed supervision at some point in their first year of practice this does not mean it occurred in their first months in the position or that it was a regular occurrence. Questions on the frequency of supervision highlighted this issue. Only 40% reported having attended supervision every two weeks, as recommended by the AASW Supervision Standards (2014) for social workers in their first year of practice.

The ECSWs located in metropolitan areas reported varied frequencies of supervision, as did the small number of respondents who worked in remote areas (see Chapter 2 for definitions of rural and remote areas). However, for those working in rural areas, the majority (58%) received supervision every six weeks. This issue was also raised in a Queensland study by Healy et al. (2015) where a higher proportion of rural respondents did not receive supervision at all. This finding highlights consistent and continued concerns given the professional isolation that workers outside the metropolitan areas are managing (Campbell et al., 2012; Healy et al., 2015). Whilst there were difficulties in accessing regular supervision, it is important to note that there were different types of supervision provided to ECSWs within and external to the workplace.

Four types of supervision were examined in this study: formal, informal, peer and external supervision (see Chapter 2 for list of concepts and terms). Figure 12 summarises the types of supervision ECSWs received. Of the ECSWs who received supervision in their first year of practice, the type of supervision most commonly reported was formal (54%), followed by informal (37%), peer (27%), and external (18%). However, a third of these respondents accessed more than one type of supervision (34%).

**FIGURE 12**

*Type of supervision*



Whilst supervisors reported a significantly higher number of ECSWs received formal supervision (76%), the type of supervision reported on by supervisors cannot be compared with the ECSW group. This is because of the mixed composition of the sample of supervisors, which included internal and external supervisors along with some in dual roles. Given that the literature reports a relationship between organisational support and retention in allied health professions (McFadden et al, 2015), this study included questions on retention in their first role in health and the ECSW's intent to stay in the profession of social work.

## ORGANISATIONAL RETENTION

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The questionnaire ascertained 42% of ECSWs (n=94) were either: unsure if they would remain in their current position, were looking for other positions and were planning to leave, or had left their first position in health, whereas 7% planned to stay long term in the organisation. These findings were considerably lower than those of Healy et al. (2015) with newly qualified social workers (n=11) and other disciplines with various qualifications (n=49) working in community services in Queensland. In that study 59% of respondents indicated their intent to stay in their organisation for the next five years. Organisational factors such as caseloads, supervision and remuneration are noted in the literature as correlates of retention (Curry et al., 2005; Guerin et al., 2010; Mor Barak et al., 2009; O'Donnell & Kirkner, 2009). However, those who had left or were planning to leave an organisation were not necessarily planning on leaving the profession.

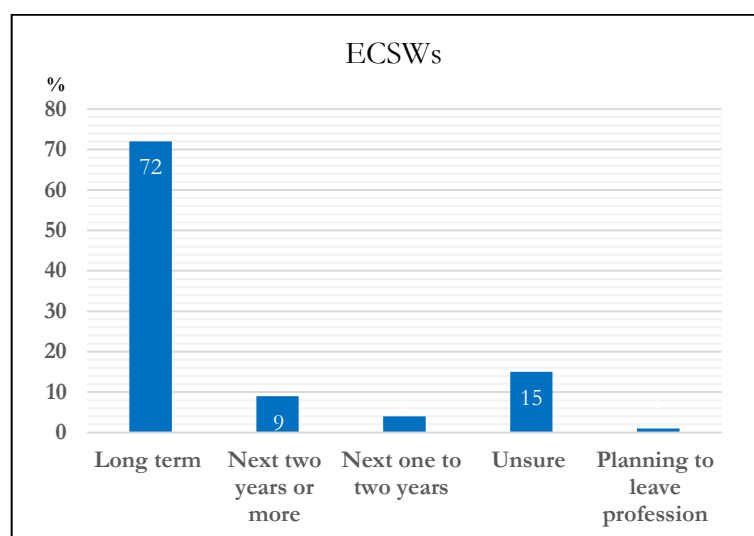
## RETENTION IN THE PROFESSION

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The commitment of social workers to the goals and values of the profession in serving consumers, their families and communities has been identified as an important factor in staff retention (Huxley et al., 2005). Tensions inevitably erupt when the impact of reduced resources go beyond an impact on workers' wellbeing to that of the consumers and families they work with. Organisational conditions have been identified as strong predictors in job satisfaction and intent to leave a position (Acker, 2004). However, few studies have focused on why social workers leave the profession. In the United States, a quantitative study identified that nearly 44% of social workers had already left or were considering leaving, not only their current position, but the profession (Wermeling, 2013). However, this Australian questionnaire identified that the majority of ECSWs (72%) intended to remain in the social work profession long term (see Figure 13 on the next page).

**FIGURE 13**

*Intent to stay in the profession*



It is interesting to note that this rate appears to have remained steady over generations of social workers, as these findings were comparable with Smith's study (1983) over three decades ago, where nearly 70% of social work graduates indicated their intent to stay in social work long term. Graduates in that study also reported experiences of shock at the disparity between their expectations and the reality of the workplace.

The quantitative findings in this study identified a disparity between organisational and professional retention, with the majority of ECSWs intending to stay in the profession of social work long term. The interviews provided the opportunity to explore this further to understand how experiences and views on organisational support are interpreted by ECSWs and might impact on organisational retention.

## CONCLUDING COMMENTS

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This chapter identified the nature of organisational support provided to ECSWs in the first year of practice working in the Australian health sector. In reviewing this information, the descriptive statistics raised questions regarding potential links between work stress, employment and workload. Given that 47% of ECSWs reported receiving no formalised induction processes in their first position, I was curious if experiences of induction in health organisations were what the ECSWs expected, especially when only 38% of these participants had secured employment directly from their fieldwork

placement. Another important finding from the questionnaire was that only 40% of ECSWs accessed supervision on a fortnightly basis as recommended by the AASW in their Supervision Standards (2014). Significant issues with the frequency of supervision were identified which raised the question: “if ECSWs were not accessing regular supervision was this quality supervision and what might they consider to be *quality* supervision to meet their needs as emerging professionals?”

In seeking answers to further questions generated from the quantitative data what most interested me from the descriptions of the ECSWs’ experiences of organisational support was how they interpreted these issues in their everyday work. In coding the qualitative information, exploring the verbatim quotes of participants, it was the phrases which I termed sentient statements that drew me in to their narratives. Having identified seven of these as codes, I gathered additional sentient statements and placed these snippets of ECSW stories into a poem of sorts, a researcher-generated construct in an initial effort to honour their speech and represent and capture the essence of their experiences (Miles et al., 2014). Whilst heavy use of verbatim quotes was one way in which ECSW voices were kept to the fore in telling the tale of this research, the use of this arts-based practice was another representational strategy which offers opportunity for resonance with the reader (Leavy, 2020). This poem offered an entry point to invite engagement with the felt experience of the ECSWs, in that “the body responds to poetry. It is felt” (Richardson, 2003, p. 197).

*I'm a new grad  
 hang on just a second, I'm just base grade  
 thrown into this  
 sky rocketed  
 above and beyond my capabilities  
 the landscape was shifting  
 too many uncertainties  
 I am still very competent but protective  
 I sit with that discomfort  
 the unspoken fears  
 anguished  
 floundering  
 under inevitable pressure  
 you just accept that  
 fly by the seat of your pants  
 sink or swim kind of environment  
 you can't emotionally switch off when you're new  
 it really took its toll  
 I had to push a lot of things aside to get to that stage  
 I still search to find stability  
 I have a really, real fear  
 I personalise everything  
 it's going to be a struggle  
 a period of adjustment  
 you know  
 I just didn't meet her expectations  
 I pulled everything in  
 I felt very used  
 I really just had to take responsibility  
 it's been a journey.*

Chapter 6 explores findings on experiences of organisational support further, via thematic analysis of the qualitative information, narrating ways in which these ECSWs described and interpreted their experiences working in health. The themes are separated into four sub-sections which reflect participant sentient statements. These explain their interpretations of their experiences where: 'the landscape is shifting', and what it meant to them to 'hit the ground running' and how they perceived the 'supervision myth'. The final subsection of this chapter shares the way they viewed resilience and retention in relation to organisational support. In this respect, the themes generated from this analysis start to tell the story of ECSW experiences in their first year of practice.

## CHAPTER 6: MEANINGS ATTRIBUTED TO EXPERIENCES OF ORGANISATIONAL SUPPORT

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The qualitative information from the semi-structured interviews was particularly important in exploring differences in perception and meanings both groups (ECSWs and supervisors) attributed to organisational activities such as induction. The descriptions provided by participants account for the different contexts and perspectives of each group in describing the rates of organisational support received by ECSWs in their first year of practice.

The first three subsections presented in this chapter report on the organisational support provided to ECSWs, specifically induction and supervision. These findings highlight discrepancies between the ECSWs' expectations and experiences of their first year of practice. The titles of these sub-sections reflect participant sentient statements. Throughout the thesis, expressions used by participants are placed in quotes, acknowledging the terms and phrases used by the ECSWs which were in-vivo codes (Creswell & Plano Clark, 2011; Holloway & Wheeler, 2010). The first section, "the landscape was shifting" (5.A), notes significant issues with work stress related to precarious employment and high workloads. The second statement, to "hit the ground running" (10.E), pertains to challenges regarding induction into social work roles in health. The third statement, the "supervision myth" (3.L), highlights expectations about receiving supervision versus the realities of accessing supervision in the first year of practice. This chapter concludes with findings on the retention of ECSWs and the role of resilience in relation to organisational support in the first year of practice.

### 'THE LANDSCAPE WAS SHIFTING'

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#### EMPLOYMENT

Casualisation of the Australian workforce has continued at rates around 24% per year (Kryger, 2015). Workers in casual positions experience significant earning insecurity with varied earnings from one pay to the next (Campbell & Burgess, 2018; Cuervo & Chesters, 2019). Although the percentage of casual ECSWs in this study was 11%, which was on par with rates for all employees in the health sector at 10% (Kryger, 2015), the percentage working on contract was particularly high at 68%. Those working



on casual contracts did not have guaranteed work hours or earnings, whereas those working on contract, had regular earnings for the time their contract specified. However, in this study interview participants reported contracts may be as short as six to twelve weeks. Considering this, notions around insecurity in employment were mostly experienced at times of renewing contracts. In this respect, these ECSWs recognised that ongoing employment was no longer reliable.

The ramifications of extensive funding cuts within the social services and the health sector (Marston, 2014) were reported by participants as having direct implications for them which resulted in precarious employment, particularly for those in Queensland. Specifically, the impact of downsizing and restructures resulting in redundancies meant experienced social workers were applying for the same positions as graduates throughout 2014 and 2015. In this respect, political and economic conditions were reported to have a notable impact on employment opportunities for ECSWs.

In the interviews, the ECSWs commented that these changes had occurred over the time they spent completing their studies with the impact felt as they entered their first positions. The participant demographics (see Table 3) demonstrated 38% of the ECSWs in this study gained employment directly from their final social work field placement which was much lower than the rate of 60% reported in the literature (Barton et al., 2005) 16 years ago. For many, entry into social work employment in health meant taking casual and short contracts until ongoing employment options arose. Importantly, participants stated they had not expected this degree of difficulty in gaining and maintaining secure employment. Although the ECSWs reported they had expected casual and short-term contracts initially, they held an expectation that once they had established themselves in their role there would be a progression from contract work into ongoing employment. However, this too was no longer an assumption they could make.

Those interviewed reported having colleagues who had been working on short contracts for up to three and a half years. The participants who had worked on short-term contracts did identify benefits in terms of developing a broad skill set working across a variety of positions in a hospital setting. However, one of the concerns they raised was the number of social workers graduating and entering the labour force, making employment opportunities competitive. These participants reported a correlation between the high availability of graduates and perceptions of reduced

investment in the development and support of ECSWs employed on short contracts: “I think with the current employment market being so tight, employers know that they can ‘churn and burn’ and that there will be a steady influx of other people waiting in line to take the job” (88).

The perceptions of the ECSWs, regarding potential dispensability of employees, meant they were well aware of their positioning in the workplace and the power held by employers, particularly in terms of performance management and the over-supply of ECSWs relative to available positions. In regard to the economic and political climate at the time they entered the profession, graduates felt grateful to be offered their first professional position as a social worker. Experiences of heightened competition for the number of available positions, and the aforementioned influx of more experienced social workers seeking positions, was equated with a high level of appreciation for the job, even if it was a short-term contract.

The impact of precarious employment from casual work and short contracts, along with the pressures of working between different sites, meant that the ECSWs identified few benefits from working under these conditions. These social workers expressed a sense of uncertainty in the workplace and future employment, which had not been anticipated and was experienced as a considerable source of work stress:

I knew social work wasn’t going to be a walk in the park, that the work we’d be doing would be stressful, confronting, traumatising for ourselves you know... but I was expecting that, like I wasn’t expecting to have to be fighting for a job every week (8.Z).

## WORKLOAD

Working in the health sector in front line practice, social workers support and advocate on behalf of and with people through health and related systems such as justice and welfare. They take on a myriad of tasks acting as a bridge of sorts for consumers and their families, between professionals in their team, within and external to the organisation (Pocket & Beddoe, 2017). In speaking with social workers in the United States, Craig et al. (2013, p. 4) classified the multitude of social work roles as “bouncer, janitor, glue, broker, firefighter, juggler, and challenger”. The role of social workers in hospital settings in particular, is becoming more complex in managing economic

pressures to reduce the stay of individuals, combined with an aging population and challenges in organising care arrangements, all whilst managing issues including risk regarding safe discharge (Auerbach et al., 2007).

These ECSWs not only reported concerns managing their own workload but also that of their colleagues which was identified as an additional factor relating to work stress. This was because the workloads of their colleagues was a perceived barrier to seeking guidance and support on a daily basis. In the case of the following ECSW, the uptake of formalised support, such as the allocation of a buddy, was impacted by workloads:

I had a buddy, but she was incredibly busy so I often wouldn't... I didn't get the impression that she wanted me to ask her questions, so I tended to go elsewhere... Supervision was once a week, but outside of those (sessions) it was just business as usual, in terms of flying by the seat of your pants and trying to find somebody who had five minutes to spare to help you... I think the people who were involved in the structure were committed to it, like the formal supervisor, they were great, they were fantastic, but on a day to day basis you were still, like I was still very lost and confused a lot of the time and overwhelmed... There was never a sense of it [support] really, on a day to day basis from other colleagues or my manager (5.A).

It is important to note that whilst the emotional impact of the work was viewed as a contributing factor to experiences of work stress, it was described in relation to workload and time. It is not surprising that the nature of daily practice in health contributes to work stress, considering that frontline social work is “suffused with emotional content” (Howe, 1998, p. 13). However, these concerns became more problematic when they intersected with high caseloads and time restrictions, as one ECSW participant said: “There’s just more people than there is time” (7.N). In this respect, the ECSWs identified that work stress was a result of a web of interrelating factors: precarious employment and workloads (of supervisors, colleagues and themselves), which impacted upon their ability to manage the emotional content of their work.

These experiences of a shifting landscape had not been anticipated by the ECSWs. Although they had anticipated a level of uncertainty in the workplace, starting in professional employment working casually or under short contracts, a progression to

ongoing employment was expected. This expectation had come directly from colleagues and seniors in the hospitals during placement as that pathway had worked for them. However, these ECSWs experienced heightened competition for employment which added to concerns regarding the dispensability of employees and what was perceived as the “churn and burn” (88) of new graduates. Precarious employment was identified as a source of work stress, as were increasing numbers and the complexity of cases. Work stress was related not only to their own workloads but also to those of their colleagues and seniors, all of which produced a barrier to support-seeking.

Importantly, the ECSWs discussed how they expected the nature of their work would be confronting. Managing the emotional content of the work was something which was known to some extent from their placement and other work experiences in community services. Containing their emotions and responses to their work with consumers and families in crisis was something they knew would require ongoing attention in daily practice. However, what was not anticipated was the precarious nature of employment, with increasingly complex workloads and the way in which these stressors intersected with the emotional impact of their work. The next section in this chapter pertains to experiences of ‘starting out’, specifically, what the ECSWs expected in terms of induction processes working in the health sector.

### ‘HIT THE GROUND RUNNING’

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The phrase to “hit the ground running” (Chernomas et al., 2010, p. 71; Donnellan & Jack, 2010, p. 3; Newberry, 2014, p. 42), was also heard in this study (10.E), referring to an expectation which was taken for granted when entering social work. From my experience and observation, it is common that workplaces expect graduate social workers to be practice ready with an ability to slot seamlessly into the role and be competent in the role. Although this expectation was established prior to entering the workplace, through training and field education placements, the realities of what it meant in practice came as a shock to these ECSWs: “I sort of thought I'd be mentored into it a bit, not hit the ground running and left on my own” (10.E). In this study, the phrase to “hit the ground running” (10.E) was used in reference to ECSW expectations and experiences of starting out in the health sector, particularly in relation to organisational supports and processes of induction and supervision.

The supervisors were also consistent in reporting that access to, or improvement of induction processes, would have improved the first year of practice for ECSWs. One of the supervisors highlighted that in hospital settings an orientation program may be run by the hospital, however induction specific to the social work role is still required and should be provided within the team the ECSW has been allocated to. This suggestion clearly delineated the difference between orientation into the organisation and induction into the social work role. Hospital settings differed in their processes of induction, with larger teaching hospitals reported to run longer and more formalised induction processes. This was described in detail by the following ECSW who compared induction processes in her move from a small private hospital to a large public hospital:

It was much more structured, there was a lot more social work specific induction that even I hadn't considered when I had started... you know introduction to the ward areas that I was working in, so tours, meeting all the important people as such, the main people I could go to for assistance and I was given a booklet that had everything from abbreviations that are used commonly in hospitals, little charts to phone numbers for Centrelink and other organisations that we commonly referred to. It had definitions of each area and what the criteria was for each area. That was interesting for me because the private hospital was mainly medical, palliative and cancer care services and some surgical, and so areas such as emergency or renal or community health departments was not something I'd had much knowledge on at all. So it was a really helpful orientation manual that they had. And they really clearly set out the expectations for how long orientation would take, even up to three months into starting. So a lot of orientation was done in the first week, between the first week and the first month and up to three months afterwards were things like work shadowing other areas to get to know what they do, so what the social worker does in those areas. Yeah, there was a lot of thought put into it (9.A1).

This report demonstrated how the length of time allocated for induction activities impacted on methods of induction. Initial induction activities included information provision (what to do and where to find it), followed by broader knowledge, having created a big picture understanding of where the social work position fitted alongside the other positions and services provided. When additional time was allocated past the first month of employment, activities such as shadowing provided increased

opportunities for the ECSW to work alongside senior social workers. The ECSW above described shadowing as another process of learning *what* social workers do in different areas and specialities in the hospital. However, there was more to processes of shadowing than meets the eye. The high value placed on shadowing activities was evident in responses to open questions in the questionnaire and in the interviews with the social workers. Shadowing was identified as a preferred method of induction as it provided understanding, not only of the role and associated expectations of consumers, families and of the organisation, but also in locating *how* social work contributed to the hospital and the broader health system. Importantly, shadowing a senior social worker provided a model of *how* the work is done with an opportunity to learn from more experienced practitioners, to gather feedback from them and reflect on one's own approach and sense of fit in the workplace going forward. Importantly, these opportunities socialised the new social workers in how to carry out the work in that setting and gain understanding of the culture of the organisation.

The views of ECSWs on their experiences of induction, have been highlighted as particularly important given that attitudes formed in the beginning phase of a social work career are likely to affect career trajectories (Bradley, 2008). Given this there has been increasing interest in the benefits of graduate programs, particularly with the introduction of the ASYE in the United Kingdom (Carpenter et al., 2015). In the interviews, few supervisors had experience of social work graduate programs in their workplace: "I've seen graduate programs but not for social workers" (6.J), or not on a regular basis as this supervisor reports:

Health goes through these troughs so we had a whole lot of people start because we had a whole lot of vacancies and we're all stretched and [then] the budget was better and there was a whole lot of recruitment that started at once and there was a lot of new graduates and other people as well so it was an opportune time. People would probably think of doing that again should we go through that sort of thing again (1.K).

In this case a graduate program for social workers was only considered when there was a particularly high intake of graduates at one time. Another aspect of induction which participants commented was difficulties in accessing practical guidance specific to their role.

## INDUCTION TO POLICIES, PROCEDURES AND TOOLS

With the expectation to “hit the ground running” (10.E), many processes associated with induction such as shadowing and receiving a handover from other social workers ran the risk of being neglected. When that was the case, the focus was limited to a procedural approach to the work, in terms of *what* to do and getting the job done without attention on *how* to approach these tasks. With the pressure to “hit the ground running” (10.E), any issues with induction into the workplace and role were compounded by difficulties accessing appropriate resources, procedures and tools, as recalled by one ECSW:

When I moved in and started working there, I was totally thrown in the deep end, they didn't necessarily have things like psychosocial assessments and things that were officially written up or anything like that, so I was developing my own (12.Ch).

Resources, procedures and tools also played an important part in what one supervisor termed “tiers of support” (3.L). They did so by providing certainty regarding what was required in their role, as the previous participant went on to recognise in their second position in a different health organisation, providing a clear contrast with their first job:

I had a good induction and a good lead in with them and from their perspective it was very much about the service and saying this is who we are, this is what your role is, these are all the practical things like, like all these forms and all that sort of stuff, and having a strong sense of who they were as an organisation, which I found really quite comforting (12.Ch).

This investigation of induction processes, seated within pressures to “hit the ground running” (10.E), highlights the importance of guidance and support for ECSWs starting out in the health sector. Given findings from Chapter 5, regarding the pressures experienced in terms of increasingly complex and high workloads for both the ECSWs and their colleagues, induction processes played a particularly important part in the ECSWs transition into the workplace. In the same way experiences of work stress were not the result of one particular issue, intersecting factors such as concerns with supervision were closely linked with precarious employment, workloads and induction.

Again, there was a significant discrepancy between what the ECSWs anticipated and the reality in the workplace in regard to supervision, as the following section reports.

### THE ‘SUPERVISION MYTH’

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While research has established that the social work profession attracts particular personality types, professional characteristics are formed during the course of undergraduate training and in the workplace (Bogo 2010; Levy et al., 2014). Supervision is a key learning and support mechanism and plays a central role in the socialisation and development of social workers (Egan et al., 2018; Jack & Donnellan 2009; Rumsey, 1995; Turner, 2000). Learning and support processes are facilitated by the supervisor, for the ECSW to examine, unpack and process experiences from practice.

In terms of managing high levels of work stress, international evidence identifies that supervision plays a crucial role in the wellbeing of ECSWs, particularly so in this beginning phase of their career (Bradley, 2008; Guerin et al., 2010). The Australian standard in social work practice includes access to regular supervision which meets the features of administrative/managerial, supportive and educational/developmental supervision (AASW, 2014; Kadushin & Harkness, 2014; Morrell, 2013). And yet, this study identified a difference between the rhetoric of supervision and the reality of access, frequency and quality of supervision in the workplace. In reference to these issues, one supervisor described ECSW experiences as particularly disempowering, going into the workforce expecting social work supervision and then not receiving it. She named this up as the “supervision myth” (3.L): “I don’t know anybody that’s ever had supervision at the level that you’re told you might get” (3.L).

### ACCESS TO SUPERVISION

Supervision is a form of organisational support which is provided internally (within organisations) or externally to practitioners across the health and human service sectors. Findings from this study were in keeping with recent Australian research identifying the widespread use of supervision with 97% of respondents having access to at least one type of supervision. This rate is comparable to King, Carson et al.’s (2016) study of 193 human service practitioners across three organisations in South Australia (including seventy-six social workers), which found 96% of early career respondents from varying



disciplines had access to supervision. However, that study did not comment on the frequency or quality of supervision provided. Given such widespread access to supervision, it was surprising that only 26% of ECSWs in this study reported in the questionnaire that supervision provided them with significant support in their first year of practice. Themes derived from responses to the open-ended questions in the questionnaire identified a low level of perceived organisational support from supervision. This was due to organisational procedural delays in organising supervision when an ECSW started in their role and dissatisfaction with the frequency and quality of supervision when received.

Throughout this study there were no reports of any quality assurance policies or standards in health organisations in regard to the formal supervision of social workers. Neither the frequency nor the quality of supervision was monitored or evaluated in any way. In New Zealand, research has been conducted to evaluate supervision, in terms of how to measure its effectiveness for supervisees, managers and consumers (Davys et al., 2017). The study by Davys et al. (2017) indicated issues with a lack of evaluation due to little expectation or requirement from employers. Yet, their study participants reported supervision was taking place due to professional, regulatory and policy requirements. In this study, supervisors reported that any quality assurance of supervision, such as monitoring the regularity of supervision was dependent upon individual managers. One stated that if she wasn't such a "stickler about regular supervision" (5.S), it would be at risk because: "the first thing that disappears in health is supervision because who's got time for it?" (5.S).

While supervision was considered valuable, it was not monitored. It was however, used to account for staff time as part of weekly reporting processes in hospitals, as this supervisor discussed:

So whilst we say that it's a core part of this department, there's nobody who's monitoring that as far as I can see, so I record the time that I spend providing supervision. I also in theory record the time that I spend receiving supervision and if anyone looked at my stats they would see that is nought (laughs), so it's not that hard to figure out that it's not happening ... For me I've chosen not to have the discussion about it too because of the angst that it would cause... When you're well established in the profession you just find your own supervision (1.K).

Although the majority of ECSWs received supervision at some point in their first year of practice, access was contingent on the nature of the employment contract and associated funding arrangements. As this participant reported, not all social workers were allocated supervision as part of their short-term contract and this was dependent upon management funding supervision: “Social work department manager believing that casual part-time hospital social workers should not need access to supervision” (20). The reduced investment in casual workers, in their development and their wellbeing, was stressed in a recount of an ECSW requesting supervision after an unexpected death of a patient during her shift. She requested supervision: “so I hope you know I pointed this out a few, you know several times” to which the response was: “if you don’t like it, go somewhere else” (3.S).

The ECSWs in this study, working under casual and short contracts, struggled to reconcile how access to supervision remained their responsibility when there was no provision made for it by the organisation, while the nature of their employment status meant paying for external supervision was not viable: When you're casual you can't really predict if you are going to be working the next week, so financially you can't afford to put money into something that you should be getting anyway” (8.Z).

The ECSWs reported that peer supervision was accessed when formal one-to-one supervision was unavailable in the workplace. Two ECSWs working in the same organisation discussed during their separate interviews how they initiated peer supervision and sought approval from their managers to do so. These participants found the allocated one hour of supervision per month insufficient, and as a result supplemented it with peer supervision outside work hours. They reported a strong sense of camaraderie even though they were working in separate programs in very different roles. The sense of shared social work terminology and approaches were reported as the primary benefit of peer supervision. Having studied social work together, these two ECSWs experienced a strong connection regarding the way they discussed and approached their practice as they had been through much the same training, as one stated: “I’ve been speaking this language for four years to people and they just get it” (11. AC). For her, being able to talk from a social work perspective with shared terminology and understandings meant she did not feel the need to explain herself in the same way she did with her team leader from a different discipline. In this

case, internal peer supervision with another social worker with understanding of the organisation and programs was the preferred type of supervision.

Research from New Zealand shows a preference amongst experienced social workers for external supervision, as a setting outside the organisation which enables discussions about the organisation and the associated interpersonal dynamics (Wepa, 2007; Pack, 2015). For those in this study who had difficulty accessing formal supervision within the workplace and who were isolated professionally from peers (18%), external supervision was reported to play an important part in them being able to sustain their practice and was described specifically as “what kept me in there” (5.A). This ECSW went on to discuss how the use of external supervision formed part of her self-care strategy, when employed in challenging roles in what she perceived as her most difficult times. When utilised in this way, external supervision for ECSWs was sporadic and on an as-needed basis. For the most part, those accessing external supervision reported already having established relationships with their supervisors, who were their placement supervisors or from previous roles. The next section discusses the expectations the ECSWs had for what they termed *social work* supervision.

### *SOCIAL WORK SUPERVISION*

The literature reflects an assumption that social work supervision is provided by social workers (AASW, 2014; Kadushin & Harkness, 2014; Tsui, 2005) and data from this study reflected the same view. The ECSWs had not anticipated a need to advocate for access to supervision in the workplace let alone the quality of that supervision. On entering their first position these emerging professionals had expected what they called *social work* supervision, which was characterised by two features: firstly, that their supervision would be conducted by a social worker and secondly, that it would cover all three features of supervision as defined by Kadushin and Harkness (2014) and the AASW Supervision Standards (2014) (see Chapter 2 Terms and Concepts).

As discussed in the previous section, one of the perceived benefits of supervision with another social worker was the sense of speaking the same language, that “they just get it” (11.AC), referring to the shared value base, terminology and approaches used in the discipline of social work. This went some way in identifying why the ECSWs did not consider supervision sessions with line managers from different disciplines as *social work*

supervision. A study by Hair (2013) in Canada found 36% of social workers were supervised by other disciplines. International research supports the view regarding the importance of ECSWs receiving supervision by other social workers because a primary function of supervision is the transfer of professional ethics and to provide socialisation into the profession (AASW, 2014; Berger & Mizrahi, 2001; Kadushin and Harkness, 2014; Perry, 2006).

For those working as social workers in generic positions, supervision with a social worker was particularly important in terms of socialisation into the profession. However, with reductions in government funding and downsizing in organisations, the number of social work supervisors are inevitably reduced (Hair, 2013). Given this, it is surprising to note that regardless of availability and accessibility of social work supervisors within organisations, the position which continues to be held by peak professional associations is that supervision remains the responsibility of the ECSW.

This research identified that in some health organisations, a social worker's access to supervision is dependent upon their role within the service. For example, two ECSWs in this study graduated at the same time and both received internal supervision with their team leaders who were from different disciplinary backgrounds to social work in the same not for profit organisation. One of the ECSWs was working in a case management role and the other in a counselling role. The counselling role was considered a clinical role and with that came funding for professional development, including an option to access clinical supervision provided external to the organisation. In the interviews both of these ECSWs discussed their expectations, from their social work training and experiences on placement, that social workers received supervision in the workplace. They did not anticipate that access to supervision would be dependent upon the role they were employed in. They also identified that, when organisations employed qualified social workers and there was not a social worker available within an organisation to provide supervision, they had anticipated funding for external supervision. A supervisor also reported the same issue in seeking supervision for herself, recounting a manager's response to her request for external supervision: "we don't fund it for any other allied health professional so we can't fund it for social work either" (2.P). Hence, social workers who provide supervision to ECSWs do not necessarily receive supervision themselves in health organisations.

In the same way that supervision was dependent upon what role the ECSW was employed in, when ECSWs worked on different wards in one hospital they received supervision from different supervisors. This presented issues of consistency, as another ECSW recounted, having had three sessions, over three months, with three different supervisors, where supervision meant different things to each of them. This ECSW stated that this ranged from effective and supportive supervision, through to what she identified as a “social chat” (10.E), which she did not classify as supervision. ECSWs throughout this study (via the open questions in the questionnaire and interviews) identified consistent supervision as involving the same supervisor on a regular basis. This was identified as particularly important regarding relational issues such as trust which will be discussed later in this chapter.

For those ECSWs who had access to supervision in the workplace 55% reported that their supervision was provided by their line manager. Whilst this is not unusual in practice to have line managers (in these cases also social workers) provide supervision, the literature has long identified tensions presented by this dual role (Beddoe, 2012). These tensions are linked closely with power dynamics which are inevitable (Beddoe & Egan, 2009; Cousins, 2010) and the ECSWs in this study identified this as an issue with comments regarding what would have improved their first year of practice as: “Finding a non-manager supervisor earlier” (9) and supervisors acknowledging: “There is a tension, and I think accepting the fact that there is that tension there [is important] (5.S).

Two of the supervisors interviewed in this study discussed the ways in which they attempted to manage this tension, of being in a dual role as supervisor and line manager, through the use of a structured approach to their supervision sessions. The first utilised a structure which her first supervisor had also used, separating case management, or the administrative focus, from the more supportive and developmental focus of supervision in alternate sessions each week. She stated that this method was used initially and as the relationship became established over time, this structure made way for supervision which was more intuitive and responsive to the worker’s needs in that moment. Her reasoning was that separating the focus each week allowed for trust to develop (not only between herself as supervisor and her ECSW but organisationally). This is interesting as social work literature suggests the current work environment, which has become particularly risk averse has had an impact on supervision, increasing

the focus on risk minimisation and monitoring practice over the development of practitioners (Peach & Honer, 2007; Beddoe, 2012). It appears that the supervisor in this case was attempting to allocate and schedule time to both, not only for the ECSW to build a sense of trust, but also so the supervisor herself was in a position where she was confident and assured of her supervisee's practice.

The other supervisor also discussed a structure she put in place in order to create adequate time and space for the different features of supervision in a large metropolitan hospital setting. Although she was responsible for both features and was in the dual role, she viewed line management as a very separate activity to supervision. She held separate meetings for administrative and performance management processes. Not only did she separate out the line management role, but this also meant she maximised the time and space for formal one-on-one supervision, for the ECSW to engage in critical reflection. This was aided by separating the professional development aspect of supervision, having supervisees present journal articles and case studies in their fortnightly team meetings. This tension between having supervision with her, and being performance managed by the same person, still meant that at times the ECSWs were guarded about what they discussed: "I think if you continually expect the person to bare their soul in a line management style of supervision you're going to be very disappointed" (5.S). However, the same supervisor also drew attention to how the tension between the managerial and the other supportive and developmental features of supervision can be compounded by the environment, with the pressures presented within the hospital setting:

I think it's very difficult to build trust in a system where the context is (that) you need to work faster and with less, you have to work to a time frame and you don't have the luxury of practising how you'd like to, you just have to get them to clear the bed... so how do you then, if you're working in that kind of context, how do you stop and then sit down and reflect on that... I don't know the answers to those things, they just bring up more questions (5.S).

Given the nature of their work and the pressures of the environment they work within, ECSWs had anticipated time to engage in the supportive feature of supervision, specifically to continue to develop their professional identity, to assist them in managing their self-care, and in their efforts to sustain their practice. A trusting supervisory relationship is required if supportive functions of supervision are to be met (Beddoe,

2012; Egan et al., 2018). The literature supports the claims made by the ECSWs and supervisors in this study that social workers do not feel emotionally safe to discuss sensitive issues if they have fears about performance evaluations which may impact on job retention or promotion (Hair, 2013).

A sense of safety in the relationship is considered a key feature of supervision, to facilitate open discussion of clinical dilemmas and ethical issues without fear of censorship or judgement (Egan et al., 2018; Pack, 2015; Yontef, 1997). Findings from this research support other studies which state when social workers have fears about performance evaluations they do not feel emotionally safe to discuss sensitive issues as this may impact on job retention or promotion (Beddoe, 2012; Egan et al., 2018; Hair, 2013). Regarding these concerns, an external supervisor described her supervisees' experiences of internal supervision as "completely unsafe" (3.L). The use of external supervision to meet the supportive function of supervision has been suggested as beneficial, particularly in meeting "heart and soul stuff" (62) and in reducing tensions between the different roles and features of supervision (Hair, 2013).

As discussed previously, the internal supervisors who held dual roles of line manager and supervisor, were acutely aware of their authority, the power they held and how it was perceived by ECSWs. It has long been suggested that, due to role ambiguity and power differentials, managerial functions need to be split from developmental and supportive functions (Beddoe, 2011; Kadushin, 1993).

Having a contract and theme for the session was another mechanism, identified by the supervisors in this study and in the literature, which provides reassurance and a collaboratively developed agenda ensures it is a shared construction (Davys, 2005; Morrell, 2008; Pack, 2015). Working to create a structure of safety is noted as particularly important for raising awareness of vicarious trauma and identifying personal responses to it, and in providing culturally responsive supervision (Beddoe, 2012; Pack, 2015). However, although accessing external supervision may mean that supervisees can speak freely without concerns regarding performance management or practice (because their practice remains unobserved), this does not mean external supervision is the panacea to these tensions and concerns. Without the ECSW being observed in the work environment, team dynamics are only reported on and their practice with consumers and families has not been observed. Considering that feedback from the service has not

been provided to the external supervisor, they may not be aware of performance issues or have the capacity to address them (Beddoe, 2012).

As an external supervisor, it takes time to build trust and this adds pressure to create a safe space as quickly as possible. This highlights the importance of starting supervision sooner rather than later for a new graduate, considering the time it takes to establish a professional relationship:

Sometimes I find with supervisees, because they're reluctant as well, they need some time ... it takes a while before you get the flow, I would think at least four to five sessions, that are to get that flow because you don't know each other, it's only one hour once a month (4.Co).

A focus on their development as a professional was another function of supervision the ECSWs had anticipated. They sought professional development opportunities and looked to their supervisors for assistance in negotiating how to go about it, particularly for access to training not necessarily specific to their current role but beneficial for their overall career development. One of the supervisors also delineated the importance of the development of the social worker, not only in their current role but for their career. She stated that the focus on case management lacks a broader developmental focus, and that supervision should focus on professional development and career progression. In the supervision she provided, this involved her asking the social worker where they saw themselves heading: "I think supervisors need to take it very seriously... and have that broader picture, don't just focus on case management and skill development, it's about professional development" (1.K).

One ECSW (11.Ac) linked the lack of developmental supervision to supervision delivered by a line manager with a different disciplinary background. She reported how line management supervision was primarily managerial, focussing on performance and while she received positive feedback, the sessions did not involve constructive feedback or critical reflection. She emphasised how she had anticipated feedback on areas that she needed to work on, given that she was only in her first year in the profession. The ECSW was not seeking reassurance; rather she was committed to learning and developing. She discussed this experience in terms of feeling insecure due to the absence of constructive feedback. Engaging with critical reflection in supervision provides the opportunity for social workers to explore, unpack assumptions and



consider how power is exercised in daily practice (Egan et al, 2018; Fook, 2003; White, 2006). Having the time and space to engage in critical reflection has also been cited to better equip ECSWs when working under pressure (Bradley, 2008).

### SUPPORT-SEEKING

Throughout this study, concerns with supervision were raised as significant issues which were taken very seriously by the ECSWs and supervisors alike. The “supervision myth” (3.L) was commented on by both groups and was a source of reflection for the supervisors regarding their own experiences of supervision when they themselves ‘started out’. However, these issues point to more than the prevalence of dissatisfaction. The lack of perceived organisational support, particularly inadequate experiences of supervision, highlight systemic issues where the supervision of ECSWs (in terms of access, regularity, consistency and quality) has continued to go unmonitored and was not evaluated. The supportive and developmental features of supervision were not always being addressed. Some commented on experiences during field placement which were viewed as ideal, in addressing task-based issues in the moment, meaning there would be sufficient time left within formal supervision for critical reflection and a focus on their development to occur. For them to consider supervision as *social work* supervision, they had anticipated an emphasis on their development as a social worker beyond their daily tasks to include a focus on their developing professional identity. However, the narratives of these ECSWs held more than their struggles to reconcile their experiences with their expectations. They also discussed ways in which they sought out support, in their efforts to both develop and sustain their everyday practice. When they experienced difficulty accessing supervision or it was not meeting their needs, they arranged peer supervision with colleagues, or (when their finances permitted) accessed external supervision.

Whilst the ECSWs also reported on minimal induction, particularly in terms of induction into the social work role, they were still proactive in learning what to do and what was expected of them in their duties. They utilised their line management supervision to address these gaps. They also identified who were the people most available and approachable in their workplace (a social work colleague, supervisor or manager) to request assistance from.

I noted these ECSWs as active agents, utilising their tenacity and flexibility in mobilising information and support from wherever they could gather it. However, issues with the provision of formalised organisational support in the form of induction and supervision led to practice concerns. This is not satisfactory for ECSWs themselves, for their managers and supervisors, their organisations, or the profession because: “catching up for coffee is not supervision” (1.K).

## ECSW RESILIENCE AND RETENTION

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It is in times of adversity and struggle that there is potential for resilience. Predominant features in definitions of resilience consider adaptability, one’s ability to “bend and not break” (Southwick et al., 2014, p. 2) or “bounce back” (Pooley & Cohen, 2010 p. 30), from experiences of adversity with the possibility of growth from the experience, to be transformed by it (Grotberg, 2003). However, there remains little consensus across disciplines regarding definitions of professional resilience. For some there is a focus on characteristics intrinsic to the individual, whereas social workers have started referring to it in a more holistic sense, with definitions which are contextual, and recognising it as a relational construct (Adamson et al., 2011). Yet resilience is always considered in regard to the way in which people function in the face of adversity (van Breda et al., 2018).

Adversity was inevitable in the daily practice of the ECSWs in this study, because “social workers are present with individuals during some of the most traumatic and difficult situations in their lives” (Seden et al., 2010, p. 60). While working with consumers and families, the ECSWs interviewed in this study faced professional challenges and found themselves assessing what they needed to develop professional resilience and sustain their practice long term. What they learned about their practice, their selves and the profession, informed the way they approached their ongoing practice and future challenges.

The ECSWs felt prepared for practice, in terms of working with consumers and families, from their university training and placement experiences. However, the realities of the workplace, particularly in regard to their difficulties accessing supervision and support were not anticipated. These ECSWs did live through and learn from their experiences in their first year of practice in the health sector. Having worked on a daily

basis with matters of human rights, they expected challenges and adversity and that it would have an impact on them personally. They understood the risk of vicarious trauma and the need for self-care. However, they were unprepared for their resilience to be tested by the workplace culture and associated issues. In order to respond to the fourth research question regarding enablers and barriers to resilience, it was important to first ascertain participant understandings of the concept.

### ECSW INTERPRETATIONS OF RESILIENCE

Although it is a commonly used concept, professional resilience was not something which was easily defined by the ECSWs in their interviews. When first asked what professional resilience meant to them, few had an immediate response. The longest pauses in the interviews were in response to this question. It was a concept of something the ECSWs were in the process of working out for themselves, one which was in action and in process. Initial responses typically started with something like: “I don't really have an answer to that question” (2.T).

Although the responses were initially uncertain, the ECSWs soon discussed the foundation for professional resilience which was their developing professional identity. As they reflected on and shared the identity work they had engaged with over that first year, they were then able to refine the meanings they attributed to professional resilience. Some discussed the personal qualities and attributes associated with professional resilience that they had developed during their training and first year of practice.

The ECSWs did not discuss the qualities of a ‘resilient social worker’ as attributes, which they either did or did not have. For these social workers, resilience was discussed in terms of sustaining practice, and what it meant to be a social worker was closely linked to what it takes to stay a social worker. Importantly, the ECSWs expressed a sense of security if the organisation they worked for demonstrated a level of commitment to their development as a social worker, in the form of induction processes and supervision. Feeling supported by the organisation, their team, supervisors and colleagues improved their sense of wellbeing and confidence. Whilst this was not necessarily a linear progression and was not the same process for each of these ECSWs, they all discussed their development as professionals as ‘in-process’ and

maturing over time and with experience. With this came moments of affirmation, sensing and stating 'I am' a social worker with a sense of 'I can' do this work and with that came understandings of what professional resilience meant to them and their future practice (Kearns & McArdle, 2012).

Several of the established characteristics of resilience described in the literature were evident in the stories of the ECSWs interviewed in this study, such as optimism and hope, the ability to learn from experience and an orientation towards the future with developing self-awareness (Grant & Kinman, 2013). The quality of determination was also notable and was demonstrated throughout the stories of each of the ECSWs, where there was a strong commitment to the profession and a high level of persistence in wanting to make their first position work. For example, when witnessing a peer decide to leave the profession, this social worker recognised her own determination and commitment to keep learning, to keep honing her craft, as key to developing professional resilience. It is important to note that this was not a quality she 'had', or that she 'was', instead this is a quality which was actioned, her determination enacted via efforts toward continued learning:

She became very depressed, she was working in a hospital environment and afterwards I suddenly realised, 'why am I hanging in here and it's really gotten to her' ... I have a belief that this is the profession of choice for me. So, I just have to weather these things and learn from them and refine myself as a tool of social work and keep working at it. I think that's what it is, a determination to make this profession work for me (5.A).

The same sentiment was echoed by other ECSWs: "I'm attempting to do everything in my power to continue to become the best social worker I can you know... I will do it" (1.M). Again, this sense of determination was not something which was static but in-process and in-action, closely related to the efforts toward continued development. In the narratives of the ECSWs, a distinction can be heard between what was termed as personal resilience (relating to self) and professional resilience (integrating personal and public or relational self). Personal resilience, developed from prior experiences, was considered relevant when developing professional resilience. This appeared to be related to the ECSWs' motivations for doing social work, as this supervisor reports:

She's got a lot of personal stuff as many social workers do... she's been through a lot in her life and she just keeps getting up and trying to, to do better, you know trying to develop better strategies to manage her life (2.P).

Personal and professional resilience were not viewed as completely separate, one informed the other. What was clear once again, from the ECSWs' narratives, was that resilience was viewed as fluid and continually evolving. Importantly, professional resilience was developed relationally; between the social worker and their team, their organisation and their profession. What mattered to them was a sense of moving forward with the aim to sustain practice long term:

Well to me... it's intrinsically linked back to personal resilience (sigh) but moving forward. Professional resilience is (pause) doing something for yourself and your team and your organisation that is sustainable, moving forward and hope really. Hope to keep you going, particularly in you know, [the] hospital environment where you're faced with so many different things. It's something you find within yourself. You keep going and you apply it to your work, in terms of trying to come up with strategies to best manage your care and your workload (10.E).

The ECSWs valued finding their niche, within the health sector and in their organisation. This was linked to their professional identity, their core motivations for entering the profession and their passion for the work. The combination of having a sense that they were "mak[ing] a difference" (5.S) and feeling they were being heard by supervisors, managers and seniors within the organisation increased their investment in their position. This ECSW clarified that if he felt he was not being supported because he was not heard in the organisation, then he considered leaving that position, as he had already done with his first professional social work position:

Professional resilience for me is making sure I've still got that passion and that drive to make that difference... sustaining it and when that's lost, and it might be lost partly because of the service that I'm in, that isn't necessarily supporting me or hearing me, those sorts of things. That's where I will think of either moving on or those sorts of things... but yeah it's about holding on to that passion (12.Ch).

Resilience was not something to be 'had' or 'held' but a construct which was conceptualised and enacted, always with a goal of improving and sustaining practice, while maintaining a steady sense of wellbeing personally and professionally. All of the ECSWs came to realise what they were seeking in order to develop their practice, sustain their work and to maintain their passion for the profession in the long term. Most of all, this involved access to quality supervision but also included their sense of fit within an organisation, which meant being heard and valued, evidenced in a commitment to the provision of professional development. For several of the ECSWs, larger hospital settings where they could be physically located in a social work department was perceived as the site most likely to meet these needs. They believed a social work department offered collegial support, a de-brief culture, senior social workers as mentors and a structure of formalised supervision with access to professional development opportunities.

### PERCIEVED ORGANISATIONAL SUPPORT AND RETENTION

This study identified the role of organisational support as important for the development and socialisation of ECSWs in learning how to manage workloads and work stress. Working in a supportive environment is frequently cited as a reason for remaining in the job (Huxley et al, 2005; Mänttari-Van Der Kuip, 2014). In this study, perceived lack of support in the workplace was the dominant factor discussed throughout interviews, regarding intent to leave current positions. Other literature identifies perceived support and advice from supervisors to improve work-related wellbeing for social workers (Huxley et al, 2005; Mänttari-Van Der Kuip, 2014). This study with ECSWs supports the literature which states that when a supervisor is viewed as competent and supportive, retention is more likely (Curry et al., 2005; O'Donnell & Kirkner, 2009).

Research from the United Kingdom focused on the experiences of managers of ECSWs, noted the impact of reduced staffing and resources on the ability to provide support. These managers attributed the high turnover of social workers, across a variety of sectors, to their inability to reduce caseloads or provide induction programs and training (Manthorpe et al., 2014). The ECSWs in this study were clear regarding the link between a lack of organisational support and leaving a workplace. Importantly, all of the ECSWs interviewed for this study (all within their first three years of practice) spoke of

their desire to maintain their passion and commitment to the profession, and emphasised their goal to sustain their practice and stay in social work long term.

This passion for social work remains a strong factor for retention within the profession. A cooperative inquiry with a group of social work students from Newcastle University in New South Wales, identified both a sense of purpose and a sense of belonging as significant factors in retention rates in social work education (Agllias et al., 2016). These factors remain important in the early years in the profession, where in this study, just as Healy et al. (2015) found, the perception of what it is to “make a difference” (5.S) in their work and the alignment of their own values with those of the profession, contributed strongly to their desire to stay. Wendt et al. (2011, p. 322) identified this desire to “make a difference” as a factor, not in simply surviving in the profession, but thriving. It is important to clarify that although many of the ECSWs discussed their persistence in continuing in their *role* or *organisation*, their determination was associated with building resilience in order to sustain their practice in the *profession*. They emphasised the relationship between resilience (in order to sustain their practice) and retention (decisions to stay in an organisation and in the profession).

## CONCLUDING COMMENTS

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This chapter built upon the information in Chapter 5 on the nature of organisational support by identifying how experiences of organisational support were described and interpreted by participants. These findings are consistent with existing literature in the child protection sector citing challenges associated with a lack of organisational support (see Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009). However, there were more disparities than I had anticipated as researcher, regarding the disjuncture between ECSW experiences and their expectations entering the field. This raised further questions as to why these patterns were repeated over time and across different practice settings.

In summary, these social workers described a shifting landscape where, although they expected to start on casual or short contracts, they had anticipated a progression to permanency. Precarious employment was identified as a source of work stress along with increasingly high and complex caseloads. Work stress was perceived as having an impact on both the physical and mental health of these ECSWs. Although the phrase to

“hit the ground running” (10.E) was a common expression acknowledging the need for graduates to start practising immediately, the reality of what this entailed had not been anticipated by the ECSWs. Readiness for practice remains a contested concept (Hay et al., 2017). Whilst ‘readiness’ is framed by the political, cultural and economic contexts, the competence of graduate social workers is increasingly being explored in terms of the way in which it is being defined specific to their practice context (Craig et al., 2016; Frost et al., 2013; Hay et al., 2017).

In the UK, Jack and Donnellan (2009) emphasised the role of social work education as providing the foundation for social work practice which requires continued learning in the workplace. In New Zealand, Hay et al. (2017, p.4) state “The learning and capability development of NQSWs [ECSWs] will continue once they are in practice and this may be significantly affected by their work environment, initial induction processes, supervision, and ongoing continuing professional development”. The ECSWs in this study anticipated induction into the social work role, including activities such as shadowing senior social workers, an activity which was valued by ECSWs and supervisors alike, but which ran the risk of being neglected as a result of the need to “hit the ground running” (10.E). Supervision was the site of numerous unmet expectations with access to supervision a complex issue, largely dependent upon their contract and role. When supervision was offered, it was not necessarily regular or consistent. Social work supervision was distinguished from that provided by a line manager from a different professional discipline. Specifically, supervision was considered to meet expectations of *social work* supervision when it was:

1. regular and consistent,
2. with a social worker,
3. involved a focus on development as a professional (specific not only to their current role),
4. supportive,
5. and critically reflective.

As they entered the field, these social workers expected to face challenges and struggles in front line practice, supporting, advocating and assisting people and their families to navigate the health system. What they did not expect were the challenges associated with appropriate preparation and support for working in the health sector. The nature of these challenges associated with a lack of organisational support are commonly cited



in the child protection literature in Australia (see Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009), but not in health.

This lack of organisational support presented implications for both the retention and resilience of ECSWs. Transitioning into the field, these social workers held a picture of the type, nature and significance of organisational supports which would assist them to do their job. They expected both induction and formal supervision, but when provided, they were for the most part perceived to be inadequate, as they did not provide the level of support needed. Induction and supervision were viewed as primary forms of formalised organisational support to enable the development of competence and confidence in their new role. Ultimately, the availability and accessibility of formalised organisational supports impacted on the ability of these social workers to request support whilst working in health and mental health settings.

The third phase of data analysis, the application of a theoretical analysis to these findings, offered an opportunity to seek a deeper understanding of my initial interpretations of information provided by participants. Hence, in the chapters that follow there is a marked shift away from the thematic descriptions of situations and conditions as I explore the material further using Bourdieu's theoretical framework of field, habitus and capital.

## CHAPTER 7: THE HEALTH SECTOR AND THE ECSW HABITUS

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Building on the meanings presented in the previous chapter, this chapter continues to explore the research problem of organisational support for ECSWs in deeper, more nuanced ways, viewing the experiences reported by ECSWs from different perspectives via Bourdieu's theoretical concepts of field, habitus and capital. In the interviews, when the ECSWs answered the "grand tour question" (Morgan & Guevara, 2008, p. 469): 'Can you tell me about your first year?', they commenced their narratives from the moment they stepped into the field, that is working in the Australian health sector. Some came with prior knowledge and experience from fieldwork during training or other work experiences in health or human services. For others, starting out in the health environment was a very new experience. For those with no experience working or completing field education in the health sector, they discussed the challenges they faced entering the field, and I noted a heightened awareness of their positioning in the sector and the profession. An informal term employed by a number of participants was "new grad" (6.C, 9.A1, 10.E), which is commonly used within the profession in Australia. The following analysis utilises Bourdieu's concept of field to explore the ECSWs' transition into the health sector.

Bourdieu coined the term "cohesion without concept" (Reed-Danahay, 2005, p. 9) to describe an alignment between field and habitus. In this study, a sense of cohesion was experienced when the habitus of the social worker aligned with their chosen field (the health sector) and their workplace. However, for most of the ECSWs in this study, there was little evidence of cohesion associated with transitioning into the field, where challenges experienced in the workplace were not anticipated.

Thirteen of the fourteen ECSWs experienced challenges and difficulties in their transition into the workplace. Some experienced "reality shock" (Bates, 2013, p. 22), where the level of organisational and relational support anticipated was not provided. Participant expectations regarding the provision of formalised support in the first year of practice were not unfounded, given that the literature supports the view that a higher level of support is required for ECSWs to build upon their university training (Bates, 2013; Jack & Donnellan, 2009), which is also supported by the AASW Supervision Standards (2014). Support-seeking behaviours were however impacted by their positioning as "new grad[s]" (6.C, 9.A1, 10.E) in the health sector at the time support

was most needed. The ECSWs identified factors which mediated their support-seeking in the workplace. These related to prior experience (on placement or working in the sector), and differences in perception of their capability as a mature age or MSW(Q) student.

These factors produced external and personal expectations, which at times facilitated or constrained their ability to access and advocate for support. The external and personal expectations associated with these factors generated tensions for the ECSWs who felt pulled between wanting to be viewed as professional and practice-ready while also positioning themselves as a “new grad” (6.C, 9.A1, 10.E) requiring a level of support in the workplace. “Which self or part of us dominates at any moment in time, initiates action or makes choices, depends upon the social relations we engage in and the roles we take up” (Hoggett, 2001, p. 41). These ECSWs experienced an ambiguous working environment where they identified difficulty establishing both the persona of “new grad” (6.C, 9.A1, 10.E) and ‘professional’ at the same time, therefore the overwhelming desire to be viewed as a competent professional became a barrier in support-seeking.

Being employed directly from placement heightened unspoken workplace expectations within the workplace and the kind of ‘player’ the ECSW was expected to be. This presented a lack of cohesion with their environment, where prior knowledge of the workplace carried with it an expectation to slot immediately into the role and to “hit the ground running” (10.E). Importantly, this sort of discursive construction can “direct our attention to some things and deflects it from others” (Lingard et al., 2002, p. 731). To “hit the ground running” (10.E) places emphasis on the individual’s capacity to keep up with the necessary pace of the workplace, without organisational preparation via induction processes or supervisory support. Although employer and organisational expectations set the pace of this ‘game’, some of the ECSWs recognised the ways in which they too contributed to a pace, which was unsustainable. Those who self-identified as high achievers academically, and those who established competency in the workplace quickly, placed significant expectations on themselves. The following ECSW discussed the flip side, when aiming to establish herself quickly in the role and actively refraining from positioning herself as a “new grad” (6.C, 9.A1, 10.E):

I did establish myself quite early and I did come in with a lot of confidence. I think in a way people were impressed with how I worked, and now it’s like... I’ve got this standard up here and oh what happens if I drop the load (11.Ac).

This ECSW's high expectations of herself was a personal disposition, she carried into the workplace which constrained her ability to enact agency and access additional support: "there's definitely a sense of like I'm still proving myself, so I don't want to ask for help... it's ridiculous when you say it out loud" (11.Ac). Issues such as a lack of clarity around roles, and limited handover with a backlog of work handed to this ECSW, created additional pressures, on top of those she had already placed upon herself. This ECSW also experienced difficulty accessing supervision and believed she would have better managed these pressures if this support had been provided. Instead, these pressures were compounded by difficulties she had requesting and accessing additional support.

Challenges were identified by thirteen of the fourteen ECSWs interviewed, in relation to the disposition of "new grad" (6.C, 9.A1, 10.E). However, one ECSW experienced cohesion with their environment, was able to take on the disposition of "new grad" (6.C, 9.A1, 10.E), and utilise it. The following illustration of this one ECSW's transition into the field was that of a "fish in water" (Bourdieu & Wacquant, 1992, p. 127). Her experience can be viewed as an example of:

When habitus encounters a social world of which it is the product, it is like a 'fish in water': it does not feel the weight of the water, and it takes the world about itself for granted (Bourdieu & Wacquant, 1992, p. 127).

The experience of this 'outlier' in the group of ECSWs interviewed, provides a useful case study illuminating how a transition into the field might be. This participant's expectations of the organisation were met through the provision of:

- ✓ induction and handover by the previous worker,
- ✓ case reviews conducted in meetings outside of supervision, to discuss procedural or client issues with the team,
- ✓ supervision with a social worker, and
- ✓ professional development.

In this ECSW's transition, as a "fish in water" (Bourdieu & Wacquant, 1992, p. 127), the above organisational supports were complemented by the relational support of colleagues and managers who were perceived as approachable and supportive. However, this interview not only diverged from the others in respect to supports

provided, but also in this ECSW's use of self, which distinguished her ability to take up these supports. Firstly, she held firm boundaries regarding when she would or would not work overtime and was realistic about the relentless nature of referral systems, meaning she was mindful to pace her responsiveness. Her clear assertion of being a "new grad" (6.C, 9.A1, 10.E), from the moment she walked into the workplace, was particularly forthright. By explicitly stating "I'm a new grad" (6.C), her assertion challenged and tested assumptions within the workplace regarding what she was expected to do. This worked to position her clearly in the beginning phase of her career. For example, she was comfortable in asking questions and was agreeable to work with new outreach clients when others in her team were unable to respond. However, with these offers she also asserted that she would check in with the office by telephone if issues arose, reiterating her positioning as a "new grad" (6.C, 9.A1, 10.E). Whilst she was open to increasing her caseload, her approach was: "obviously being a new grad I picked up clients, sort of slowly" (6.C).

This ECSW placed what she perceived to be realistic expectations on herself, which set the tone and parameters for her work within her team and organisation to do the same. Secondly, she offset some of the pressures of her role by acknowledging and celebrating personal achievements such as receiving new referrals and demonstrating competence in her work. Importantly, feedback from clients and their families, along with comments from her colleagues were how she gauged her developing competence.

Whilst this ECSW was clear in her boundary setting and establishing her positioning as a "new grad" (6.C, 9.A1, 10.E), this did not mean she was prepared to feel vulnerable in supervision. Initially, her habitus was weighed down by a negative experience of student supervision while on placement. This prior experience hampered her understanding of the way supervision could facilitate her development as a social worker. It took time for her to feel safe enough to discuss that experience with her external supervisor. When she developed enough trust to speak of her prior experience, she described her disclosure as cathartic, a watershed moment of heightened emotions following which they were able to discuss mutual expectations of supervision going forward. This resulted in a new realisation of what supervision could offer her. Previously the emphasis in supervision was on her caseload and in this respect primarily located in the managerial feature of supervision. For this ECSW the shift to supervision which focused more on supportive and restorative elements, with a focus on her development

and identity as a social worker, was significant for her. It is interesting to note that what contributed to this ECSW experience being an outlier in this study was that the organisation provided both internal and external supervision sessions, and across both types of supervision she identified that all three features of managerial, supportive and developmental supervision were met. However, this ECSW emphasised that the shift within external supervision only occurred after some time was spent building trust in order to sit with her vulnerability as a social worker:

I understand their [the supervisor's] role quite a bit better now ... so we've talked about, we always discuss self-care, but we've also talked about, a lot about, like my emerging professional identity I guess... whereas a lot of last year was: 'I've got this client with this issue and I don't know what to do' or 'I feel uncomfortable talking to the parents'... this year has been about my own feelings (6.C).

She used the term 'comfortable' to describe how she felt about her role and the workplace, being clear about the ways in which appropriate support influenced her sense of her suitability for social work:

You know my self-esteem just plummeted with my negative experiences [on placement], you know with this experience, with this, this role, you know it's kind of sky-rocketed I guess and I'll have you know, I feel happy and I feel like I can be a social worker, whereas before I was questioning that (6.C).

Although her experience was as a "fish in water" (Bourdieu & Wacquant, 1992, p. 127), she didn't swim freely initially and carried the emotions associated with her prior experiences as she entered the field, however, these were later addressed in external supervision, which was a safe space to discuss the intersection between the personal and the professional. What she came to understand from this, was that her negative experience on placement meant she did not necessarily take her experience for granted. She discussed how "you hear stories" (6.C) from peers and as a result, she was aware that her transition was different to other ECSWs.

This ECSW articulated the importance of actively positioning herself as a "new grad" (6.C, 9.A1, 10.E), to help scaffold her into the role and the profession. Whilst she actively utilised this positioning, this was more challenging for other ECSWs in this

study. ECSW support-seeking, was influenced by their personal views regarding their ability to position themselves as a “new grad” (6.C, 9.A1, 10.E) and external expectations, regarding readiness for practice to “hit the ground running” (10.E). These concerns intersected with issues regarding precarious employment, producing deep seated, subjective constraints in seeking support in the workplace. For this reason, the transition into the field was more complex and challenging for the remaining thirteen ECSWs. This is where the intersection between habitus and field was particularly important in gaining insight to the ECSW experience. The theoretical concept of habitus was a useful tool to examine subjective constraints further, particularly by exploring links between the external environment and the ‘self’ of these social workers. Specifically, it provided a way of reviewing the data which “renders the ‘taken-for-granted’ problematic” (Reay, 2004, p. 369).

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#### PERCEIVED COMPETENCE

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Habitus is acquired, layered with histories, including familial experiences, which are taken into different social fields (Reay, 2004; Schirato & Webb, 2003). The ECSW habitus as “society written into the body” (Bourdieu, 1990, p. 63) was the way in which personal and professional histories and experiences came into play for these social workers, informing how they might act, think, perceive and approach their work (Costa et al., 2019). As the ECSWs transitioned into the field (the health sector), they brought with them prior dispositions which were at times challenged, as these emerging professionals became socialised into the workplace and the profession of social work. This analysis explores how the environment informed the ways in which the ECSWs perceived their competence and formed a disposition which influenced support-seeking in the workplace.

Feelings and emotional responses to experiences during the first year of practice were not only expressed in the interviews but were also evident in responses to the open question in the questionnaire. When asked “what do you believe stopped you from accessing more support in your first year of practice?” some of the questionnaire respondents simply cited confidence. Concerns around the perception of competence appeared to inhibit the development of confidence:

If I felt I needed extra formal supervision I did request it. However, it took a while to build up the confidence to do so. I was worried that my requests could be viewed as (me) being unable to perform the role adequately (70).

I also noted significant concerns with: “wanting to appear competent” (64). This concern with appearing and performing competence intersected with the field in regard to precarious employment, discussed in Chapters 5 and 6, particularly in terms of working on casual and short-term contracts: “Short rolling contracts mean I feel pressured to make it seem like I am confident and competent, otherwise I risk not having my contract renewed” (86), and

As I was on contract, I was afraid to speak up and ask for help because I wanted to be considered for the role when it was advertised for permanency – so I acted like I was coping. I did eventually ask for more support from my nurse unit manager, however she believed that the team was supportive and could not offer me [additional] support (48).

These feelings were pervasive even for those who did feel confident in accessing support: “I always access support. Even when doing so though, there is a feeling that ‘I should know this’” (74). This is where the intersection between field and habitus is more nuanced than the initial “reality shock” (Bates, 2013, p. 22) experienced with the disparity between ECSW experiences and expectations. Their positioning as ‘new grads’ working in health meant managing the tension between being grateful for having a job in social work even though their employment was precarious, and the dispositions associated with ECSW habitus which included needing to appear competent.

The possibility of being perceived as incompetent was a significant concern of the ECSWs in this study. Whilst social workers must be accountable to the consumers, families and communities we work with, it is important to note that for these ECSWs, perceptions on competence were not seated within a growth and development model, where one area of their practice may require further work and development. Instead most held the view that their competence was not only imperative to their employment prospects but would determine whether or not they were ‘social work material’, potentially destabilising the very core of their professional self/who they were. These concerns with the appearance of competence became a disposition, impacting upon the way these social workers played the ‘game’. When their concerns were focused on how



they were viewed by others, they were distracted, taking their attention ‘off the game’, in regard to their overarching goal to develop and improve their practice with consumers and families. In addition, these concerns also meant they were unable to start building their sense of professional identity as a social worker because they were still questioning if they were suitable for the profession.

The ECSWs’ preoccupation with perceived competence was also noted by the supervisors. The supportive feature of supervision is particularly important for ECSWs as it provides reassurance, in managing disparities between experiences and expectations, also providing reassurance and the opportunity to reflect on responsibilities associated with their work. One of the supervisors observed this as particularly relevant to younger graduates who transitioned from school to university and then to the workplace, quickly finding themselves in a position with significant responsibility, risk and accountability in their first role as a social worker. Her response to concerns the ECSWs expressed regarding perceived competence was:

When you're new I think, and I noticed it with my two that I supervise, they really want to be good, they want to be good at their work and they're so hard on themselves you know... often I'll listen to people and I give back what's going really well, just to give that bit of support and I'll say 'did you realise you've told me this, this and this and that's really good you know, you're only in this for three months and already you're doing these things, that's quite an achievement'... because a lot of people feel nervous and uncertain (4.Co).

One of the ECSWs identified this early phase, as the “painful patch” (7.N) of managing uncertainty. However, he noted that once this is managed it leads into the next phase, developing self-awareness:

...because the skills will come, the knowledge and experience will come... so how you manage all that sort of work emotionally I think, or within yourself to get through that, to get through that painful patch, that difficult patch of uncertainty, converting that to confidence, and confidence building a bit over time (7.N).

This ECSW held prior knowledge of ways to manage feelings of discomfort related to uncertainty about competence in a new setting. Not unlike nervous energy before the

‘game’, feelings of discomfort associated with this disposition may not be dispelled but instead need to be contained and put into action. He considered the need to “get through” (7.N) this phase as his personal responsibility and not something that he would share within the organisation. The ball was in his court. He knew how to navigate his way through the ‘game’, when he required time out and when he needed external support. He related his knowledge of this disposition to both his maturity and experience: “I can't sort of assume just because of my age, but I think, I had that capacity to just sit with that discomfort” (7.N).

Even though this ECSW anticipated and understood the inevitable anxiety associated with new situations and roles, the demands of the health sector to ‘hit the ground running’ still inscribed this need to prove one’s competence, and quickly. The cultural expectations of the health sector inscribed the thoughts and feelings of these ECSWs, shaping their perceptions of the workplace. This was not only in terms of demonstrating competence but also in keeping up with the observed or felt pace of service delivery. Whilst the above ECSW understood this disposition he also acknowledged difficulty in pacing himself: “wanting to get from nought to a hundred too quickly” (7.N).

The ECSWs’ perceptions of competence were focused on the external *appearance* of competence, or how they thought they were viewed by others, rather than a *belief* in their developing professional competence within their role. Their assessment of their professional competence was operationalised externally, viewed from the ‘outside in’, which may reflect an environment of policy and regulation concentrating on organisational accountability and effectiveness of intervention. Clearly, external feedback from clients and families is paramount in social work as a mechanism to improve practice and when positive is affirming that the social worker is indeed ‘making a difference’. However, social workers develop their practice not only by completing activities of their daily work and receiving external feedback on outcomes, but also by thinking, feeling and talking about their work. These processes primarily take place in supervision, which provides opportunity for ECSWs to build self-awareness and their capacity to assess their professional competence.

One of the supervisors spoke of this embodiment of competence, with the view that competence starts with self-awareness of “gut feelings” (6.J) in practice. She observed how ECSWs can become lost in the detail of their everyday work and in response to

this, supervision becomes instrumental in taking that time and space to step back, to gain clarity and to attend to their personal responses to the work. Supervision provides an opportunity to understand the ECSW habitus, as the cultural expectations of working in the health sector, and enculturation into the profession, are embodied in the literal sense. In terms of maintaining ethics and practice standards, there is a level of trust in the body, which pays attention to internal responses in social work interactions by:

... trying to figure out what it is that is giving me that funny feeling, what it is, and certainly not ignoring it. And I think that goes to competence, like I would always say capable, or confident and competent, they're the things that you want to try and get to (6.J).

For this supervisor, reaching a level of 'known' competence is equated with self-awareness and attention to internal responses. This means attending to feedback from external sources as well as being mindful of internal responses. This focus on "wanting to appear competent" (64) can be seen to distract their attention from internal responses, including their body (emotional and physical states). This concern with the way they appeared and were perceived by their supervisors and managers also related to perceptions on self-care.

### THE UNATTENDED SELF IN SELF-CARE

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In the interviews and the open questions in the questionnaire, the ECSWs expressed a need to demonstrate their ability to cope with the content of the work and not to display any sense of weakness. This led to another layer in the habitus of the ECSW, one which breeds a sense of bravado. Part of this bravado meant a push to "keep trying" (11.Ac) without requesting support in the workplace and just "get through" that "painful patch" (7.N). A supervisor observed detriment to the self-care of ECSWs due to this disposition to just "get through" (7.N). She recounted her supervisee stating: "if I just keep going and I don't stop, then I can't get sick either and I don't have to think about it" (2.P). Concerns regarding self-care emerged time, and time again, in this study. Although these social workers were well aware of the need for self-care it was often considered *after* some detriment to their wellbeing. There was evidence of a denied sense of self.

Most of the self-care strategies considered useful by the ECSWs and supervisors were focussed externally, on stress reduction and diversion, taking their mind off work and taking the time to exercise and socialise with friends. Some alluded to the use of alcohol and comfort food, with one supervisor commenting on observed weight gain in ECSWs. The prevalence of what may be considered negative diversion strategies, such as the use of alcohol and comfort food, requires further research, not only for health and wellbeing purposes regarding healthy self-care. These observations and comments indicate that there are times that the ECSWs divert their emotional responses to the work and their environment rather than paying attention to their internal processes, to their emotional and bodily responses to their work and exploring these further. This issue relates back to concerns with trust in supervisory relationships and the collaboratively constructed space within supervision sessions to acknowledge emotions and engage in this work.

In training, the body is recognised in building communications skills, however it is rarely mentioned as an integral component of critical reflection (Saleebey, 1992; Peile, 1998; Tangenberg & Kemp, 2002; Mensinga, 2011). Sodhi and Cohen (2012) specifically set out in their research to build upon Belenky et al's (1986) landmark study into embodied knowledge. Their aim was to acknowledge and value embodied knowing and give 'permission' for social workers to learn from non-traditional sources. Their research highlighted the ways experienced social workers pay attention to their bodily and emotional responses in assessing the safety, of both consumers and themselves, and in managing work stress by recognising times to initiate self-care, along with recognising when there is a need to engage in critical reflection. In this respect, thought, emotion and behaviour interact and are inseparable: "It is impossible not to think, feel and act. We may focus on one but the other two are always implicitly or explicitly present" (Peile, 1998, p. 48). In the same way that cultural expectations in the health sector inscribed the thoughts and feelings of these ECSWs regarding perceived competence, the same expectations were at play concerning perceived coping, which impacted upon their self-care.

The ECSWs reported knowledge of self-care strategies, however, they were less clear about when to use them or to attend consciously to their self-care. The ECSWs not only felt they needed to prove themselves as competent but also that they could 'control' their 'self' and manage their self-care. In this respect, these ECSWs were experiencing processes of

responsibilisation, working in the health sector. Responsibilisation is a term developed from Foucault's (1991) ideas on governmentality and self-governance. This notion is strongly associated with neoliberalism within which self-governance plays a central role (O'Malley, 2009). For these ECSWs, notions of 'self-care' working in the health sector have been reconstructed where workers have been directed to become "self-governing citizens" (Juhila & Raitakari, 2016, p. 8) demonstrating their ability to cope with not only the nature of the work but the environment they are working in.

Rather than attending to how they felt, the ECSWs focused on how they wanted to be viewed: "not wanting to be perceived as incompetent or weak" (6). This performative coping may be viewed externally as exhibiting emotional intelligence and competence at work with the ability to contain emotions (Morrison, 2007). However, this ability to contain emotions in the workplace needs to be balanced with time, space and opportunity to critically reflect on links between emotions and behaviour in supervision. Instead, at the time these ECSWs most needed the opportunity to engage in this work, they experienced difficulty accessing appropriate supervision in the health sector. Seeking out this support was impacted heavily by the ECSW habitus, which was informed by precarious nature of employment, leading to the disposition to 'prove yourself', which was the first priority in the workplace because: "you earn your stripes before you get any sense of agency" (2.T).

This participant was the only one to use this militaristic phrase, to "earn your stripes" (2.T), however this was part of what may be viewed as doxa (assumptions which are taken for granted) regarding this drive for new social workers to 'prove themselves'. Once they had done so, they felt they were viewed differently, and in a sense, they operated at a different rank in the field. For some, this time of proving oneself was a short-lived phase; particularly for mature age graduates or those with some experience in the field to draw from, as they may have previously managed this pressure and demonstrated competence, having 'proved themselves' in another setting.

One of the ECSWs noted an awareness of having earned their 'stripes' and a shift which occurred when the manager's "concerns were allayed" (7.N) in terms of perceived competence. He felt that he was viewed differently once he had sufficiently demonstrated that he was "across the role" (7.N) and was able to work more autonomously. For other ECSWs, earning their 'stripes' meant gaining some status within the workplace which came with a sense of affirmation when they acquired a longer contract (one to two years) or became employed on an ongoing basis. With that,

the sense of agency for these social workers was not only related to accessing more support in the workplace but also having opportunities to contribute and feel they were “mak[ing] a difference” (5.S), both in the lives of the individuals and families they were working with, and within the service which employed them.

This highlights an important point, which hospital social workers reported throughout this study, regarding issues of exclusion due to their casual employment status, which inevitably impacted on their ability to access and build social and cultural capital. For example, only workers employed on an ongoing basis were afforded the opportunity to be involved in quality improvement projects, regardless of the ability of ECSWs to observe gaps in service due to their ‘fresh eyes’. These messages from the workplace uphold this need to ‘prove yourself’, where casual workers are positioned as outsiders until such time they had earned their ‘stripes’ and were permitted voice and attain any sense of agency in the workplace. One ECSW spoke of how she craved twelve months in one area so she could “really make a difference” (9.A1):

(Tut) I feel like I've gotten to the stage where I'd really love to spend more than 12 months, even a couple of years in one position and really make a difference, I've really gotten interested in research and what do they call it, quality activities... service improvement activities and I feel frustrated, that I feel like I can't participate enough in that sort of work when you're on a temporary contract because you don't know, you're not necessarily going to be there to see the outcome (9.A1).

Another interview participant, who was in the phase of earning her ‘stripes’, linked the need to continually prove herself across different wards and hospitals as a casual, to a negative impact on her wellbeing. She reported her drive to ‘prove herself’ meant she did not engage in support-seeking and she viewed this as directly impacting on her self-care and wellbeing. The ECSWs’ preoccupation with externally perceived competence and performative coping indicates a habitus formed by dispositions which steer away from support-seeking and avoiding constructive feedback in case they are perceived negatively (which holds ramifications for effectiveness as a social worker and future employment). This has the potential to increase risk, not only for ECSWs themselves as professionals, but also in their practice with vulnerable people.

Almost three decades ago, Saleebey (1992, p. 112) expressed concerns that social work practice had become “disembodied” and maintained that more attention ought to be paid to the body itself, as it holds wisdom which should be recognised and utilised. The ECSWs’ perceived need to ‘prove yourself’ with the external focus on how one is viewed was related to a reduced engagement with embodied knowledge that can come with self-awareness.

Self-awareness, that is the capacity to reflect on and analyse your impact on others and theirs on you, is something that is examined in qualifying training and should continue post-qualification as the challenges to personal styles of working continue and the complexities of practice situations increase over time. (Seden et al., 2010, p. 56).

This analysis revealed a habitus which subjugated bodily and emotive knowledge and heavily constrained their ability to request assistance and support in a formative stage of practice development, the beginning phase of their career. The next line of inquiry folded back to the beginning, examining ECSW motivations at the core of their work and emerging professional identity, delving deeper and adding another layer of understanding to the conceptualisation of the ECSW habitus. The previous analysis of habitus explored and identified subjective constraints in support seeking. This analysis brings to the fore the ECSWs’ realisations of their desire and ability to make a difference in daily practice, whilst experiencing a sense of powerlessness to enact change in their own professional situations. Analysis of these realisations exposed a rupture in professional identity formation, which raises broader questions for the profession of social work.

Janus was a Roman god depicted by two faces, one looking to the past and the other to the future (Delbridge & Bernard, 1998). The ECSWs in this study identified strongly with one face of social work, the face of altruism. With its outward gaze reflecting a recognisable habitus, this face supporting professional identity as change agent, presented with pride and bravado, looking outward and promoting change. However, analysis on performed competence and coping revealed another face, which was conflicted and unsure regarding self-advocacy. This other or alternate face reflected difficulty feeling legitimate enough to raise its chin with any sense of bravado to promote change for self.

International studies identify that a primary motivation for studying social work is a sense of altruism and desire to bring about social change (Csikai & Rozensky, 1997; Freund et al., 2013). Social workers position themselves as change agents and have undertaken activism as part of their commitment to social justice (Csikai & Rozensky, 1997; Greenslade et al., 2015). The AASW Practice Standards (2013, p. 12) are explicit in their expectation that social workers “critically analyse policies, systems and structures that contravene social work values and do not prioritise the interests of people, groups, communities and wider society and work for change”. When the ECSWs in this study felt unable to advocate for change within their own situation, they experienced a strong sense of disillusionment. In the disappointment of unmet expectations, the ECSW habitus was disrupted. The identity of social worker as change agent was at the core of their professional identity, in their desire to ‘make a difference’, however perceived powerlessness in their own situation worked in contradiction to this: “but that’s what we are, aren’t we? Change agents?” (1.M).

The conflicting dispositions held by these social workers created yet another layer to the ECSW habitus, which offers a glimpse of a deeper and darker view of the ECSW experience just like the alternate Janus face. The ECSWs faced disillusionment when they were presented with difficulty enacting agency on their own behalf, grappling with their professional persona within a habitus “divided against itself” (Bourdieu, 1999, p. 511). Upon entering the profession, the ECSWs anticipated access to support (based on socialisation into the profession through training and fieldwork), in order to work in the



challenging, and at times traumatic, health sector. What they least expected was that they would need to advocate for this support:

M: You do need a good lot of support as a new practitioner. You shouldn't have to, [advocate for it] it goes without saying you know. Who can advocate for themselves when you're so new? You're still going 'wow that's a neurosurgeon there (laughs) and I'm giving a psychosocial assessment to him'

C: I know, and he's actually reading it (laughs)

M: (laughs) so how could you? (1.M).

As this participant described she was still adjusting to the workplace with an acute awareness of their subordinate positioning both within the profession as novice and as social workers working in the health sector, where the biomedical discourse dominates and the value of social work has not always been recognised (Healy, 2005). With this positioning came experiences of powerlessness to speak up in the workplace on issues which were not directly client related.

Throughout this chapter, habitus has usefully demonstrated how these ECSWs internalised their experiences transitioning in the field, which in turn impinged upon their ability to both seek out and access organisational support. However, habitus was also useful in viewing the broader cultural issues within the profession. Experiences of vulnerability in the ECSWs' positioning in the workplace, were seated within a broader professional tension in terms of cultural change in organisations as well as universities, as this supervisor elucidates:

L: when you're new to the profession you don't have the confidence to do that, I have the confidence now,

C: that's it, but how do you build that without organisational support?

L: yeah and that's why I fully believe it's actually a cultural change, it's a cultural change that needs to happen within the sector and that starts with training and education and good research and there have to be people who are champions of that, people like me that take that on as their complete devotion and focus [that] we're going to change this, we do deserve more (3.L).

Social workers are noted as fierce advocates on behalf of and alongside consumers (Csikai & Rozensky, 1997; Greenslade et al., 2015) nonetheless, this does not equate to advocating for themselves in the workplace. What is applied in working with others is not necessarily applied to self. In my practice, working with people who acquired brain injury, I would emphasise to family members the importance of caring for the carer first, so that they were able to sustain and build their capacity to care for their loved one. This is the 'talk' that social workers do in their day to day work and yet they do not always 'walk the talk'. In this study, the same supervisor, who self-identified as a champion for supervision in her dual roles as a supervisor in the Department of Health whilst providing external supervision as a private practitioner, provided an example of this in relation to accessing supervision for herself:

I wouldn't say that I am the greatest example of that (laughs), because I actually haven't had supervision as well for oh what, nearly a year, just because I can't find anyone that I feel gives me what I need, but you know we, we've got to change the way our organisations operate and I think we need to also change the way universities and the training they provide sets up the expectations around supervision and teach people what you should be expecting from it and how you can advocate for it (3.L).

This supervisor was an advocate for supervision for other workers yet was not able to access supervision to meet her own needs. In her case, this was primarily due to living in a region where access to supervisors was limited but like other supervisors, she also identified difficulty in sourcing a supervisor who had the capacity to critically engage and extend her practice. Organisational and subjective factors impinged on the ability of ECSWs to seek out and access support. However, the supervisor above recommends cultural change in organisations and universities regarding their roles in establishing expectations, but also in encouraging emerging social workers to self-advocate.

Examining the disrupted ECSW habitus, folding the work back on itself, this analysis looks back to the beginning of the ECSW experience, considering the individual's motivation for entering the profession. When I explored what the ECSWs viewed as important in sustaining their work long term, I noted the 'work' component in social work was de-emphasised. The profession was discussed more in terms of a vocation and their coming to the profession of social work was considered a "calling"

(Gustafson, 1982, p. 501) as this ECSW stated: “I love my work, I have loved being a social worker, I was born to do this role” (1.M).

In their motivation for entering the social work profession, eleven of the fourteen ECSWs interviewed spoke of how their values aligned closely with the profession: “the practice of social work is very much intertwined and part of who I am as a human being. I personally have the same values as social work” (2.T). Healy (2005) notes that shared values provide common identification among social workers and for the ECSWs in this study, they viewed their ‘fit’ within the profession in the form of shared values.

The strength of the ECSWs' identification as a social worker accounted for the commitment and persistence they demonstrated in their roles. For these social workers, a strong investment in the profession went hand in hand with the alignment of their personal and professional identity. There was a sense of dignity in their “service to others” and meaningful engagement with the big picture for the “common good” (Gustafson, 1982, p. 504), for broader social change. Bourdieu's notion of “cohesion without concept” (Reed-Danahay, 2005, p. 9) was applicable to the alignment between the ‘field’ of social work and the ECSW habitus, but for the most part was not experienced with the ‘field’ working in the health sector.

Habitus is not fixed, it evolves, and dispositions and perspectives are developed. Sometimes this process is smooth and seamless, and other times it is challenged by clashing values, or new perspectives, discourses and work environments (Reay, 2004; Schirato & Webb, 2003). The alternative service discourse of the consumer rights movement has challenged the way social workers engage with consumers with the shift from working ‘for’ or ‘on’ people as passive recipients of services to working ‘with’ people and more recently, being ‘led’ by people as active participants in service provision (Healy, 2005). Pathologising labels are challenged within the consumer rights movement with a paradigm shift which values lived experience and re-evaluates ‘norms’ (Healy, 2005). This shift challenges the habitus of the social worker regarding views which link notions of a ‘good’ social worker with the ‘selfless’ social worker.

There is little research providing views from consumers on what constitutes a ‘good’ social worker (Kam, 2019). However, a recent qualitative study in Hong Kong identified what was most valued by consumers was a social worker's attitude to their work as committed and passionate with a view that “social work is not just a job” (Kam, 2019,

p. 781). However, Kam (2019) identified that a higher risk of burnout for the more committed and passionate social worker was related to their levels of responsiveness to consumer expectations combined with heavy workloads. The sense of altruism and work as a “calling” (Gustafson, 1982, p. 501) certainly rendered some ECSWs vulnerable to exploitation. With high levels of altruism came a risk that ECSWs may perceive a need for a level of ‘selflessness’ in their work, at the expense of their own wellbeing. This risk was discussed by a supervisor raising the question: “how do we really support clients properly if we don't feel supported ourselves? I think the profession has a lot to answer for in this area” (3.L).

### CONCLUDING COMMENTS

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When the ECSWs in this study felt unsupported organisationally, they started to question their capacity to ‘play on’ and how they might sustain their practice long term. Relationships within and external to the workplace were identified by the ECSWs as playing a vital role in supporting, developing and sustaining their social work practice. For each ECSW it was different, whether it be their manager, supervisor or team collectively or that one person/peer/colleague who made the difference in their experience of their first year of practice. The first phase of analysis of the ECSW narratives illuminated mediating factors such as graduating with a MSW(Q) degree, being a mature age graduate, and being perceived as a ‘capable student’ or someone with prior experience in health or human services, combined with external demands to ‘hit the ground running’ which influenced their ability to position themselves as ‘new grads’ as they transitioned into the field. These factors intersected with significant concerns about precarious employment which resulted in dispositions regarding a perceived need to *appear* competent and *appear* to be coping with the nature of the work. These intersecting layers, of organisational and subjective constraints impacting on support-seeking revealed the Janus face of the disrupted ECSW habitus.

Although this chapter brought to light the complexity and barriers in accessing support in the workplace, an alternative perspective emerged through my interview notes and critical reflection in doctoral supervision. This line of inquiry identified evidence regarding the ways in which these ECSWs were agentic in their efforts to access the support they required to improve and sustain their practice. Relationships were key to these ECSWs increasing their sense of agency, however this raised further questions

regarding how this could have been the case in the challenging and complex environments many described. An examination of capital and the nature of building capital in the workplace provided a mechanism for exploring the role of relationships in increasing agency of ECSWs working in the health sector.

## CHAPTER 8 - SOCIAL CAPITAL

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For Bourdieu (1986), social capital is a core factor in defining positions and possibilities of individuals in any social field. This conceptualisation reflects the ways in which the ECSWs utilised social capital as a means to improve their positioning in the field, with the end goal to further develop and sustain their practice. The value the ECSWs placed on relationships is noted and the ways in which social capital is raised and accrued, via relationships, examined. Expanding agency is a key task for ECSWs in order to be effective in the role and enable support-seeking. In this respect, understanding social capital, in all its forms and uses, is important. This next line of inquiry commenced by examining relational supports accessed by these social workers, and identifying what assisted them in speaking up and advocating for organisational support.

There are other theoretical formulations of the concept of social capital, which differ from that of Bourdieu. Robert Putnam in the United States conceptualised social capital from a broader perspective of society as a whole, where general social problems are considered to be caused by a decline of social capital (Siisiainen, 2003). Putnam was driven by a desire to facilitate social and cultural integration in communities, which he considered key in building and upholding democracy (Putnam et al., 1994). Whilst collective perspectives and issues have been identified, particularly concerning the disrupted habitus of ECSWs, this collective concern came to light from first exploring the subjective experiences of individual participants. In this respect, Bourdieu's ideas align more closely with my sample and subject.

From Bourdieu's perspective (1986), social capital is not simply a resource connected with group membership and networks, but one which may be utilised to improve the individual's positioning in the field. This conceptualisation was useful in examining the ways these ECSWs understood the value of social capital in the workplace and how they utilised it to improve their positioning and sense of agency. The following analysis on raising social capital builds upon knowledge of the ECSW habitus, which illuminated subjective perspectives and constraints in support-seeking within the workplace, providing the next part of the ECSW story, which goes on to examine the actions the ECSWs took to further develop and sustain their practice.

## RAISING SOCIAL CAPITAL

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In social work, relationships have long been viewed as the foundation of practice:

All social work is conducted through the medium of relationship, whether the relationship is short, medium or long term and whether, as is the case in more therapeutically oriented social work contexts, the relationship is the primary means of intervention (Ruch, 2005, p. 113).

My analysis extends Ruch's view of relationships to also include the workplace. The ECSWs in this study viewed relationships as essential tools for practice and crucial links in the workplace. In their realisations of what they needed to develop as professionals and to sustain their work long term, the ECSWs emphasised the importance of relational support from colleagues, managers and supervisors. It was through both informal and formal relationships that the ECSWs sought out and accrued social capital to support themselves and their practice. Drawing on the ECSWs' descriptions of social relations in the workplace, Bourdieu's three types of social capital of bonding, bridging and linking (Hawkins & Maurer, 2009) were explored for their usefulness to the ECSWs in regard to accessing support.

### BONDING CAPITAL (COLLEGIAL)

Bonding capital refers to relationships amongst homogenous groups and is built on informality which promotes mutual understanding and support contributing to quality of life for members of the group (Healy & Hampshire, 2002). When these ECSWs experienced supportive relationships with other social workers, a sense of collegiality was formed, fostering the development of bonding capital: "I think it takes a really particular person to be a social worker, to make the choice to be a social worker and I think that has to be supported by another social worker" (2.T).

For the ECSWs, social capital was formed through their relationships with other social workers, whether they were supervisors, managers, mentors, seniors and colleagues or broader networks of peers from university. These relationships, both regular and sporadic in nature, provided positive supports as they offered membership and a sense of belonging to the profession. Bourdieu's (1986) perspective that social capital

improves social mobility, starts with the positioning of ECSWs at 'entry level', taking their earliest steps over the threshold of the profession, as an emerging professional.

Whilst graduate programs are not commonplace in allied health in Australia, for the 17% of ECSWs in this study who attended one, this was one way in which social capital was built, providing a sense of membership in the workplace and profession. Woolcock and Narayan (2000) operationalised social capital through the concepts of embeddedness and autonomy. Embeddedness refers to the close ties or cultural practices, which shape opportunities or constraints faced by individuals in relation to their positioning in a group. The ECSWs who attended an ongoing graduate program, reported a sense of embeddedness in the workplace, which was established quickly with the program offering opportunities for support within a culture of continued development and learning.

## RELATIONAL SUPPORT AND THE LEARNING ENVIRONMENT

The culture of learning in a workplace is vital to the development of professional competence and capability of social workers in their first year of practice (Bates et al., 2010). Graduate programs demonstrate a commitment by an organisation to building a culture of learning within a workplace. In this study, 17% of ECSWs participated in graduate programs. This typically occurred when a number of ECSWs were recruited at once in a hospital setting. When this occurred, the hospitals recognised a need for further education in areas of specialty where the social workers would be placed, along with a need to provide an opportunity for collegial support between new workers. The educational aspect was valued, along with a sense of 'embeddedness' in the group, where there was space and opportunity for sharing experiences and support to each other, as one of the supervisors also described:

Then they'd have a bit of a discussion about how they were going in their own work roles and so on, so it was sort of like a social group type... they do share some of the sort of stories [and] feel confident or secure enough to expose their vulnerability, you know... graduates often fall into that trap of having to feel like they're on top of it all the time (1.K).

The close ties developed within bonding relationships functioned in two ways. The first type of social capital was enacted or activated via the provision of immediate support,



which was reported to have made a difference to ECSWs (in surviving their first year of practice). This support was provided in dialogue with others, in the sharing of experiences. Secondly, close ties bonded these social workers to their individual colleagues, team, workplace and profession (Aguilar & Sen, 2009). In this respect, bonding social capital could be observed in the sense of camaraderie in being part of a team (small or large). This bonding social capital was raised incidentally, at desks, in processes of de-briefing, at cultural activities in the workplace such as morning teas and over lunch. These kinds of activities provided opportunities for social capital to grow naturally, easily and informally. However, seniors and supervisors also played an important role in facilitating the building of social capital by promoting these activities, as this supervisor reported:

There is a lot of informal supervision that goes on and in the team amongst themselves, also when I'm there, and I think, keeping up morale, having a lolly jar, just the little things that make a difference you know, we have morning tea with our meetings and try and find some funny things or some positive thing [to discuss], I think that's incredibly important (5.S).

The benefit from these informal social relations in the workplace was the support and camaraderie, which provided a sense of belonging in the team and was experienced by these social workers as membership in the profession. These cultural activities, however small, maintained and built a passion for the 'game' regardless of their position. Importantly, these feelings of membership created links between everyday experiences of 'making a difference' in their practice with the commitment to their team, to their organisation and the profession.

Not all ECSWs experienced this sense of membership in their social work or allied health teams. Some ECSWs described their workplace as a "sink or swim kind of environment" (2.T). This metaphor has also been used by new recruits in the child protection sector in Victoria, Australia, to describe their experience of organisational culture, which was not supportive nor conducive to learning their new role or continued professional development (Gibbs, 2009). When the metaphor 'sink or swim' was used by the participants in this study it was in respect to the approachability of their teams (managers, supervisors and colleagues).

In Community Mental Health, I received absolutely no recognition that I was new to social work or mental health. I struggled to get solid answers to any of my questions, as they were a close knit and experienced team. When giving me information, they gave me the briefest responses... I had to ask relentlessly, and even the most basic things: e.g. where is the stationery, how do I book a car. There was absolutely no orientation to anything and no understanding of the needs of a new graduate to mental health, that role and that organisation. The team had limited ability/interest in communicating these things to a newbie (36).

This “limited ability/interest” (36) of the team in engaging with a new worker exhibits some understanding of the intersection between workloads, approachability of staff in regard to new team members and organisational culture. As colleagues of the ECSWs did not participate in this study the relationship between their capacity and desire to provide collegial support to an ECSW, remains unknown. In addition, ECSWs reported the impact of their workloads on finding collegial support options outside of their team:

The workplace culture did not encourage or promote accessing support. Senior workers did not demonstrate an interest in guiding junior workers and caseloads were so large that there was never any time to explore support options external to the department I worked in (79).

There were also reports where learning and support were obstructed, meaning the information and opportunity for practice development may have been present but was not made readily available to the ECSW by colleagues and managers. In these cases, the ECSWs struggled in the first instance to gather information on what to do or where to look for guidance. What they did learn, in terms of how to work in these organisations, was what *not* to do. These workplaces functioned to socialise ECSWs *not* to request support, building bonding social capital was not valued. The ECSWs interpreted the responses they received to mean these workplaces re-framed requests for support and further training as demonstrating a lack of competence in their role or the area they were working in:

2.T: It’s a real sink or swim kind of environment really, it’s almost like if you need support maybe you shouldn’t be in this job.... that kind of mentality, [where] requesting support or more training is seen in a really deficit way

C: so do you feel that basically they're saying that any support is your own responsibility?

2.T: Yeah, absolutely, absolutely but it goes further than that, it's kind of, 'if you need further support that's your problem' and that's a problem, that's the sense I get...everything is framed in such a deficit way.

When there was no formalised organisational support in the form of regular supervision or professional development opportunities, the ECSWs anticipated relational support, that their colleagues, particularly other social workers, would be supportive and provide assistance as needed. Whilst for the most part, ECSWs reported it was a colleague who provided the most support to them in the first year of practice, cliques amongst colleagues were also discussed. In some cases, bullying cultures were reported: "Lack of inclusion, period of trying to find my own way into the role, hints of bastardisation (or social workers eating their young) as nurses sometimes described" (80).

When the anticipated supportive collegial relationships between social workers were not realised, unmet expectations unsettled the embodied habitus of the ECSW, with experiences of a deep sense of shock and disillusionment. Building positive relationships with consumers and families was viewed as the foundation for social work practice and the ECSWs had anticipated this would be the same with collegial relationships.

## COMPLEMENTARY TIES

The concept of autonomy is identified as a type of social capital by Woolcock and Narayan (2000) in terms of 'complementary ties'. These are relationships which do not have the same close ties as embedded relationships but are bonding nevertheless and still serve as supports. These relationships made a difference for the ECSWs, particularly those with little opportunity to build social capital within their teams. In the open questions in the questionnaire and interviews, networking was reported as a form of collegial support. Although networking was sporadic, it was identified by participants as a means of accessing more experienced social workers as potential mentors. It was also identified as a source of support when there was a lack of collegial support in the workplace:

Networking with peers /other social workers would have been very beneficial [as] the social workers where I work are known to be 'clicky' and protective of their positions [with a] 'fear of losing their social work jobs' (51).

For the 25% of respondents who worked in a rural or remote setting, the environment, in terms of distance from hubs of support, presented a challenge to be able to access networking opportunities. For these social workers, location inhibited access to other social workers and graduates. In the questionnaire, 44% of ECSWs reported having had the opportunity to network with other ECSWs frequently or always. Reporting by supervisors confirmed this, at 43%. This means more than half of these ECSWs could not or did not network with other social workers. Networking events and graduate programs are an important source of support for those who do not have social work colleagues in the workplace for continued development and socialisation into the profession.

Membership of the AASW also provided opportunities to access and build complementary ties. Social work practice groups, such as the ECSW practice groups using social media platforms, were reported as particularly accessible and provided supportive mechanisms for those who were isolated, working in rural and remote settings. As stated in the questionnaire: "I wished I had joined AASW sooner" (8). As Cintio (2017, para. 2) highlighted in his LinkedIn blog, historically the value of AASW membership has been particularly strong, in the times when AASW members personally knew each other where:

many members formed sub-groups based on mutual professional interests... These sub-groups were the crucible for teaching, learning, professional development, mentoring, supervision and ethical guidance... Connecting with colleagues across Australia, they build the social worth and intellectual capital of the AASW.

New graduate sub-groups of the AASW continue to operate in this manner today. One ECSW shared how she had accessed an AASW practice group in her area in order to manage the professional isolation that she experienced in her first year of practice: "I'm a member of the AASW practice group in my area ... I've done those things quite deliberately so I have collegial contact with other social workers because otherwise I won't at all" (2.T).

Part of the process of sharing experiences via new graduate groups was the use of stories from peers, which allowed the ECSWs to gauge where their professional and personal experiences fitted in the broad spectrum of early career experiences:

You hear great stories and you hear difficult stories, and if you're not sure if you're doing well and someone's like, I just had this great experience and you kind of feel like oh, what did you do? Tell me about it (11.Ac).

Knowing that the group shared similar experiences, even if these were negative experiences, was inherently reassuring and assisted in building confidence. As the statement above “if you’re not sure if you’re doing well” (11.Ac) illustrates, the building of confidence and sense of competence occurs in dialogue with other social workers. The ECSWs required feedback and support at multiple levels and without it they were left playing the ‘game’ without really knowing the rules.

For the social workers who studied on campus, individual and group ties were well established and could be maintained with little work. Peers from university may have been located in different workplaces, however they experienced shared positioning as ‘new grads’ and a sense of group membership, having trained together. The maintenance of these relationships, in the sense of shared experiences, was once again identified as valuable. However, when other social workers were in their team, or in their workplace, these external ties remained complementary as there was less need to hold tight to external links because adequate support had been sourced within the workplace as this ECSW reported:

there's three people that I'm still having some contact with... it's just been, just been like a casual sort of message or a Facebook thing. I think I've really tapped more into the team that I am working with” (7.N).

## TIES TO STAY ON

Whether it be through close or complementary ties, individual or group relationships, bonding experiences generated social capital which tied ECSWs to both their workplace and the profession. Shared experiences identified in groups, gave these social workers the sense they were not alone, that their experience fitted somewhere on a continuum of broader early career experiences. This assisted them to make sense of their situation

and come to understand what they needed going forward. However, for the most part, even in the most difficult workplaces, there was often one individual who was more than a close tie, instead providing a lifeline. That one person who ‘had their back’ demonstrated that it does not necessarily take a village to support the ECSW.

Peer support has been the most positive support in the workplace. A colleague of mine is also a graduate social worker, we are in different programs and have been having regular peer supervision, as well as informal contact that has supported me in maintaining my role as long as I have (77).

For all of the ECSWs interviewed, social capital came in the form of relationships, particularly collegial relationships, which were steadfast in holding that rope, bonding them to their positions (Aguilar & Sen, 2009): “if it wasn't for that peer support” (1.M).

Social capital was raised through bonding capital for the ECSWs in this study. Whether through close or complementary ties, these ‘bonds’ were particularly important to the ECSWs, in supporting them to manage complex and challenging work environments and more literally in forming attachments to the workplace providing a sense of membership which tied them to their role. Hawkins and Maurer (2009, p. 1789) state that “while bonding social capital provides one layer of connection and security, it alone may not sustain wellbeing in difficult times”. For the ECSWs in this study, these ‘bonds’ would only hold for so long, unless they perceived that their developmental needs were also being met.

### LINKING CAPITAL (ORGANISATIONAL)

The main tools the ECSWs identified to both improve and sustain their practice were professional development and supervision, which provided time and space for critical reflection. Relationships with mentors, managers and supervisors acted as links, and were identified as instrumental in granting access to these tools. When located in multidisciplinary settings, the ECSWs utilised bridging capital. Bridging capital refers to links which are developed between diverse individuals and involves both formal and informal relationships (Healy & Hampshire, 2002). The ECSWs discussed support from other early career allied health professionals as well as finding mentors from different disciplines when there were no social work mentors within the workplace. For some of these participants, multidisciplinary team members were identified as providing the

most support to them in their first year of practice, which they identified as particularly surprising:

Team members who were from other disciplines. The social workers in the service were unavailable and unwilling to assist with induction or collaboration on orientation to the role. They were the most unfriendly of all the people in various disciplines in the team. A shock to me as I had been led to believe that social work was a value-based profession and respect and empathy was important (80).

Through these relationships, the ECSWs acquired a feel for the ‘game’ in navigating the workplace in unexpected ways. When this bonding capital was acquired in the workplace it assisted to keep them *in* the ‘game’, and yet it was through linking, and to a lesser extent bridging capital that the ECSWs felt supported to enact agency, learning *how* they would play the ‘game’ in the present and in the future: “one way or the other you can create, like your own opportunities to get what you need, so if you’re not going to get it, then you go and find it, in whatever capacity that is” (12.Ch).

Bourdieu refers to social capital in terms of power which is gained through social networks and relationships (Aguilar & Sen, 2009). “Linking capital refers to alliances with sympathetic individuals or groups in positions of power, particularly power over resources needed for social and economic development” (Healy & Hampshire, 2002, p. 229). ‘It’s not *what* you know but *who* you know’ is the common expression which reminds us that resources are linked to networks, relationships and access to power. Just as social workers in their everyday work, assist individuals, families and communities to increase their linking capital by facilitating connections to relevant services and resources, ECSWs require that same type of linking assistance from their seniors, mentors, managers and supervisors. Linking social capital was utilised by the ECSWs to increase their access to organisational support, in the forms of supervision and professional development.

Unfortunately, the physical environment in organisations did not always assist in building social capital (Aguilar & Sen, 2009). The growing phenomena of ‘hot desking’ was experienced as an additional signal of impermanency which constrained social workers from setting down roots in their workplace and developing any sense of belonging within those physical spaces. Whereas, the ability to personalise their

workplace helped develop a sense of connection with the physical space and a sense of belonging in the team:

I didn't think it bothered me that much until we [the organisation] had the handover and we rearranged everything and got these nice desks, shelves, and I could actually put books on, and belongings on, I put up photos and I had a drawer that I could keep pens in. I could see that it was ridiculous that I didn't have that before... I didn't really think about it and then when it changed, I was like 'oh it feels so nice walking into my office um everyday' [compared to] what I had before, which kind of felt, not like my office (11.Ac).

The physical layout of office space was also seen to impact heavily on the approachability and availability of managers and supervisors. The implications were that issues and concerns were not identified and were underreported:

Geographically our team leader is well away from us... they're geographically isolated as well, they can be sat at their desk in their office all day [with the view that] 'no one's come and said to me there's a problem so it must be alright' (1.K).

The physical environments these ECSWs found themselves in is also reflected in the literature. Findings from a study of 1000 Australian workers found that as work environments become more open plan, with the extreme being the use of 'hot-desking', demands on workers increase with little to no improvement in collegial support and a decrease in perceived supervisory support (Morrison & Macky, 2017). Conversely, participants in this study perceived social work departments in large metropolitan hospital settings as particularly conducive to accessing collegial, mentoring, managerial and supervisory support. In the United States, many hospitals have eliminated social work departments and attached social workers to specific clinics in an effort to cut costs (Auerbach et al., 2007). Anecdotal evidence suggests this trend is also in process in Australia with the move away from disciplinary specific departments toward 'units' of multidisciplinary teams allocated to specialties under the medical model.

Multidisciplinary workspaces presented barriers to building relationships and learning from senior social workers, particularly when the ECSW was the only social worker in



an allied health unit. One of the supervisors termed this decentralising trend as program management:

I'm most concerned about program management and how, I know mental health at [region] are moving into program management and while I think clinically that's fine, because they have clinical oversight within the multidisciplinary team, I think what gets forgotten is the social work identity and the social work role... The concern is that social workers get swallowed up into that medical model group without having the ability to, to have that professional identity and professional development and I think nobody has thought through that program management model in terms of supervision and professional identity and development [of social workers] (5.S).

#### SUPERVISORY RELATIONSHIPS AND SOCIAL CAPITAL

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The ECSWs identified managers and supervisors as instrumental in encouraging their participation in professional development, particularly when they viewed this as part of their role. Hospital settings were reported to be particularly competitive in terms of accessing professional development days, given that not all staff can take leave at the same time to attend. This supervisor emphasised her 'linking role' as a supervisor:

So I'm looking out for opportunities... career progression... so I find myself in the position of saying 'get your application in now, you say you want to do this, because half a dozen people might want to do it and not everyone can, but I've, I've identified this opportunity that might be good for you, you go ahead now and ask for the leave'... I see that as part of my supervisory job (1.K).

By stating "I've identified this opportunity" (1.K) she highlighted the important role of supervisors, encouraging ECSWs to access training, and their power in legitimating the need (in funding and time) for ECSWs to access continued professional development. In having a supervisor identify training which would be beneficial professionally, the suggestion to attend comes with a sense of authority behind an application with a belief in the ECSW's worth, which is implied in their communication with management. Of note, were comments by ECSWs who sought to improve their professional skills beyond their current role taking a whole of career approach to developing practice, which reflects Bourdieu's (1986) perspective that social capital improves social mobility.

## SHARING EXPERIENCES AND BUILDING TRUST

The relationship in supervision was emphasised by both the ECSWs and supervisors during interviews. Openness and transparency were identified by the ECSWs as particularly important in the supervision relationship. This ECSW reported how supported and reassured she felt in her work when her supervisor, who had previously worked in her role, would say: “I’m not sure if I did the right thing either” (14.J).

Sharing experiences regarding complexity and responsibility in social work practice was one approach which supervisors used to facilitate open discussions in supervision. In their interviews, both ECSWs and the supervisors identified the importance of speaking openly and honestly in supervision. And yet, findings from the questionnaire indicated that for those who accessed supervision, 24% of ECSWs felt unable to speak honestly in supervision. Given that 55% of respondents were supervised by their manager, this may be a factor arising out of their dual roles and responsibilities for performance management, as discussed in Chapter 6.

The ECSWs explained that sharing experiences was particularly helpful regarding complex situations which they had not anticipated or when they had particular types of emotional responses to people and the work. These responses were to be expected considering the complexity of human nature and social work, which is riddled with uncertainty and risk. The ECSWs and supervisors observed that working openly and transparently and sharing practice experiences, responses and actions within supervision provided a solid foundation for managing risk and building trust. It also meant that responsibility was shared. This was particularly important in building social capital, bonding the ECSW and the supervisor and increasing the sense of membership in the workplace and the profession. This ECSW expressed how highly she valued the sense of shared responsibility in her supervisory relationship: “she’s just got my back and she will read my notes, you know I’ve had, I’ve been subpoenaed and like she just, she was there 100%” (13.MI).

Within the supervisory relationship, these ECSWs indicated a preference for a level of control and choice. In particular, being a ‘driver’ in supervision was viewed as important as it allowed the ECSWs to bring their agenda to the table and decide what to discuss and work on in supervision. The importance of creating a safe and confidential space in supervision was emphasised not only for support but also for development. Ultimately,

open dialogue was identified as significant, particularly when there were differences of opinion, as this ECSW reported:

We'd be very clear in that I don't agree and why, but there were not necessarily expectations for me to assimilate to her way of thinking or her way of practice whatsoever and I think that was a really crucial factor in the relationship (9.AI).

In the interviews, all of the supervisors reflected similar values and attitudes in their commitment to the provision of supervision with a shared notion of 'paying it forward'. It is possible that those with this investment in supervision were more likely to participate in this study. These supervisors all discussed the importance of supervision which incorporated processes of critical reflection, which they themselves may or may not have had access to: "in my first role I had one of the best supervisors I could have ever hoped for, I think you've got to, you pay it forward if you're in that position" (2.P), and what was reported more frequently, was what the supervisors felt they 'should' have experienced in their early years of practice, as this supervisor stated:

My practices in supervision are really strongly influenced by my own very first experience of supervision in my first job which was horrendous and I, in fact as a new grad had to, having been in the job for about six months, and had to go to the head of department and say 'I'm, I'm not getting the supervision that I need' so that made me very much more, as a more experienced person then, much more focused on what they need (1.K).

The first year of professional practice was formative and memorable for ECSWs and supervisors alike. For the supervisors, their early experiences (positive or negative) provided the foundation for how they supervised ECSWs. Two of the supervisors were explicit in reporting their first supervisor as their role model. Each considered what had worked for them and what had been lacking. What had been lacking, more often than not, became a blueprint for their approach to supervision and providing the ECSWs with what they had missed out on:

I myself had it once every six months and it was completely ineffective, essentially administrative supervision, there was very little clinical component and there was certainly no reflective practice component and it became, it became my passion, which is why I started my own business and then the

reason I took on this job ... I know myself; I've had very little supervision in my career even though I am a clinical supervisor. My supervision has been a complete disappointment to me and when I give people supervision, in my business and in this current role, I always tell them that I hope that this is the best supervision they ever have, that they will judge future supervision by... I want them to get the very best out of it (3.L).

### RECIPROCITY: THE BENEFIT OF SUPERVISION FOR BOTH PARTIES

In the process of building social capital via the supervisory relationship, trust was viewed as essential by the ECSWs and supervisors; something well established in the literature (Beddoe, 2012; Chiller & Crisp, 2012; Egan et al., 2018; Pack, 2015). In this study, reciprocity was considered another important feature in building the supervisory relationship. A level of reciprocity in supervision was seen to support bonding and promote a deeper engagement by both parties:

I think there is definitely a reciprocal process in supervision and if you're not creating that, then it's just a reporting (process), to me as a line manager... then you know, you can do that anywhere can't you? and that would bore me really quickly and I wouldn't want to turn up and neither would the supervisee, so it needs to be a place where people can explore and discover and look at something and unpack it and then put it back together, otherwise they're not shifting in their practice are they? It doesn't matter whether they're really experienced (5.S).

This is a feature of critically reflexive supervision where, rather than the supervisor being considered the guide for the supervisee's learning, the supervisor holds the view that the supervisee is both recipient and a source of knowledge (Fazzi & Rosignoli, 2016). As the supervisor elucidated in the above statement, the learning unfolded together, in a process of exploration and discovery when an issue was unpacked and then put back together in supervision. This process demonstrates the theory of exchange within social capital, part of the process of building social relationships (Flap & Völker, 2004; Cheung & Kam, 2010). Exchange theory emphasises reciprocity where capital has the potential to be transformative. This occurs through processes of examining or reflecting on an issue or experience by re-framing and considering

alternate frameworks of understanding. Investment from both parties in a reciprocal supervisory relationship provides opportunity, in time and space, for exploration and discovery (Hofferth et al., 1999, Paldam, 2000, Cheung & Kam, 2010). Importantly, effective supervision requires work on both sides. However, both the ECSWs and the supervisors expressed some concerns with being open and ready for the work of critical reflection. Engaging with critical reflection and constructive feedback in supervision inevitably meant some level of discomfort in being challenged, but this discomfort played an important part during the bonding process of the relationship as the supervisor and ECSW worked through awkward or difficult conversations and challenges in practice together. Constructive feedback in supervision is vital for continued professional development to occur, as this supervisor reports regarding an ECSW that she supervised:

He was prickly because I'm just going to say this, he's lazy, he's lazy intellectually ... so he didn't like any of that [critical reflection] and he found that quite challenging and he tells me so (laughs) so we've had quite honest conversations... pretty confronting, but I have to say, that whilst he says how awful it was initially, he really lifted his game you know and he feels better about who he is now (6.J).

The supervisor above emphasised how this supervisee needed to “lift his game” (6.J), to step up and engage with the discomfort and challenge in processes of critical reflection. Something needed to shift, it was something he needed to do. Their supervisory relationship clearly developed a level of trust to be able to speak honestly about the challenges in this work of supervision. This begs the question of what more would be required to take this step up, or to take that “leap” (7.N) to lift one's ‘game’:

... and so I wanted, to sort of make that sort of leap, and I guess that me being me, transparent and supervisable we'll have a conversation about that and then get a bit of a measured sort of response back saying well, really for the period you've been doing this ... this is really ok, you know and that does sort of fit with my own analysis... I just think what's changed is that, is that I've grown to become more self-aware (7.N).

This ECSW discussed how he endeavoured to work transparently, discussing his concerns openly and developing trust in supervision in order to get to a point where he

could be open enough, not only to be well supported, but to engage in the work of critical reflection and analysis of his work. However, the building of social capital is not necessarily something which is built quickly or easily. One supervisor reported that it took approximately three months for her supervisory relationship to develop with her supervisee because: “she had such poor quality supervision before me, she was really reluctant at first” (2.P).

Some ECSWs needed both time and trust to overcome previous experiences which led to reluctance in displaying vulnerability and speaking openly about personal and professional journeys. Given the concerns which were raised regarding perceived competence and coping, this is not surprising. In this respect, it is important to consider the supervisor’s role as facilitator, in gauging readiness and building trust, particularly in regard to personal histories and responses to the work, including vicarious and direct trauma experienced in the everyday practice of social work. At times during supervision a need to access additional external support may be identified, particularly following traumatic incidents encountered in social work: “she had so many signs of PTSD I referred her on to other services to get [additional] support but between my supervision and her external counsellor it still took her two years to recover” (3.L).

This recount identified the role that supervisors play in facilitating ECSWs’ engagement with additional external supports, developing linking capital. A relatively recent study by King et al. (2016) drew attention to the need for human service workers to access supports additional to supervision and the supervisee’s role in actively seeking support. This study also identified ECSWs to be active agents in seeking support both inside and outside the workplace. External supports were sought via the AASW, with their peer groups and by seeking supervision and/or mentoring from lecturers at the university they had attended:

I actively sought to have mentors in the community, so I stay in touch with people who I really clicked with in the social work course and where you know, I have some great supports and contacts even now and I've continued to keep in contact with the field educator from placement (4.R).

However, this study has also reported on the difficulties the ECSWs faced in support-seeking and the important part that supervisors and mentors play in facilitating and encouraging them to source and access additional supports. It is only once trust is

developed and support needs are being met that reflective practice can be engaged with effectively. As Ruch (2007) stated in her research on reflective practice in child protection in the United Kingdom, the creation of safe spaces for discussion on the sense of uncertainty and emotions experienced in the everyday work of a social worker are instrumental to engaging in reflective practice. “Reflective practice is a response to the realisation that social work is a complex and contested profession and discipline operating in uncertain and unpredictable contexts” (Ruch, 2007, p. 660). Importantly, making space for reflective practice serves to effectively contain the challenges social workers face in their day to day work (Ruch, 2005). The ECSWs in this study indicated strongly that they wanted to engage in reflective practice, specifically critical reflection, however the conditions of time, space and consistency required to develop positive supervisory relationships, were absent for many. In this respect, the ECSWs and supervisors in this study emphasised the relational and organisational conditions required to set the scene and promote reflective practice.

This is particularly important given the rise of risk-averse organisations focusing on economic efficiency and effectiveness (Ruch, 2007). One of the supervisors made reference to the political and economic climate, stating that supervision runs the risk of being more about “scrutiny and judgement” in an effort to control and eliminate risk, rather than “keeping people strong in the workplace” (3.L). However, when supervisors see their role as “keeping people strong” (3.L), there is a concern that supervision becomes reactive, in the propping up of workers, which in times of crisis may be necessary, but leaves little room for exploration and discovery.

Reflective practice involves exposing assumptions in practice, evaluating practice, and providing opportunity for improvement (Argyris & Schön, 1974; Fook, 2007). This process becomes critical reflection when assumptions upholding dominant power relations are exposed (Fook, 2007). From the view of supervisors in this study, when supervision is supportive and there is enough trust to speak openly, critical reflection can then be used to examine practice standards and ethical dilemmas: “[there’s] a lot of poor practice going on because it’s [supervision] seen as a luxury not as an essential and I think it’s a fundamental misunderstanding actually of our work” (3.L).

For most of the ECSWs interviewed, social capital came from one source, that one person who ‘had their back’. The role that the one individual played was in the form of bonding capital, providing support but also offering linking capital, encouraging the

ECSWs to pursue other means of raising capital, specifically cultural capital. Bourdieu (1986, p. 280) identified the role of capital as significant in the “games of society” where the accumulation and use of capital means that the social world is viewed as an accumulated history which involves utility for social mobility, rather than a “game of chance”.

Some of the ECSWs in this study were able to accumulate social capital from multiple sources, which was utilised to improve their positioning and access to formalised support in the organisation, however this was only when the broader culture of the workplace was supportive, and all team members were perceived to be approachable by the ECSW. Social capital could be amassed in relationships with colleagues, seniors, mentors, managers and supervisors through both close and complementary ties. The following section explores how social capital was not only amassed but operationalised.

#### SOCIAL CAPITAL MULTIPLIED AND OPERATIONALISED

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In theoretical terms, one of the key tasks for ECSWs is to build social capital, within their workplace and more broadly in the profession. The ECSWs in this study were committed to relationship building with other social workers who were supervisors, managers, mentors, seniors and colleagues and in building networks within the organisation, the sector and profession in practice groups. What was important for the ECSWs in this study was how social capital could be increased and utilised in the workplace during their first year in practice (Hawkins & Maurer, 2009). Bonding social capital, accrued in collegial relationships, was operationalised through immediate support as well as through a sense of membership which kept them in the ‘game’, strengthening their ties to the workplace and to the profession. Bonding capital was supportive in nature but did not necessarily change the rules. Whereas linking capital, which was particularly useful for gaining access to resources, increased when ECSWs were encouraged and supported to access professional development and supervision. It is important to note that social capital, via linking capital with improved access to professional development, enhanced economic capital, lifting their game assisting them to earn their ‘stripes’ increasing their opportunities in gaining ongoing employment.

Social capital raised in relationships has a ‘multiplier’ effect on the individual’s existing capital (Bourdieu, 1986, p. 286), where bonding and linking social capital may be viewed



“not as compartmentalised experiences, but as experiences that rely on, build upon and interact with each other” (Hawkins & Maurer, 2009, p. 1789). When the ECSWs were encouraged and supported, through relationships and links with seniors, mentors, managers and/or supervisors (bonding social capital), their access to continued professional development and quality supervision was promoted (linking social capital) and social capital could be converted to cultural capital, thus becoming part of the person’s habitus (Bourdieu, 1986). The building of cultural capital reflected ways in which the knowledge, perspective and tools to both improve and sustain their practice had grown. Importantly, the ECSWs endeavoured to do more than survive their first year of practice, they wanted to equip themselves with the tools and resources to thrive in this profession, but in order to build resilience they needed to acquire cultural capital.

### CULTURAL CAPITAL

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The ECSWs anticipated that continued learning and practice development would be ongoing throughout their career, given that the Australian Code of Ethics places an expectation on practitioners to collaborate with other disciplines to “promote and expand ideas, knowledge, theory and skills, experience and opportunities that improve professional expertise and service provision” (AASW, 2010, p. 31). In this respect, there is an expectation from the profession, for social workers to continue to build cultural capital in the teams they work in, to enhance service delivery and outcomes, but also to improve the standing of the profession in interdisciplinary settings.

This study recognised the benefits in the acquisition of cultural capital, starting with both induction and supervision for purposes of practice development. Supervision presented opportunities to step back from the workplace in time, space and viewpoint and re-frame practice. In terms of practice development, the cultural capital the ECSWs acquired through induction activities and supervision worked to improve both their ‘technique’ and their positioning in the ‘game’. The supervisory relationship played an important part in this, enhancing the ECSW’s ability to build cultural capital via professional development, which was viewed as a tool to increase their positioning and ‘status’ in the workplace where ‘earning your stripes’ was equated with increased opportunity for continued practice development, ongoing employment with the goal to sustain practice long term. In their efforts to improve practice via supervision and access to professional development activities, another element of cultural capital was

acquired which intersected with habitus. This was *how* to play the ‘game’, regarding knowledge of what is required to sustain social work practice long term.

### RE-FRAMING PRACTICE

The first opportunity to engage in professional development for these social workers was internal, during induction, where new workers learned from the practice of colleagues and seniors and had an opportunity to conceptualise their role, within the organisation and more broadly in the field. This is where they first started to acquire a “feel for the game” (Bourdieu, 1990, p. 63) and ways to play the ‘game’ to both develop and sustain practice. The ECSWs identified shadowing and working alongside senior workers and supervisors, as a particularly important method of induction where a foundation for practice was developed through learning the social work role within the organisation and sector. Importantly, induction provided the opportunity to access linking capital by forming relationships with seniors and supervisors. The ability to situate one’s practice in relation to senior workers was noted as a learning mechanism, but also a protective factor of sorts, when caseloads become overwhelming.

Continued learning occurred via induction processes, formal supervision, informal discussions with a mentor, and external workshops. Through these learning activities, new approaches to the work and practice were developed. The opportunity to step back, to contextualise their work and view the big picture meant the ECSWs came to consider their positioning and power, their work and their self in the work. Bourdieu’s preoccupation with the relationships between people and their environment is one which is shared with social work (Garrett, 2007), particularly in a sector such as health, where historically it has had to carve out its place in relation to other disciplines. Formal supervision provided the safe space where re-framing practice could occur and broad structural issues impacting on their everyday work could be explored. These re-framing processes, conceptualising big picture understandings in professional development or supervision, went hand in hand with critically reflecting on their positioning. This led to processes of locating and valuing their practice and their ‘self’ in practice. It is these processes which increase cultural capital, improving the ability of ECSWs to articulate the value of social work practice working in the allied health team and more broadly for the profession in the health field. Increasing the ECSW’s cultural capital, learning to advocate effectively on multiple levels within a health setting (hospital or community)

improves practice and service delivery, and also the status of the profession in the sector.

It was through reflective practice in supervision that the ECSWs sought and acquired the time and space to step back and take in a broader view of where they were situated. In Australia we can be reasonably certain that these ECSWs were introduced to critical reflection as students, because in the interviews they used this language to state what they sought in supervision. Once the supervisory relationship was established, they were able to engage in these processes to build cultural capital. Without effective supervision which encourages reflective practice “it is all too easy to limit focus to personal issues without making a broader connection” (Fook, 2005, p. 18). This is particularly important for social workers in the health sector, given the advocacy role social workers take up on a daily basis, bringing the social to the health setting, upholding healthcare as a human right. It is their role to contextualise and represent to the allied health team the consumer’s and family’s experiences of structural disadvantage impacting on social determinants of health (Craig et al., 2013; Moniz, 2010). ECSWs require time and space in supervision to critically reflect in order to improve practice and to recognise broad impacts on their work and their positioning in the workplace.

When the ECSWs engaged in critically reflective practice they reported ways in which they came to understand and come to terms with their experiences, situating themselves and their roles as part of the bigger picture and understanding the landscape in which they were working: “really it was the broader picture of their recruitment process, was all the funding cuts you know, really affecting me as a new grad and my experience of it” (10.E). These big picture realisations, identified through reflective practice, work to create balance in approaches to social work roles which build on what Fook et al. (2000, p.196) describe as professional expertise with a “grounded yet transcendent vision”. In this respect, the feet of the practitioner were firmly on the ground responding to the everyday conflicts in their work, yet at the same time there was a commitment to working with a broader understanding, all the while maintaining that sense of a “calling” (Gustafson, 1982, p. 501) to the work.

This critically reflective work was particularly important in their ability to reconcile the realities of their work and their workplace. These realisations and understandings were a form of cultural capital in understanding the state of play in the ‘game’. One supervisor likened what ECSWs face in their transition into the field to her experience when she

graduated in her first degree as a nurse: “There's ideals and there's reality - so here's the ideal and then you've got your practice” (6.J). Whilst this research is specific to the discipline of social work there are likely to be challenges which are common between health professions.

For the ECSWs who gained access to quality supervision, it was through critical reflection that they reconciled the gap between their expectations and experiences, gaining cultural capital in coming to understand norms of the workplace. For some, reconciling their experiences led to a shift from fatalistic frames of “forced choice” (Fook, 2007, p. 37) or where they experienced a sense of powerlessness and felt they had no choice, towards a more opportunistic frame. For example, the ECSW who was informed “if you don’t like it, go somewhere else” (3.S), spoke of how she left that workplace, but learned what she needed for practice development and to sustain her work long term. She had learned how to play and what her boundaries were within the game. For this social worker and others, increasing cultural capital was a particularly important shift going forward in their practice and in maintaining a sense of hope for their future within the profession. When this was the case, supervision provided reassurance, nourishment and replenishment; where they not only reflected upon but learned from emotional responses to their work or their workplace (Ingram, 2013).

By engaging reflexively with their experiences as a ‘new grad’ and the decisions they made, to stay or leave an organisation, future decision-making was informed (Hoggett, 2001). Fook states that “this broader vision gives meaning and allows a sense of continuity despite uncertainty” (2007, p. 34). This was identified as particularly important to these ECSWs in maintaining their passion, sustaining their practice and envisaging their practice long term under the current working conditions in health in Australia. This re-framing work occurred in critically reflective practice within supervision where the big picture perspective was not only developed but folded back on itself to question: “how you view the profession or your job within the profession” (10.E). These findings suggest re-framing not only improves practice development, it works as a mechanism to build cultural capital, and generates knowledge to sustain social work practice. Stepping back to contextualise and view the big picture meant these ECSWs came to consider their positioning and power and ultimately re-value their position and their work.

## SUSTAINING PRACTICE

As discussed earlier in this chapter, linking capital provided by seniors, mentors, managers and supervisors supported the ECSWs to access professional development opportunities, which in turn developed cultural capital in the form of specialist skills for the ECSW and a skilled workforce for the organisation. Cultural capital was also gained as their knowledge grew, they developed their practice skills and also learned more about the specialist field they were working in. All of this informed and mobilised changes in their habitus, in their approach to the 'game', which in turn improved opportunities for ongoing employment and also enhanced their ability to sustain their practice.

Changing positions or roles within an organisation, or seeking work in a different organisation, were also identified as methods of sustaining social work practice. Clearly this holds implications for organisational retention, however changing roles or organisations can improve retention in the profession. This is particularly important to note, given that across all sectors, the working 'life' of a social worker in the United Kingdom has been estimated at eight years, which is significantly less than the estimates for other health professionals (Curtis et al., 2010). Cultural capital was noted in this study to improve retention in two ways. Firstly, when skill development was encouraged via supervision and additional training, the ECSW felt valued by the organisation and supported in their desire to stay in their current role. Secondly, these opportunities assisted the ECSW to understand what they may require and what might be helpful in their efforts to sustain their practice long term, which is all the more important given the findings of Curtis and colleagues in the United Kingdom (2010). Retention strategies for social workers remain significant from a fiscal perspective where the investment in educating social workers provides a greater return the longer they remain in the profession (Curtis et al., 2010).

Building cultural capital for these ECSWs was equated with efforts to earn their 'stripes', to progress from the positioning of 'new grad' to one where stripes were equated with agency, having the ability to advocate as much for consumers as for themselves and their profession. Following their investment in obtaining their degree, they hoped their chosen profession would be what they anticipated. As this study demonstrated, their work met their expectations but for the most part their experience of the workplace did not. The ECSWs entered their positions equipped with cultural

capital specific to the profession of social work from their training. All of the ECSWs interviewed identified their ‘fit’ with social work, where the values of the profession aligned with their personal values. Socialisation into the profession started during university training with placement experiences forming those initial expectations of both the workplace and the profession. The culture of the workplace further socialised the ECSWs, specifically in terms of seeking out organisational support.

## CONCLUDING COMMENTS

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Learning to utilise social and cultural capital, the ECSWs came to understand not only how to *play* the ‘game’ but how to *stay* in it and sustain their practice. This was particularly important when the ECSWs were faced with a “fateful moment” (Giddens, 1991, p. 109), which are times when usual practice is disrupted and the individual is faced with “fateful consequences” (Giddens, 1991, p. 109), which lead to crossroads and the adoption of new perspectives. I acknowledge that Giddens’ terms may sound pessimistic in the same way Bourdieu is criticised for focusing on the “sociology of struggle” (Siisiainen, 2003, p. 2). However, in the interviews, each of the ECSWs discussed this moment of reaching a turning point as a significant moment in their first year of practice, in the struggle to make their decision whether to stay silent or speak up and request additional or improved organisational support. The following chapter continues the exploration of organisational support, elucidating understanding of the ECSWs reaching a turning point during the first year of practice. This turning point means the ECSWs made decisions to stay or leave their first social work position.

## CHAPTER 9: REACHING A TURNING POINT

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According to Bourdieu and Wacquant the dynamic between field and habitus is where: “social reality exists, so to speak, twice, in things and in minds, in fields and in habitus, outside and inside social agents” (1992, p. 127). For most of the ECSWs in this study, their social reality in the field (the health sector), included experiences of a lack of organisational support through limited induction processes, supervision and professional development opportunities. Their social reality was also experienced viscerally, where their unmet needs and prior expectations were embodied in habitus. As discussed in the previous chapter, this led to deeper concerns about perceived competence and coping. Although habitus was not deterministic in regard to the ECSWs’ sense of agency, the dynamic nature of the clash between field and habitus did have a significant impact, and my analysis of the interview data recognised a turning point, which twelve of the fourteen ECSWs reached, in their first year of practice in the health sector.

This moment of reaching a turning point, was identified as a time where the ECSW habitus influenced their enactment of agency in the workplace, with organisational, relational and subjective factors impacting on their decision-making, views and behaviours.

Choices are bounded by the framework of opportunities and constraints the person finds himself/herself in, her [sic] external circumstances. However, within Bourdieu’s theoretical framework, he/she is also circumscribed by an internalised framework that makes some possibilities inconceivable, others improbable and a limited range acceptable (Reay, 2004, p. 435).

This study identified opportunities (building social capital) as well as subjective constraints in support-seeking (habitus) which informed the ECSWs’ views on their capacity for choice and change in the workplace (field) in regard to improved organisational support.

For the twelve ECSWs who reached a turning point in their first position, this moment was defined as an event where their situation came to a head and choices needed to be made (Rutter, 1996; Riessman, 2001). This experience was pivotal for them, splitting their stories into ‘before and after’; the moment where they decided to speak up or be

silent (Denzin, 1989). The experience of reaching a turning point was situated in and dependent on the context of the workplace and the availability of support. In Sweden, Astvik et al. (2019) explored motives and organisational conditions associated with voice (speaking up) and silencing strategies with social workers. The motives of the ECSWs in this study were clear; their goal was to access improved organisational support in the form of supervision or professional development opportunities in order to improve and sustain their practice. This study, like that of Astvik et al. (2019), suggests a strong link between speaking up (voice strategies) and improved access to organisational resources. For the ECSWs in this study, speaking up was considered risky as they were raising their dissatisfaction with current organisational support in the workplace.

However, there were two ECSWs who did not reach the same turning point because they were regularly speaking up and felt their voices were heard and responded to within the workplace, and their decisions to remain were attributed to this. “Voice-friendly” (Astvik et al., 2019, p. 13) workplaces are linked not only with improved access to organisational resources, but also the wellbeing of social workers and retention. For these two ECSWs their organisations provided formalised organisational supports, including induction, continuing professional development and formal supervision. Importantly, they attributed their ability to regularly speak up and feel they had a voice within the workplace to having managers who facilitated open environments. These social workers felt ‘permitted’ to speak up and were encouraged to articulate what would meet their developmental needs. This was in stark contrast to the experiences of the other twelve ECSWs.

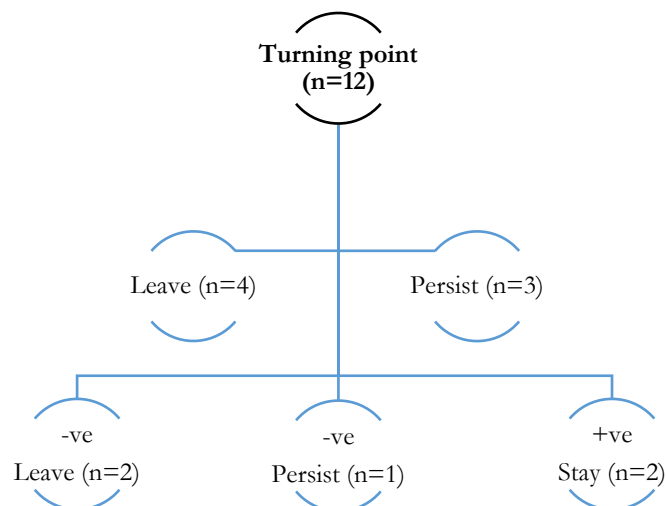
The twelve ECSWs perceived the moment of reaching a turning point as significant, in both their development and their career trajectory. For them, it meant needing to make a conscious decision regarding their ability to enact agency and speak up or stay silent. For the majority, this was related specifically to issues with supervision such as requesting supervision or changing supervisors. As one ECSW stated, access to supervision is possible if “you’re vocal about it” (8.Z). However, the act of speaking up, as an ECSW in the health sector, was easier said than done. For those who decided to speak up, they did so as a last resort, with the decision to leave or stay dependent upon the response they received. Decisions not to speak up were based on the perception that it would not alter the situation. In this respect, change was inconceivable (Reay,



2004). Upon reaching their turning point, deciding not to speak up, a further decision to either persist in the role or to leave their first position in the health sector ensued. For those who did speak up, they framed the response they received as negative or positive. A negative response meant there would be no action taken on the issue, whereas a positive response was where a change occurred, for example, supervision was scheduled or a new supervisor was allocated. When the ECSW received a negative response, they were faced with the decision to persist in their role and possibly raise the issue again or to leave. Not surprisingly, when they received a positive response they stayed (see Figure 14).

**FIGURE 14**

*Turning point and agency*



As discussed previously, the ECSW habitus was not deterministic, there was room for choice and enactment of reflexive agency (Bourdieu, 1990). This analysis demonstrates the complexity in decision-making for ECSWs when reaching a turning point. Whilst their responses and actions were varied, these social workers enacted agency regardless of which decision they made.

## THE 'CHOICE' NOT TO SPEAK UP

Whilst there were 'choices' to be made, how the ECSWs viewed their capacity for 'choice' and agency was another matter, with some experiencing a sense of powerlessness in their setting and situation. In the health sector, social workers interact with the dominant discourse of biomedicine and the 'psy' disciplines of psychology and psychotherapy, where they resist and

challenge the pathologising of individuals and families for the problems they experience by contextualising and representing within the multi-disciplinary team the consumer's experiences of structural disadvantage (Healy, 2005). As identified in the analysis of the Janus face of the ECSW habitus in Chapter 7, the ECSWs identified strongly with their role as advocates but struggled with notions of self-advocacy within the workplace. As "self-governing citizens" (Juhila & Raitakari, 2016, p. 8), when the ECSWs experienced difficulties in managing the work, they viewed this as their sole responsibility (hence the perceived need to *appear* to be coping) without considering the organisation may have some responsibility to support them to do this work. This view of personal as opposed to shared responsibility was a primary factor for seven of the ECSWs 'choosing' not to speak up.

"Once habitus is formed, it tends to reproduce itself" (Bourdieu, 2005, p. 29). As the collective experience of habitus of these ECSWs has demonstrated, socialisation into the profession was for the most part reproductionist (McLeod, 2005). The ECSW habitus was maintained via dispositions and expectations to 'hit the ground running' and to 'prove yourself' in order to 'earn your stripes' before being in a position where you could speak up. Amid the tensions and challenges faced, in 'getting through' that painful patch, realising the Janus face of the disrupted ECSW habitus and standing at the precipice of a turning point, change in organisational practices was not always something which was conceivable. Of the seven ECSWs who decided not to speak up about a lack of organisational support, four believed leaving an unsupportive workplace was their *only* choice.

## LEAVING

Ultimately, for those who decided not to speak up, there were experiences of "a destabilised habitus, torn by contradiction and internal division" (Bourdieu, 2000, p. 160), where these social workers struggled against the dark or alternate Janus face of the ECSW habitus, attempting to reconcile a professional identity as a change agent for others but not for the self. Decisions not to speak up in the first year of practice left these ECSWs with a sense of discontent and disillusionment, which challenged and ruptured the core of the professional identity they were forging for themselves as social workers in the health sector. They discussed heightened work stress, experienced at that time of decision-making and an impact on their wellbeing. This ECSW expressed

profound disappointment that her first social work position was not what she anticipated:

One of the things sustaining me at the moment is that I have an exit plan, I hear in my voice how terrible that sounds, I should be excited, it's my first year as a social worker, this is my dream you know (2.T).

These ECSWs faced disillusionment when presented with difficulty in speaking up and enacting agency. There were not only layers of experiences and dispositions informing the ECSW habitus but also the dynamics between field and habitus, described by Bourdieu and Wacquant (1992), which for these social workers meant grappling with their professional persona within a habitus "divided against itself" (Bourdieu, 1999, p. 511).

## PERSISTENCE

A broad view may be taken of the habitus of the ECSW, but it is differentiated at the level of the individual. No social worker has the same habitus as another, in the same way that no one story is the same as another and no player experiences the game in the same way (Bourdieu, 1990). Hence, the ECSW habitus, as a system of dispositions and disruptions, meant the social reality experienced in fields and in habitus (Bourdieu & Wacquant, 1992) by some of these social workers influenced their decisions to persist in their first social work role. For three of the seven ECSWs who felt unable to speak up, habitus played an important role in continuity of tradition, in terms of expectations to 'hit the ground running' and to 'prove yourself', which predisposed them to persist in their work until they had 'earned their stripes'. These social workers spoke of having little opportunity to pause, reflect and explore their responses to the workplace before coming to participate in the interview for this study.

However, it is important to note, their habitus was not seated in the unconscious, it was not in Bourdieu's terms a "pre-reflective" state where their actions were without awareness. Whilst there may have been little time for reflection, these ECSWs had evaluated their positioning in the 'game'. They were reconciled to playing on, yet this did not mean they agreed with the umpire, this was not a mutual agreement, the organisation held power. The precarious nature of employment and the risk of not having a contract renewed meant there was much at stake if they needed to or 'chose' to leave their job. For these ECSWs, the habitus was not unseen, it was internalised, felt

and known. There was a disjuncture between what was expected by these social workers and what they perceived was required of them by the organisation, as well as their own determination to 'stay in the game' and 'play on'. At this point in time they knew they were standing at a precipice, assessing how much longer to stay 'in play'. It was in this awareness of the state of play that tensions were felt deeply and emotionally.

Making choices can be complex. For these ECSWs, their decision-making was conflicted, as Craib (2011, p. 116) states "we might feel that one part of ourselves has decided something and that another part is fighting against it". A divided habitus, reflective of a conflicted self, can be traced in the following quote:

A: so I am thinking about, and they just said they'd renew my original contract that ends in June, they just said they'd renew it and when they said that I actually suddenly had this realisation that I've only seen myself managing until the end of June, and there was this sudden thing of, like do I actually want to continue? And so I've made the decision that I want to continue but I'm just going to have to put some more stress management things in place and have less days, so that I'm having less days where I'm coming home and feeling so uptight.

C: yeah and so what do you think? Are those things you're looking to put in place yourself?

A: yeah, I think, but if they're not working I'll talk to, perhaps my manager or get some external supervision at times.

C: yeah and say 'I'd like to stay but there are some things I need in order to keep going?'

A: yeah I think so, but I think I, I don't even know whether I need to have that conversation with them about supports... but be monitoring myself and see how I'm going... I'll just see whether or not, if I have to talk to them, I might, yeah" (5.A).

The decision to persist was a temporary solution, at that point in time, as compared to a decision to stay for the long term: "so I just, I guess taking it a week at a time" (5.A). However, in doing so there is significant risk, particularly in respect to the ECSW's efforts to *appear* to be coping, when detriment to their wellbeing has already been

acknowledged: “I’ve only seen myself managing until the end of June” (5.A). This combination of silence and persistence in keeping going, is a form of resistance which may or may not be harmful (Astvik et al., 2019). It also raises a potential retention issue for the organisation, where decisions to stay or leave are unresolved.

Whilst the relationship between field and the ECSW habitus was maintained, the socialisation of graduates into the profession in the health sector continued and these ECSWs were not adequately supported in their first year of practice. In both the decision to remain silent and either leave or persist, there was no change in the ECSWs’ access to formalised organisational support.

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### SPEAKING UP

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For the seven ECSWs who stayed silent, did not speak up and either persisted or left the job (see Figure 14), their decisions did not challenge the status quo of those workplaces. This was because change, which may have resulted from speaking up, had been perceived as inconceivable (Reay, 2004). However, for five of the twelve ECSWs, the experience of the divided habitus pushed them to act, to speak up, regardless of whether or not they would be heard and how probable change would be. This demonstrated how the ECSW habitus could be disrupted, challenged and transformed. In this respect, speaking up was an act of resistance – making a moral decision in an ambiguous situation. These ECSWs had reached a turning point where they identified “too many uncertainties” and they were “feeling unsafe” (13.ML). They were managing and persisting in environments which provided inadequate formalised support. They spoke of reaching a moment where they felt compelled to act because they realised the potential impact on their practice with consumers and families.

Collegial support and mentoring had provided support for these ECSWs but only for so long. It was usually one case of a consumer who presented with a complex case history and a heightened level of risk at the time of discharge, which led them to realise the significance of receiving inadequate supervision: “so I started um feeling a bit unsafe in my practice... I guess I was feeling, [there was] not enough reassurance” (13.ML). This ECSW was receiving positive feedback, however that was not what she meant by “reassurance” (13.ML). The positive feedback she received was insufficient, she sought constructive feedback, particularly when there was a significant degree of responsibility. Her concerns were in her duty of care, managing risk when discharging vulnerable

people from a hospital setting back into the community. For all those ECSWs who reached a turning point, it was the build-up of their experience of work stress and emotional risk (not only for themselves but for the individuals and families they were working with) which led to the turning point, where they were compelled to make a decision to leave, persist or speak up.

The ECSWs who spoke up in the workplace identified feelings of responsibility as a pre-emptor for doing so. This was associated with experiences of responsabilisation, feeling that they were alone, with managers not sharing the responsibility in managing risk. These social workers discussed a need to engage in critical reflection as part of formal supervision in order to examine and manage complex cases. For this group, it was less about seeking approval or reassurance about their competency and more about their expectations of supervision as a means to share the weight of responsibility for quality practice. They anticipated critical reflection and constructive feedback would play a part in their supervision and they were concerned their supervisor could not or would not provide it, as one of the ECSWs articulated in the questionnaire:

It was also difficult to address the issue, that I didn't believe my supervisor had the ability to provide appropriate supervision, to the Head of Department. Supervision in my first year was roughly every six weeks and often involved my supervisor talking about her own cases. I rarely received constructive feedback – most of my feedback was me being told that I was doing an amazing job. The situation got so bad that I thought I would have to change jobs. My [new] supervisor now provides me with fortnightly supervision and we engage in a lot of critical reflection (16).

### PERSISTENCE FOLLOWING A NEGATIVE OUTCOME

One of the ECSWs persisted in her role following a negative outcome from speaking up. She too had reached a turning point which compelled her to challenge the ECSW habitus and speak up. She had evaluated her position and was reconciled to 'play on'. She was in the thick of it, busy doing the work in an uncertain environment whilst she kept her eye on the goal of ongoing employment. She was so busy 'getting through' the 'game', driven by her goal of ongoing employment, determined to 'play on', that she experienced limited opportunity to reflect beyond evaluation of play in the moment.

For her, the 'game' was not over. Her passion was driving her persistence and sustaining her desire to remain in that workplace and keep her eye on the goal:

It's just the job I want to do for the rest of my life at this stage, so I'm willing to stick it out for as long as I have to. If I didn't love the job I wouldn't be putting up with these casual and short-term contracts but because I love it so much and I thrive off it you know, I've got so much to learn and I just want to get back into it [so] I put up with it and that's, that's why I come to work every day... I love being a hospital social worker (8.Z).

This participant presented a persona which was persistent and determined to make it work but at what cost? For her to play this 'game' (working in the Australian health sector) she had to play by the 'rules' (working on casual or short contracts until she has sufficiently 'earned her stripes') however she anticipated playing in a competition (as a social worker) where she would continue to learn and develop (scoring goals) as a hospital social worker. However, this level of persistence raises concerns regarding risk to her wellbeing and presents implications for practice. Her love for the work itself sustained her in the context of a lack of organisational support. She had been provided with positive feedback and she felt valued in her everyday work with individuals and families in the hospital setting. However, her ability to sustain practice through long-term irregular and unstable employment conditions remained a concern. Although she did speak up, her expectations and emotional responses to the situation as a casual worker matched other ECSWs who stayed silent but persisted, 'keeping at it' buying into the rules of the competitive environment until such a time they are unable to:

Having weathered a few storms, I think I'm just at a stage of my life that I'm like, if you don't like it, leave, and if you can do it, just keep doing it, you know (5.A).

The disposition to "just keep doing it" (5.A) goes hand in hand with receiving a red flag (in social work practice considered a warning sign), where the ECSW runs the risk of being sent off the playing field through risk of injury, out of the 'game'. This drive to play on means there is no option to take time out until they feel their hand is forced. Whilst the determination of these ECSWs to persist may be commended in some workplaces, there-in lies the risk. Firstly, this sustained work stress impacts on the wellbeing of these social workers. Secondly, at some point the ECSW will either choose

to leave the workplace or need to leave due to the impact on their health and/or mental health. Finally, and most importantly, is the potential impact on the quality of ECSW practice with consumers and families, and continuity of service provision.

### LEAVING FOLLOWING A NEGATIVE OUTCOME

Given the organisational subordinate positioning of ECSWs, as ‘new grads’, and as social work professionals in the health sector, along with deep seated concerns about being perceived as competent, enacting agency in the workplace can be considered an act of bravery where much is at stake. Two of the three ECSWs who experienced a negative outcome after speaking up, meaning nothing changed, decided to leave their first job in the health sector. As previously discussed, the decision to speak up came from unmet expectations of supervision when they were involved with managing risk and working with complex cases. The economic climate with decreases in funding, meant reduced investment in the support and developmental needs of ECSWs who were working on short term contracts. This reflects a neoliberal context, where the employment market remains competitive, and workers are considered disposable (Davies, 2005). In this study, ECSWs commented on observed “churn and burn” (88) in the sector. Within this political and economic climate, requests for change were not only improbable but often dismissed, as this ECSW was told, “if you don’t like it, go somewhere else” (3.S). This response expressed no value for the individual worker, literally letting them know they were disposable.

When dealing with complexity and risk without adequate access to supervision, these ECSWs expressed a sense of heightened concern for the consumers they were working with as well as their own wellbeing within the workplace. Compounding the ECSWs’ concerns regarding risk was the not unfounded anxiety that organisations would not share responsibility should something go wrong. The following supervisor offered their observations about this issue where: “the organisation will wash their hands of them” (3.L). This makes for difficult conversations and decisions with and by ECSWs. This supervisor went on to recount one such conversation with a supervisee:

‘I just wonder how long you are prepared to put your reputation at risk for the so called benefit of your organisation because they don’t give you the support



that you need'... it's a confronting conversation but sometimes you have to have them (3.L).

With the decision to leave their first social work job, came additional challenges regarding how to negotiate leaving that role and secure a positive employment reference, which was considered vital for their career trajectory. Having reached a turning point and spoken up, the negative outcome led to a decision to leave with the hope of finding employment with a new organisation which would provide appropriate support to improve and sustain their practice. In this respect, the ECSW habitus was disrupted and their situation in the workplace was challenged, their career trajectory shifted, with future decision-making informed by this negative outcome. With this experience came a realisation of their limits and what they needed to sustain themselves and their work long term. One of the ECSWs discussed how her original career plan had changed, to wanting to work in a large social work department. She articulated exactly what she hoped that would offer: collegial support, a de-brief culture, senior social workers as mentors, a structure of formalised supervision and access to professional development, all factors in a “voice-friendly” (Astvik et al., 2019, p. 13) workplace which valued the development and wellbeing of its workforce.

### POSITIVE OUTCOME FROM SPEAKING UP

Two of the five ECSWs who spoke up received a positive response which resulted in improved support in the workplace. Speaking up, they enacted agency and experienced a sense of achievement, reaching their intended goal through their action (Haggard & Eitam, 2015). One requested external supervision, as they were the first social worker in a private hospital setting, and the other requested a change of supervisor in a large public hospital. Both experienced a positive outcome where change resulted in access to external supervision and a change of supervisor. In both cases, these outcomes were positive, because the resulting change met their expectations. These ECSWs were adept in their use of social capital, both supported by a mentor in making the decision to speak up, who not only encouraged them to do so but identified that change was conceivable. In this respect, mentors assisted and supported the ECSWs to play the ‘game’ differently and challenge existing ‘rules’. Having achieved a positive outcome from speaking up, these two ECSWs stayed in their first job in the health sector.

All five of the ECSWs who spoke up actively challenged the ECSW habitus, they disrupted the state of play in their positioning in the field as a 'new grad'. Through enacting agency in the workplace, they started to re-formulate and re-articulate their professional identity. In everyone's experience of the first year of practice, there was room for improvisation where the habitus was "creative, inventive, but within the limits of its structures" (Bourdieu & Wacquant, 1992, p. 19). To enact agency as an ECSW, capital must be built and, as with all aspects of social work, foundations are formed in relationships. All the ECSWs demonstrated creativity in their ability to access informal supports from colleagues (social work and multidisciplinary), seniors and mentors, internal and external to the organisation in order to build social capital in their first year of practice in the health sector. However, there were limits and constraints to their ability to manoeuvre within the ECSW habitus and play the 'game', as demonstrated in the varied outcomes of silence and speaking up in the workplace.

## CONCLUDING COMMENTS

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The theoretical analysis utilising Bourdieu's concepts of field, habitus and capital in the preceding chapters, revealed the complexities in the journeys of these ECSWs who, while they were acquiring a feel for the 'game', experienced a disrupted habitus which led to realisations where they needed to make decisions about staying in the 'game'. This chapter provided a snapshot within this continuum of experiences, exploring their agency regarding decisions to stay silent or speak up in the workplace. These ECSWs met an unexpected lack of organisational support, and faced choices they had not anticipated, and realised they needed to make difficult decisions. Importantly, their processes in decision-making to stay silent or speak up were pivotal experiences, where the ECSW habitus was maintained or challenged, and informed their career trajectories.

The ECSWs reached a turning point in their first year of practice, making decisions born out of 'choices' and taking action to leave, persist or to stay in their first social work job. However, it is important to note, as the following participant reminds us, that this was but a moment in time in her career: "it is a huge journey, and I wonder where I'll be in five or ten years' time. It's interesting because it's a constant growing thing" (5.A). The ECSW habitus is not static, it is formed by dispositions and layers of experience, within which reaching a turning point was a particularly formative moment.

Having identified, described and examined organisational support through three phases of data analysis, this chapter has discussed the actions taken, the turning points reached by these ECSWs in their first year of practice working in the Australian health sector. The discussion chapter now follows offering a critical interpretation on the development of professional identity and capital to offer new knowledge on what enables and hinders the building of resilience for ECSWs entering the profession of social work.

## CHAPTER 10: DISCUSSION

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This study set out to explore Australian early career social work experiences of organisational support in the first year of practice in the health sector by addressing these four research questions:

- 1] What is the nature of organisational support provided to ECSWs in the first year of practice?
- 2] How are the experiences of organisational support described and interpreted by participants?
- 3] How can a theoretical analysis deepen our understanding of this information?
- 4] What enables and hinders the building of resilience for ECSWs?

As I started to address the research questions, the complexity of experiences related to ‘starting out’ in social work became increasingly evident. Stepping into the profession, following years of training, is not an ‘every day’ experience. As with all new graduates, the first year of practice is formative for social workers. Continued learning in the workplace is important to build upon university training, which provides the foundation for practice (Jack & Donnellan, 2009). In keeping with existing literature, these ECSWs reported that they required workplace support through induction processes, quality supervision and continued professional development in order to reconcile ‘reality shock’ experienced in the disjuncture between training and the field (Battaglia & Flynn, 2019).

A high level of support is required for emerging professionals to continue their development as they enter the field (Bates, 2013; Hay et al., 2017), where their progress may be significantly shaped and altered by the organisational environment. This was the case with the participants in this study, where the availability of organisational support to meet the ECSWs’ needs, impacted upon their development of identity, capital and resilience. Importantly, the ECSWs described challenges in regard to the workplace itself rather than the nature of their work.

Firstly, the ECSWs experienced precarious employment, with 79% having worked on casual or short-term contracts in their first year of practice. This led the ECSWs to describe their experience of the health sector as a shifting landscape, in comparison to their expectation of quickly settling into ongoing employment and the sense of stability that provides.

Secondly, the commonly heard expression in social work, to “hit the ground running” (Donnellan & Jack, 2010, p. 3), relates to employer expectations that graduates are ‘practice ready’ and able to slot into their roles immediately. However, the reality of how this played out was not anticipated, with 47% of ECSWs reporting no formal induction into the social work role. Some organisations were described as “sink or swim kind of environment[s]” (2.T), which related to concerns about the approachability of colleagues, supervisors and managers, combined with a lack of formalised organisational support.

Thirdly, the ECSWs’ experiences of workloads and work stress were comparable to research findings in child protection in Australia, where organisational stressors have been identified as the primary source of work stress over the emotional content of the work with consumers and families (Agllias, 2010; Bates, 2013; Gibbs, 2009; Healy et al., 2009). Experiences of work stress were reported by ECSWs (78%) with 76% of these participants noting a perceived impact on their mental health and wellbeing. When the wellbeing of ECSWs is impacted, there are implications for all stakeholders involved, most notably consumers and their families, who rightly expect that professionals have the capacity to assist them in times of crisis (van Heugten, 2011).

Of significance, was the ‘supervision myth’, recognising the difference between the rhetoric and reality of access, frequency and quality of supervision in the workplace. Although 97% of ECSWs reported accessing some supervision during their first year of practice, only 40% reported attending supervision every two weeks as recommended by the AASW. The issues which most concerned the ECSWs in this study, was the need to access high quality supervision, which they defined as regular and consistent, provided by a social worker, who would guide and support them and create opportunities to engage in critical reflection. For the social workers who were unable to access good quality supervision, to meet their needs as emerging professionals, they faced multilayered challenges, looking for ways to support, develop and sustain their practice.

The theoretical analysis of these findings, presented in Chapter 7 and 8, revealed the ways in which the ECSWs interpreted difficulties in accessing appropriate supervision, which they linked to their sense of agency and efforts to develop their professional identity. For those unable to speak up and access the support they required, the core of their emerging professional identity was challenged. Hence, their habitus was disrupted as they grappled with experiences of being an effective change agent for others, but not

within their workplace, in relation to their own situation and support needs. These concerns, specifically insufficient and inadequate supervision, held implications for organisational retention.

Whilst 72% of ECSWs intended to remain in the profession long term, only 7% planned to stay long term in the role they occupied at the time responding to this study. It is reported that there are “tensions and contradictions between professional and organisational commitment, with social workers generally being less committed to organisations” (Collins, 2017, p. 161). When considering retention, it is important to note that the commitment of social workers is seated in their passion for working with consumers, families and communities. For the ECSWs in this study, the profession of social work was viewed as their vocation, the means by which their work linked both their personal and professional identity, through shared values and efforts to ‘make a difference’. The workplace was the site where the game was organised, a conduit of sorts, which enabled the ECSWs to engage successfully in this endeavour. If the organisation hindered their efforts, even passively through a lack of organisational support and/or professional development opportunities, they became less committed to the organisation, as it wasn’t playing its part in supporting their efforts.

The decision-making processes of these social workers explored in Chapter 9, to speak up, leave or persist in their first position in the health sector, demonstrated the complexity associated with organisational and professional retention of ECSWs in the Australian health sector. This research revealed that differences in commitment were not about organisations and the profession per se, but about levels of perceived support for their practice with consumers and families.

Considering that challenges faced by professionals transitioning into the workforce is not necessarily unique to social work, I have drawn on some literature from other fields for this discussion. In organisational literature, Wallace (1993) notes that throughout the 1960s and 1970s, it was established that professional workers were more likely to be committed to their profession than their employer, whereas now greater correlation is noted between the two. Organisational theories examine system integration (ways of running a service or doing business) and social integration (looking for and allowing for innovation) (Clegg et al., 2015). In this study, it was noted that if the organisation was perceived to be supporting the ECSW in their work goals (to improve practice), organisational commitment increased and they were less likely to leave their job. A

number of factors have been identified in organisational literature which enhance employees' commitment. In nursing, quality of care and autonomy in the workplace were highlighted, whereas physicians valued the support of leaders and colleagues (Miedaner et al., 2018), and for accountants, career-focussed mentoring improved commitment (McManus & Subramaniam, 2014). All of which were important for the ECSWs in this study, where the support of mentors and colleagues provided linking capital which assisted them to build cultural capital, not only for their current position but to sustain their career. Most of all, like nurses, if the workplace had a negative impact on their practice and the quality of care they provided, their commitment to the organisation was significantly reduced, which is in keeping with findings linking reduced organisational commitment to turnover (Miedaner et al., 2018).

The three phases of data analysis provided layers of different types of information about the ECSW experience. Information on their situation working in health, the way the ECSWs interpreted their experiences of organisational support and the theoretical analysis of these findings are now utilised to go one step further and examine what enables and hinders the building of professional resilience for ECSWs. The following discussion examines the way in which findings from this study are interconnected and reveals ways in which the development of professional identity (becoming and being) in the first year of practice and its relationship with professional capital (acquired and applied) hold implications for professional resilience (in sustaining practice). Together, they suggest it is timely to (re)-evaluate the notion of professional resilience of ECSWs in the Australian health sector.

## PROFESSIONAL IDENTITY

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Whilst I did not specifically set out to explore understandings of identity, the concept of an emerging professional identity was present throughout all discussions with ECSWs about professional resilience, which was the fourth and final research question in this study. Findings pertinent to the first three research questions were interrelated, multilayered and iterative, and held implications for the professional resilience of the ECSWs, which is discussed in the final section of this chapter. That professional identity came to the forefront of this exploration was not surprising as identity is considered by psychologists to be a building block in promoting resilience (Erikson, 1950; Grotberg, 2003). How the ECSWs viewed the work, and their 'self' within the

work, was revealed in the analysis of habitus, which for these social workers was influenced by the precarious nature of employment. The difficulty they experienced asserting their positioning as a 'new grad' reflected a disposition, with a perceived need to 'prove yourself' which subjugated bodily and emotive knowledge in the first year of practice and constrained support-seeking. Of significance was the way in which all of this exposed the disrupted ECSW habitus, which in turn interrupted identity formation in this all-important beginning phase of their career.

Establishing professional identity was viewed as a developmental process by both ECSWs and supervisors alike. This emphasised that ECSWs do not step into the field with their professional identity formed and intact, it is emerging. Discussing their first three years in the field, the ECSWs spoke of a moment where they experienced a sense of 'arrival' with statements of 'I am' a social worker, having accumulated a host of practice and professional experiences to support this claim. Hyslop's assertion (2016) that social work professional identity takes approximately three years to develop, resonated strongly with the findings from this study in terms of the ECSWs' journeys of 'becoming' and 'being'. Yet, their sense of 'arrival' was not a smooth linear progression, their habitus was disrupted and not only influenced support-seeking but saw these social workers grapple with being advocates for and with others, whilst struggling to perform self-advocacy within the workplace. Throughout these experiences, their perspective on professional identity was in keeping with the work of Wiles (2013, p. 864), as they continued to build a "sense of themselves as a social worker" in learning to play the 'game' and sustain practice. Relationships, and in particular, collegial, mentoring and supervisory, were viewed as central in their journeys of 'becoming'.

These ECSWs, expressed more confidence in 'how' to do social work, because the tasks associated with the doing of this work were anticipated and practiced in training and fieldwork experiences. However, they were uncertain in the process in 'becoming' and 'being' a social worker. Importantly, this sense of themselves in 'becoming' a social worker was formed in dialogue. Seeking time and space to engage in identity work with another social worker was at the heart of the emphasis these social workers placed on regular and consistent supervision. Identity work is not something which can be completed in sporadic sessions. It is not something rigid or achieved, but something which remains in process, being both relational and dynamic. In the early years of practice, professional identity is tried, tested and changed according to context.



This identity work within supervision provided the ECSWs with the opportunity to reconcile their experiences with their expectations, manage the disrupted habitus and learn how to play the 'game' working in the health sector. In this space, the ECSWs built upon and/or reconstructed their 'professional self'. "The self is always in the process of becoming, resolving contradictions through a process of reconstruction" (Barnard, 2012, p. 105), and this was particularly important during this beginning phase of development and reconstruction of professional identity.

For the ECSWs in this study there was much to reconcile in this sense of 'becoming', particularly in regard to how the disrupted habitus challenged the collective identity of the social worker as change agent. Harrison and Ruch (2007) have voiced concerns on 'doing' social work as compared to 'being' social workers. This study echoes these concerns, revealing issues resulting from this focus on 'doing' while neglecting the ways emerging professionals 'become' social workers from the very beginning, starting out in the profession. Working in health, there is a focus on outcomes such as reconciling individual family concerns, risk or conflict, particularly in regard to discharge from the hospital back into the community or into residential care. However, the emerging professional identity of ECSWs and their sense of 'becoming' and 'being' a social worker is particularly important in developing their role as advocates and in their support of individuals and families navigating the health system.

Issues with access to regular, quality supervision were heavily concerned with the ECSWs' struggles to adequately explore and develop their professional identity. These challenges in identity formation were multifaceted: reconciling experiences with expectations, enacting agency as 'new grads' in the health sector and managing conflicting dispositions in the Janus face of the disrupted ECSW habitus. Inadequate opportunities to reflect on these incongruities held implications for their development, pulling back their engagement with their work to a superficial level, that of 'doing' the tasks and activities associated with social work. For example, the ECSWs had anticipated opportunities to shadow senior workers or their supervisor, not only as a method of gathering knowledge regarding *what* tasks to carry out where and when (the 'doing' of social work activities), but also an understanding of the social work role (what it *means* to 'be' a social worker in the context of the health system). Implications of the pressure to 'hit the ground running', meant that induction processes and activities such as shadowing were often neglected, with on the job learning limited and reduced to a

task-based focus. The accounts of these social workers suggest that when an organisation makes opportunities for continued learning available, such as exploring one's social work identity within the broader context of health, the organisation communicates a culture which encourages growth and professional development.

However, for the most part, a learning culture in the workplace was absent for the ECSWs in this study. In fact, the descriptions were very similar to those in the child protection sector, as 'sink or swim' environments. The lack of organisational support, access to professional development opportunities and appropriate supervision, went hand in hand with the absence of a deeper learning culture in these organisations. Analysis of the ECSWs' views in this study demonstrated that (for emerging professionals entering the health sector), a learning culture starts with induction, followed by continued learning within the organisation from mentors and senior colleagues, including the provision of supervision and professional development opportunities external to the workplace.

This analysis revealed an important link between the dialogic learning which occurs in supervision and processes of 'becoming' a social worker. The continued process of learning, in the site of practice, extends beyond internalised understandings and is inextricably linked to interactions in the work environment (Aubert & Solar, 2007). When the culture of an organisation does not encourage interaction and relationship building, both formally and informally, affording opportunity to build social capital, the focus remains limited to specific tasks (the 'doing' of social work) without adequate learning and opportunities for professional socialisation into ways and approaches to practice ('being' a social worker). Notions of 'becoming' and 'being' a social worker are closely linked with relationship-based perspectives of the professional use of self (Barnard, 2012).

When the ECSWs in this study did not have the opportunity to shadow senior workers or build relationships with mentors and supervisors, their narratives were particularly concerned with perceptions of their social work 'self'. This was evident in some of the ECSWs' preoccupation with performing competence at the expense of developing an embodied "felt sense" (Gendlin, 1997, p. 41) as social work practitioners. Reduced learning opportunities for the socialisation of practitioners into ways of 'being' a social worker can lead to less effective interventions and responses with consumers and their families (Harrison & Ruch, 2007). This is because the use of self in relationship-based

practice involves self-awareness (required for communicating with consumers and their families), where the social worker's approach and interaction is such that it facilitates change (Barnard, 2012). However, these skills in the conscious and purposeful use of self, are developed via relationships with more experienced workers (Barnard, 2012). In this respect, experienced workers and supervisors play an important role in improving the skillset of new 'players'. The opportunity to work alongside senior workers and accessing mentors is particularly important in learning to manage high levels of responsiveness in working with individuals and families while maintaining high and complex caseloads. Importantly, consumers value practitioners who treat social work as "not just a job" (Kim, 2019, p. 781) but demonstrate commitment to their work with consumers and their families beyond the strict mandate of their role.

Given the challenges regarding access to regular quality supervision experienced by the ECSWs, dialogic learning occurred mostly with social work colleagues and mentors. This highlights that the development of professional identity is not completed in isolation. In this respect, the development of professional identity can be considered collective and dialogic in nature, given these processes primarily involve the practitioner with others from their discipline. Social work colleagues, mentors and/or supervisors, who engaged in this work with these ECSWs, imparted disciplinary approaches and understandings, which socialised the new practitioner into the profession. Hence, there is a shared, collective responsibility for all members in the profession (colleagues, mentors and supervisors) to facilitate the development of ECSWs in the health sector. However, the organisation itself, ultimately holds responsibility to provide discipline specific opportunities (time and space) for this work to take place.

The ECSW professional self was not simply 'found', but enacted, asserted and evolving. Importantly, professional identity can be considered as "agentive" (Baxter, 2011, p. 14). Although the operationalisation of professional identity was not necessarily perceived by the ECSWs, it evolved during their first year of practice, as they came to recognise the changing ECSW habitus, coming to terms with the need to advocate for improved organisational support. In the process of decision-making, these ECSWs faced challenges in the workplace and grappled with their approach to the 'game'. Even though they felt relatively powerless, given their positioning in the field, they tested out their emerging professional identity by enacting agency, whether that be by speaking up, persisting or leaving their first social work position in the health sector. In order to

operationalise their emerging professional identity, these ECSWs first acquired and then utilised professional capital.

## PROFESSIONAL CAPITAL

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Drawing on research in education leadership, professional capital is conceptualised as a function of three interacting components: human capital (professional knowledge and skills), social capital (bonding, bridging and linking professional relationships) and decisional capital (professional agency, capability to make professional judgements), and is considered instrumental in building capacity and enacting change (Fullan, 2016; Hargreaves & Fullan, 2012; Nolan & Molla, 2017). Access to, and the provision of, continued professional development builds human capital in an organisation.

In a world where efficiency and effectiveness are emphasised, increasing human capital can reasonably be expected to improve the effectiveness of the organisation. This is a useful conceptualisation for this discussion, however the concept of cultural capital is more in keeping with this analysis as a component of professional capital, as it extends beyond the skills and knowledge of human capital in regard to power, mobilising these skills in social mobility, and increasing individual and professional status in the field (Bourdieu, 1986). Bourdieu thought of social capital in terms of power gained through social networks and relationships (Aguilar & Sen, 2009). Considering this, cultural and social capital continue to intersect and depend upon each other.

Whilst the ECSWs were able to build social capital via informal supports within and external to the workplace, they experienced an absence of social capital via formalised professional learning relationships (supervision). As this study revealed, it was at times when ECSWs were dealing with considerable complexity, responsibility and risk, and were concerned about the professional judgements they were expected make, that they most actively sought formalised support and opportunities to build their professional knowledge.

The notion of decisional capital, originating in the field of law, is the development of decision-making capacity in practice and the enactment of professional agency (Hargreaves & Fullan, 2012; Nolan & Molla, 2017), which is essential for emerging practitioners to develop. Decisional capital grows with practice and learning from each experience. Importantly, the professional judgement and decision-making of social

workers intersects with the environment and systems within which they are working (Taylor & Whittaker, 2020).

In acknowledgement of the complexities in practice, Taylor and White (2001) assert that social work is as much a practical-moral activity as it is a technical-rational one. In a world of competing demands, practitioners cannot solely rely on managerialist and procedural approaches to the messiness inherent in everyday human life (Taylor & White, 2001). Working in the neo-liberal context, professionals navigate pressures and dilemmas in order to resist managerial interests of organisational productivity and efficiency so that they may meet professional expectations of service quality (Olakivi & Niska, 2017). These pressures underline the importance of cultivating reflexivity in emerging social workers, particularly in relation to professional decision-making whilst working with competing demands in health organisations.

Social workers have, and continue to, carve out their position in the physical and social spaces of the health sector, working within the medical model (Beddoe, 2017). For the ECSWs in this study, their positioning in health was experienced as multilayered. Firstly, within their social work team as ‘new grads’, both new to the workplace and starting out in the profession. Secondly, they were working in allied health teams as “guests” (Beddoe, 2017, p. 124) in a host setting, where historically the profession of social work was under the patronage of doctors (Cabot, 1919). Despite the rise of more integrated health approaches and teams (Saxe Zerden et al., 2019), doctors and nurses provide the first level of contact within the health system (King, 2001). Working within the medical model, social workers are constructed as contributing to treatment, rehabilitation and recovery (reflected in the term allied health). While social workers are frequently viewed as ‘helpers’ in this setting, they also operate as advocates within health care teams.

In their role as advocates, social workers utilise agency and hold power in allied health teams, for example potentially delaying discharge of people back into the community to reduce the risk of readmission. In this respect, when they joined allied health teams, these ECSWs stepped into a sophisticated game where “membership in the field generates a struggle for domination within it” (Friedland, 2009, p. 900), where they could not escape the competition for resources (for consumers and for their own continued professional development and to increase the positioning of the profession in health).

Thirdly, the positioning of ECSWs was within the broader shifting landscape of the current political and economic context, in particular the economising pressures of managerialism (Trevithick, 2014), which they experienced as having a direct impact on their employment status and workloads. It was in these ‘spaces’ the ECSWs endeavoured to build professional capital. This was noted in their efforts to improve their individual practice, their professional standing within their teams and organisations, but also more broadly the value attributed to their profession within the health sector. The following analysis explores the ways in which the three components of cultural, social and decisional capital interacted for these ECSWs in the acquisition of professional capital, and how it was applied by ECSWs at the individual level and more broadly in the health sector. This holds implications for a discussion of ECSW professional resilience.

### ACQUIRING PROFESSIONAL CAPITAL

This study revealed a number of processes which played an important part in the acquisition of professional capital for these ECSWs. The dialogic nature of these processes and the centrality of professional relationships were identified as key in the development of cultural, social and decisional capital. On the whole, opportunities to develop professional capital were heavily reliant on the culture of the organisation. The ECSWs reported that they learned and developed their practice in dialogue with others (supervisors, social work colleagues and mentors, consumers and families). This reflects Fullan’s (2016, p. 47) point that “Social capital increases your knowledge because it gives you access to other people’s human capital”, and explains why mentoring and debriefing with senior social workers was viewed as important to ECSWs, for purposes of support but also in knowledge construction. For the ECSWs in this study, supervisory relationships were viewed as particularly significant, in building knowledge and in linking them with opportunities, such as external professional development activities and training, to build cultural capital.

The ability to raise social capital played a central role in ECSW knowledge acquisition and their ability to acquire professional capital. Continued learning and practice development requires more than access to knowledge from research or training, but also requires reinforcing and enabling factors in the workplace for new techniques or approaches to be implemented in everyday practice (Rutter & Fisher, 2013). Senior

colleagues, mentors and supervisors play an important part in supporting, enabling and actioning what was learned in training, workshops or other professional development activities. In this respect, Davies et al. (2008, p. 188) suggest the term “knowledge interaction”, as more useful than knowledge transfer, in regard to the two-way process of dialogic learning. Importantly, in social work, this ‘knowledge interaction’ must also be supported through engagement with consumers and families, with opportunities for service users to provide direct feedback to the practitioner and encourage the ECSW to work reflexively.

Social capital (as a means of building professional capital) plays an important part in these processes because decision-making ability “is sharpened and accelerated when it is mediated through learning with colleagues” (Fullan, 2016, p. 48). Considering that judgement capabilities are developed over time and with experience, it is not surprising that the “fateful moments” (Giddens, 1991, p. 109) experienced by the ECSWs, were in regard to complexities in consumers’ lives and managing uncertainty and risk, as discussed in Chapter 8. At those times, the ECSWs sought formal supervision in order to critically reflect on issues they were facing in the field as “rules and procedures can guide and underpin but cannot be a substitute for professional judgement” (Seden et al., 2010, p. 60).

Whilst social capital from collegial support and mentoring may assist in accessing cultural capital, supervision (individual or peer) is required to build decisional capital and confidence in managing risk, through opportunities to engage in critical reflection and discussions to deal with complexity. When decisions are required for complex situations, often there is not sufficient guidance from formalised workplace policies and procedures. When this is combined with limited or no access to quality supervision, it creates an environment in which there are limited opportunities for dialogic learning with colleagues and mentors, and professional decision-making rests solely with the individual.

A lack of opportunity to build decisional capital is particularly concerning when the individual practitioner is a professional in their first year of practice, as they do not have extensive experience in the field to draw on. Experience includes learning from one’s own and others’ mistakes. This highlights the importance of the culture of a workplace, where dialogic learning from professional relationships in social work plays a central role in building both cultural and decisional capital. It is little wonder that

these ECSWs described “feeling unsafe” (13.ML) in the work, as they did not have the experience to manage high-risk, complex situations and they had difficulty in speaking up and requesting support.

When there is privation of a culture of learning within the workplace, risk is increased, particularly in terms of decision-making processes within health and mental health settings, such as safe discharge from hospital for individuals and their families. This holds implications for all stakeholders, most of all consumers and their families. In this study, it was the experience of “fateful moments” (Giddens, 1991, p. 109) which prompted ECSWs to speak up or leave a position. Importantly, they learned from this experience, specifically in regard to their boundaries in the workplace and what they required to build resilience and sustain their practice long term.

Together, these factors suggest that ECSWs should be encouraged to speak up and request organisational support, firstly in the immediate management of risk, and secondly in terms of retention, because this carries implications for the continuity and quality of intervention with consumers and families. From an organisational perspective, within the current neo-liberal political and economic climate, best practice outcomes are essential for ongoing funding (Egan et al., 2018). When organisations invest in a culture of learning in the workplace, and allocate time and space to listen to ECSWs and their supervisors, management has the opportunity to legitimate these concerns and learn from their front-line practitioners. This dismantles tensions and ‘contests’ of power between professionals and managers, in order to work together in facing “economised circumstances” (Noordegraaf & Schinkel, 2011, p. 99) and co-construct responses to neoliberal contexts.

This analysis has brought to light the ways in which a culture of learning within organisations is vital to practice development. In this study, Bourdieu’s concepts illuminated the central role of social capital for ECSWs learning how to *play* the ‘game’ as a social worker in the health sector. For the ECSWs in this study, it was through processes of building social and cultural capital that they developed agency and came to understand how to *stay* in the ‘game’. Learning how to sustain practice is essential for new social workers working at the frontline in health, as demands on the health system quickly shift and intensify in the current context of the COVID-19 virus.



This research has identified how the development of professional identity requires formalised organisational support alongside relational support from the moment ECSWs step into the workplace. The acquisition of professional capital also requires formalised organisational support, in the form of supervision to develop professional decision-making skills and dialogic learning with colleagues and mentors, which all increase cultural capital. However, when there is an absence of a culture of learning within a workplace and limited access to organisational support, both formalised and relational, ECSWs need to speak up and advocate for improved support. This study confirms Harrison and Ruch's (2007, p.48) statement that: "It takes a self-aware, resilient and determined practitioner to challenge prevailing expectations and to demand better support".

Importantly, this research has demonstrated that requesting, let alone demanding, better support is easier said than done for ECSWs. Bourdieu's concept of habitus allowed for the exploration of the habitus of these ECSWs, getting a feel for the game, as they developed their professional identity, through the processes of 'becoming' and 'being' a social worker. The literature on educational leadership helped explain that this was a necessary first step, as the ECSWs learned to both acquire and make use of professional capital, improving the positioning of social work, by recognising and valuing the social work practitioner and more broadly, the profession of social work in the health sector.

### THE APPLICATION OF PROFESSIONAL CAPITAL

For ECSWs working to assist consumers and families navigate the health system, the acquisition of professional capital is important in building professional knowledge, which is of great consequence when working with complexity and risk. Beddoe (2017, p. 131) states that "knowledge is a major facet of professional identity for the social worker and, in health care in particular, this is linked to codified knowledge and the power that accompanies it". As discussed previously, social workers advocate on multiple levels, for and with consumers and their families, within teams and more broadly in the positioning of social work in the health sector. In doing so, the application of professional capital, enacting agency and power in the workplace is essential.

All ECSWs interviewed were conscious of their positioning within the workplace, the health sector and the broader profession. Within each of their health settings they identified *social work* supervision and professional development (formal and informal, within and external to the organisation) as necessary for them as emerging professionals working in health. As discussed in the previous section, the emerging professional identity of these ECSWs was something which was active and becoming, where the professional self was not only ‘found’ but enacted and asserted. It was in places of persistence, speaking up and/or leaving their first position in the health sector, that their professional identity could be seen as “agentive” (Baxter, 2011, p. 14). Of the fourteen ECSWs interviewed, twelve experienced a lack of organisational support, and they each enacted various forms of resistance in response to their situation. As these ECSWs enacted professional identity, supported via professional relationships, they came to utilise the professional capital they had begun to accrue.

In the action of speaking up and requesting continued professional development activities, via training and access to appropriate supervision, the ECSWs challenged the culture of the workplace. Regardless of outcome, the five ECSWs, who decided to speak up and request improved organisational support, utilised their professional capital and enacted agency in the workplace. In speaking up, they were fighting on two fronts: professional capital on an individual level and for the profession, in terms of the support needs of social workers working in the health sector. In this respect, speaking up actively resists and challenges the positioning of ECSWs in the workplace as well as the Janus face of the ECSW habitus. In so doing, ECSWs engaged in re-formulating and re-articulating their professional identity, as well as that of collective identity of the profession.

Whilst they may have remained silent, the four ECSWs who decided to leave their first position in health demonstrated resistance with action. These ECSWs perceived it was improbable, that their workplace would consider providing improved organisational support. In this respect they were not able (at that point in time) to harness professional capital and challenge the ECSW habitus, their everyday experience that made them believe that these social arrangements and workplace conditions were unchangeable. However, they were endeavouring to build professional capital (on an individual level) and protect it. Their action was perceived as their *only* choice, a “necessary solution” (Hargreaves & Fullan, 2012, p. 39) to sustain social work practice long term. Whilst

these ECSWs experienced a sense of discontent, disillusionment and disappointment, in taking this action they were enacting agency for their professional selves, working to develop and sustain future practice. And yet, this response, leaving without speaking up, held implications for these individuals' experiences of work stress, with ramifications for future social workers, in regard to continued professional development and retention. The high turnover of social work staff has negative implications; for consumers and families in terms of both continuity and quality of interventions (Webb & Carpenter, 2011), for the organisation, as future funding for services calls for best practice outcomes (Egan et al., 2018), and for the profession, in the reports of the perceived "churn and burn" (88) of ECSWs in the Australian health sector.

Three ECSWs remained silent and persisted in their current role and/or contract, precariously employed with the goal of reaching the next phase of their career, having earned their 'stripes'. These ECSWs reported feeling caught up in the state of play, with little opportunity to pause, reflect and explore their responses to the workplace. Resistance, actioned through persistence in one's first social work position was best described with the phrase "fighting for [the] job" (8.Z). This language echoes other social workers who express their concerns with military metaphors in the "battlefield" (Beckett, 2003 p. 23; Beddoe, 2011, p. 31) of social work. These ECSWs decided to play on, to continue their fight and stay in their rolling casual and short contracts in hospital settings. With the goal of permanency, efforts were made to 'get through' and survive, with the hope their persistence would be rewarded. In this they held a sustained view that once they were less 'disposable' and had earned their 'stripes', they would be in a better position to improve their access to organisational support.

Whilst the ECSWs were persistent in their resistance to their current situation, they maintained the capacity to remain flexible and sit with vulnerability. The ability to act flexibly, garnered from working across different roles (in locum work and short contracts), was one way in which they worked with their positioning as a 'new grad' in the health sector. Some of these ECSWs described how they felt thrown into their roles. Although this was disconcerting, it meant they learned to manage their environment and gain confidence in their role quickly, ultimately building the tenacity required to build professional capital to improve their own situation, sustain their practice and enhance resilience. The need to establish themselves in their role repeatedly meant they quickly developed a sense of clarity in their position in order to actively

assert their role in a multitude of multidisciplinary teams and situations. Nolan and Molla's (2017) study on mentoring programs for rural and early career early childhood teachers noted gains in professional confidence were aligned with expansions in professional capital. Working across different hospital wards meant some ECSWs did not develop specialist skills and knowledge, however most seized the opportunity to develop a broad skill set useful across different health organisations. The ability to quickly develop confidence in their role demonstrated agency and a way of carving out their place in health.

Flexibility, a characteristic of enacting professional capital, was demonstrated by the ECSWs who persisted in their ability to adapt and manage their environment, both organisationally and more broadly in the health sector. Their ability to sit with vulnerability, and work with their positioning, enabled these ECSWs to enact agency and assert their needs as 'new grads', developing their professional identity and professional capital. In this respect, these ECSWs may be viewed as demonstrating resilience in managing complex working environments. "In order to hold on to their jobs, neoliberal selves are necessarily flexible, multi-skilled, mobile, able to respond to new demands and new situations" (Davies, 2005, p. 9). This suggests ECSWs will be better equipped to not only 'manage' their environments but enact agency within their workplace if they position flexibility as central to their practice. In the time since this study was conducted the world has changed with the wide-ranging impacts of COVID-19. The ability to be flexible and sit with uncertainty and vulnerability has become all the more important in the current context, with increased pressures on practitioners due to the impact of the global pandemic, which is placing unforeseen work and financial challenges on social work and the health sector.

Although the ECSWs in this study were agentive in navigating the difficulties of accessing organisational support, specifically supervision, there remain levels of vulnerability for ECSWs which continue to be concerning. Internationally, ECSWs have been identified as a group who are vulnerable to hostile organisational environments (Donnellan & Jack, 2010).

Vulnerability is closely tied to responsibility, and is central to neoliberal subjectivity – workers are disposable and there is no obligation of the 'social fabric' to take care of that disposed self. The neoliberal subject becomes both

vulnerable and necessarily competitive, competition being necessary for survival (Davies, 2005, p. 9).

Given the levels of competition in graduate employment, the ECSWs held a high level of appreciation for their first professional roles. This resulted in strong persistence in these roles, with a focus on 'getting through' and surviving, until such a time that they earned their 'stripes' and were less 'disposable'. The progress and development of ECSWs is hampered by challenges faced in accessing formalised support (such as supervision and professional development) within the organisational environment (Hay et al., 2017). These challenges hold implications for building the resilience needed to manage the content of the work.

The ECSWs in this study explained workplace expectations regarding resilience as the need to demonstrate an ability to 'survive' and 'prove yourself', in order to be evaluated as a resilient practitioner. Hence the focus on 'appearing' to cope. What was unexpected for the ECSWs was that they needed to build resilience in order to manage their workplace to the same degree as the content of social work practice. This was like playing the 'game' in a different terrain, a different field or pitch from what they had anticipated.

In learning and education, a field is likened to "a market because it is a defined social space in which there is inequality, but also mutual dependency" (Hodkinson et al., 2008, p. 35). In this respect, the ECSWs relied on their 'team' to not simply get them through but assist them to lift their 'game'. All the ECSWs were active and agentic in sourcing informal support within and external to the organisation via colleagues, seniors, mentors and broader networks, and yet there remained significant barriers to accessing formalised structured supports in the form of supervision and other professional development activities.

What the ECSWs in this study sought was not to survive but to thrive in practice, in these efforts they were working to build professional resilience. As emerging professionals, they were driven throughout the first year of practice and beyond to continue to improve and learn how to sustain their practice long term. Their plan was to 'play on' for several 'seasons', continuing to build and enact professional capital, with their eye on the goal, not only improving their positioning and situations but increasing the value of social work in their allied health teams and the sector.

The ECSWs' interpretations of resilience, outlined in Chapter 6, were an integral part of my evaluation of the multilayered interrelated information analysed in this study. This was where taking an iterative approach to the research provided room for further exploration, not only of findings but concepts associated with them. Professional resilience is required for social workers to manage the nature and complexity of their work with individuals, families and whole communities, however these ECSWs showed they needed to develop resilience to manage and cope with the workplace itself. Instead of limiting the analysis of resilience to the individual level, this led me to wonder what role organisations take in providing safe and supportive workplaces to bolster foundations for professional resilience, with the primary purpose of improving and sustaining practice with consumers and families. This questioning of the applicability of resilience in the context of ECSWs working in the Australian health sector, identified a need to re-evaluate this construct in terms of the role of organisations in developing the resilience of their staff.

## RE-EVALUATING RESILIENCE

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Turning to the fourth question in this research, as to what enables and hinders the building of resilience for ECSWs, the participants in this study reported their understanding of workplace expectations regarding resilience in terms of the need to 'prove yourself' and demonstrate an ability to 'survive'. The ECSWs wanted to be evaluated by their line manager as a competent and resilient practitioner, and to be offered ongoing employment. Importantly, they identified that in order to build resilience they required formalised organisational supports and workplace relationships enabling them to 'thrive' in their chosen profession (Adamson et al., 2011; Kinman & Grant, 2011; Wendt et al., 2011).

The ECSWs' motivation for seeking support was primarily for growth in terms of practice development along with the ability to maintain personal and professional wellbeing. Conversely, their experiences of supervision in the workplace were predominantly managerial without adequate attention to the developmental and supportive features of supervision. Hence, a lack of organisational support impacted negatively on the development of professional resilience.

Social work has a well-established service ethic (Etzioni, 1969) which fits well when “the rhetorical core of professionalism entails that the professional is an intrinsically motivated altruistic citizen” (Noordegraaf & Schinkel, 2011, p. 118). However, any sense of selflessness and survivorship in the profession of social work is a double-edged sword. The supervisors in this study acknowledged themselves as ‘survivors’ of social work. Even after the first year of practice a sense of survivorship was already palpable, with ECSWs asserting ‘I am’, ‘I can’ and ‘I have’ statements in the interviews, demonstrating what could be measured as an individual’s resilience, in terms of their ability to adapt and survive under Grotberg’s framework (2003).

However, what these conceptualisations of survivorship and resilience do is to uphold individualist notions of professional resilience, where if one is able to ‘adapt’, ‘survive’ and hold on to that passion for the profession, one can be considered resilient, but this is something different from the capability to thrive. To ‘survive’ or ‘adapt’ in the workplace is equated with managing and continuing despite challenges, whereas to ‘thrive’ is associated with growth and flourishing as a professional (Adamson et al., 2011; Kinman & Grant, 2011; Wendt et al., 2011). Importantly, the ECSWs made the distinction between personal resilience to manage a workplace and professional resilience where the focus was on their development as a practitioner. With this conceptualisation, professional resilience was less about organisations or even specific to the health sector, but in relation to the profession of social work and continued practice development to best support individuals, families and communities in any scope of practice. This is a significantly different perspective from those which focus on personal/individual resilience.

The issues identified throughout this study will never be addressed if responsibility for continued professional development and support needs, continues to rest solely on individual shoulders (of ECSWs or managers), and if these concerns continue to be constructed as dualisms. Just as it takes a village to raise a child, it takes a community (of social workers, organisations and governing bodies) to raise a professional social worker. Yet a collective approach to the support and development of ECSWs remains at odds with the current neoliberal climate encouraging responsibilisation (Foucault, 1991; O’Malley, 2009) with the onus placed squarely on the shoulders of the worker to “look after yourself” (14.J) regardless of the working conditions. Articles exploring resilience in the profession of social work primarily discuss what the social worker

‘should’ be doing to build professional resilience finishing with a brief mention in the conclusion of the need for safe work environments to support the development of resilience (Chiller & Crisp, 2012). And yet, when the issues social workers face in building resilience are noted, the dominant model remains and overshadows these concerns because structural and social problems continue to be individualised (Harper & Speed, 2012).

As experienced practitioners, the supervisors reported they had acquired sufficient ‘stripes’ on their sleeve and standing in the workplace (professional capital) to be able to seek and to access the support they needed. Interestingly the supervisors in this study accessed alternative arrangements outside their organisations. This supports the results of de las Palma-Garcia and Hombrados-Mendieta (2014) in Spain, who found an association between resilience and work experience in social workers. The more senior a worker the greater was their capacity for resilience. However, senior social workers have not developed individual resilience in a vacuum. Individual conceptualisations of resilience draw attention away from organisationally promoted resilience and its contribution to individual professional resilience. This is where this study with ECSWs identified a need to re-evaluate professional resilience by incorporating conceptualisations and evaluations of collective resilience at the organisational level (King et al., 2016).

In response to the dominant deficit model of resilience, re-evaluating resilience means flipping the dominant viewpoint and approach to one which is focused first and foremost on the collective. The ECSWs in this study emphasised the building of resilience as a process which requires time and resources, in other words commitment, at both team and organisational levels to the development and support of emerging professionals. Interactions between organisational, relational and individual resilience are required over a focus primarily on the individual and their responsibility to build their capacity. As Adamson et al. (2011) point out, within current research there has been inadequate attention placed on the causes of work stress, and further research is required to assist understandings of the effect or the impact of organisational and professional culture on professional resilience. One ECSW provided an apt response to this call. She clearly articulated the way in which resilience should be viewed as intersecting with the field at every level:



I know a lot of people I talk with about resilience think about the personal strategies dealing with stressful situations or dealing with things like that... [but] I think you've got to have an organisation that's got some resilience and a team that's got resilience, within the relationships within the team as well, it's not just about personal resilience... If you are working within a toxic team that just don't trust each other or that don't communicate very well, that team resilience is not there, then it's more likely that you are going to feel like your personal resilience is not enough in that position. I think also, I guess into a larger level, if you're good at your job and have a really supportive team, but if the organisation's not willing to support your team and there's not that organisational resilience, to support the team and what they're doing and how they're doing that, again it puts a lot more, it compounds I think, like a lot of issues. I think it's important [when] talking about resilience to think about the different levels, the micro and the macro factors within that... it's a real taboo discussion I think actually in social work (9.Al).

This construct of resilience beyond the individual, as a taboo in social work, derives from responsibilisation, where concerns regarding a professional's resilience are constructed as problems with self-care (Harper & Speed, 2012) rather than human responses to injustice (Reynolds, 2011). In the interviews, the ECSWs articulated their awareness of the dominant discourse surrounding professional resilience and individual responsibility, in regard to their self-care and ability to 'manage' and 'control' their responses to both the content of their work and the environment in which they were working. However, they reflected that professional resilience should always be considered in the context of the workplace, the sector and the profession.

The ECSWs and supervisors were all pragmatic about access to support and seeking out alternatives when necessary. In the absence of formal supervision, they discussed seeking out mentors within or external to the organisation, or making the decision to leave their position for one which would offer supervision and professional development. Although both ECSWs and supervisors discussed actively seeking out alternative support when required, they were all clear about shared responsibility and the role of the organisation and their teams in working toward safe and supportive work environments where "accountability is still recognised" (12.Ch). When this could not be

achieved, they made the decision to leave the position, actioning their resistance to the lack of shared responsibility in the organisation.

For the ECSWs interviewed in this study, the formation of professional identity was dynamic and ‘in process’, developed in the space between expectations and experiences. Amongst unmet expectations and a perceived lack of organisational support, professional capital could be and was utilised. The ECSWs worked with layers of tensions every day in the workplace. As a social worker working in the field based on the medical model and socially as ‘novice’, in allied health and social work departments, meant that at times they experienced a sense of powerlessness as ‘new grads’. However, in seeking out informal and alternative supports, speaking up and advocating for access to continuing professional development opportunities including supervision, and/or leaving positions when they felt they were not sufficiently supported by the organisation, they demonstrated professional resilience.

The findings from this study make plain the goals of ECSWs, in their intent to develop and sustain practice, to do more than simply ‘survive’ the first year of practice. However, professional resilience meant more than ‘surviving’ the organisational context. It also meant more than ‘surviving’ the professional context, recognising the Janus face of the ECSW habitus where two social realities exist in fields and habitus (Bourdieu & Wacquant, 1992, p. 127). In this they maintained their drive to ‘make a difference’ in the lives of consumers, families and whole communities, and also to advocate for appropriate support for themselves as professionals, because: “how do we really support clients properly if we don't feel supported ourselves?” (3.L).

In this respect, the definition of resilience for ECSWs in the health sector was equated with what it means to ‘thrive’ in their work and their chosen profession. To ‘thrive’ was closely associated with access to continued professional development, which included *social work* supervision. Continued professional development was viewed as the pathway to professional resilience in order to really ‘make a difference’.

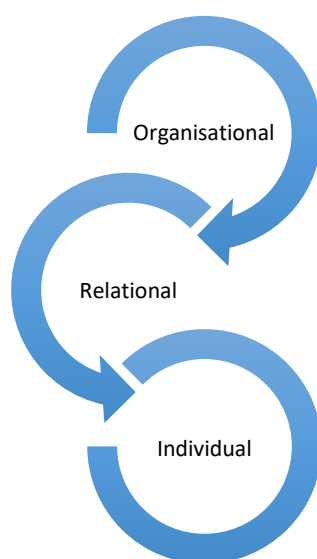
For some of the ECSWs in this study, developing their professional resilience meant they needed to leave an organisation which did not provide sufficient support and opportunity for practice development. Organisations which lacked a culture of learning were viewed as hindering and restricting the ability of ECSWs to build professional resilience. The existing literature supports this as a reasonable view held by these

ECSWs and supervisors, that to build professional resilience practitioners require resources, in the form of organisational support, both formal and relational (Adamson et al., 2011; Kinman & Grant, 2011; Wendt et al., 2011). This strongly suggests that organisations and the profession itself must re-consider resilience, beyond the individualistic sense, by focusing not only on whether a new worker will be ‘resilient’ enough to ‘do’ the work, but also by reviewing the organisation and its provision of the ‘tools’, the time and space, for relations to develop which will foster a culture of resilience. Just as there is an expectation of development and transformational change in professionals in the process of building resilience, the onus must also be on organisations, the health sector and the profession itself to change (Foster et al., 2018; Harper & Speed, 2012; Robertson et al., 2016).

A process of re-evaluating resilience is required in the application of this concept to ECSWs. This process is based on one premise, emphasised by the ECSWs in this study, in defining professional resilience. ECSWs clearly identified professional resilience as important for practice, to both sustain and improve their work with consumers and families. Whilst the ECSWs held knowledge and skills to build personal resilience in this “beginning phase” (Bradley, 2008, p. 349) of their career, professional resilience was only starting to develop and was fostered by supportive work environments. A primary focus on the personal resilience of the ECSW to manage and cope with the workplace itself is misplaced. A wider lens is required, considering ways both the workplace, and the relationships within it, offer a foundation for developing professional resilience of the ECSW to support and develop their practice with consumers and families.

**FIGURE 15**

*Model for building professional resilience with ECSWs*



The alternate model for building professional resilience with ECSWs above presents a shift to a whole of team approach to the ‘game’. The theoretical analysis of the ECSW experience, utilising Bourdieu’s framework, revealed the importance of building social and cultural capital in the first year of practice, and that their foray onto the field is all the more difficult without support and guidance. Figure 15 above illustrates that this model for building professional resilience is not a linear process. Whilst strategies for building resilience commence in higher education, particularly in managing responses to feedback in early practice experiences in the field, the development of professional resilience occurs in the workplace. The need for resilience is something which is ongoing in the ability to manage the nature of the work in social work and continue to improve practice with consumers and families.

Firstly, the role of organisations in the provision of conditions necessary for resilience building, that is safe and supportive workplaces, needs to be considered. Supervision and professional development opportunities should be viewed as enablers, the ‘tools’ for supporting, developing and sustaining ECSW practice. Access to and uptake of organisational support is foundational in this re-evaluation of resilience. Central to this process are relational aspects which intersect with both the organisational and individual development of resilience. The organisation plays its part in promoting a learning culture in the workplace, by allowing room for the acquisition of social capital. In this respect the organisation sets the ‘rules’ for the ‘game’. Players require structure, with

senior members of the team leading the way. The coach (the AASW) provides guidance and direction. For the 'game' to be played effectively practice is required, opportunities to learn from mistakes and improve skills. This means time and space for collegial relationships to grow, and encouraging relationships with mentors, managers and supervisors, through the allocation of buddies and monitoring formal supervision, is required. In turn these relationships with senior staff provide links for building cultural capital by ensuring access to professional development opportunities and supervision.

These processes foster the ability of individual ECSWs to actively engage in support-seeking. As this study has demonstrated, it is important that ECSWs are able to speak up sooner rather than later. In supervision, this means seeking constructive feedback, actively engaging with critical reflection and re-considering their self-care. This simple model demonstrates a collective approach to re-evaluating resilience that the profession can promote, to shift the focus of professional resilience beyond the individual to the collective. When resilience is a shared responsibility between social workers, mentors, supervisors, managers, organisations and the profession, ECSWs have a better opportunity to 'thrive'.

## CHAPTER 11: CONCLUSION

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For the ECSWs in this study, being a ‘good’ social worker always came back to relationships, with consumers, families, communities, colleagues, mentors and supervisors, with a sense of ‘fit’ and membership in their teams and organisations. However, in learning how to play the ‘game’ working in the health sector, tensions were experienced between positioning themselves as a ‘new grad’ and being viewed as a professional. Drawing to its conclusion, this research illuminated the intersecting layers of organisational and subjective constraints in support seeking, revealing core concerns with competence and self-care, which exposed the disrupted ECSW habitus. These ECSW experiences hold implications not only for individual practitioners in building resilience but for the profession, regarding difficulties new social workers face when needing to self-advocate.

In the process of ‘becoming’ and ‘being’ social workers these emerging professionals had to rub against constraining organisational practices impacting upon their everyday work. It was when the ECSWs gained awareness and understanding of their positioning in the ‘game’ working in health, that their professional identity came into being. Importantly, the disrupted ECSW habitus brought about change via resistance and action. This research identified how ECSWs learn to play the ‘game’ in health, make decisions regarding how they expect to play on, and sustain their practice long term.

The multilayered positioning of ‘new grads’, in their teams, organisations and the broader sector meant they were working to build professional capital to improve their own situations, in terms of both support and development, and more broadly regarding the value of social work in the health sector. These ECSWs demonstrated professional resilience in their ability to adapt to, and manage their environments, enacting agency and asserting their needs as ‘new grads’, via processes of speaking up, leaving or persisting in their current roles. And yet, a ‘red flag’ lingers. There is a gross disservice to these emerging professionals to leave it there, to have simply told their story. To state that the issues they face are simply challenges that they must ‘get through’ as individual practitioners on their professional journeys is unjust.

This study “reveal[ed] that which is hidden” (Bourdieu, 1996, p. 17) regarding the playing field in health and in the profession of social work in Australia. It brings forth concerns regarding the way in which “society written into the body” (Bourdieu, 1990, p.

63) occurs in social work for those newest to the profession and questions the value of a game where the goal is to reach a position where those who stay can claim to have 'survived', having earned their 'stripes'. Instead the field of play requires changes to the rules. Whilst players (social workers and supervisors) can advocate for change, they cannot achieve this on their own, they require those who set the 'rules' (organisations and the profession) to be on board. This study provides insight to the experiences of ECSWs which can promote understanding by stakeholders on why action is required. It invites disruption to habitus, that everyday experience of the transition process from student to professional social worker, one we have perhaps long believed was stable, predictable and unchangeable.

For organisations, this research has demonstrated that these issues require attention because they have implications for service provision and retention. A whole team approach is required, including: educators, colleagues, mentors, managers, supervisors, organisations and the profession, barracking for these new 'players' to develop, to be both challenged and supported, to have the opportunity to shine. This is not some idealistic picture to paint but what is actioned every day in social work practice, where we stand behind and alongside consumers, families and communities to improve the world we live in. To maintain the essence of this profession we must commit to doing the same for our 'new members' who stand on the frontlines each and every day.

In conclusion, I present key messages, based on the conclusions of this research, speaking directly to the different stakeholders, each of whom I view as playing a crucial part, working together with responsibilities to each other in building communities of practice, with the aim to improve daily practice for everyone involved. These messages for stakeholders are offered with hope that this research demonstrates what "might be" (White, 2006, p. 27) for the next generation of social workers, with the overarching goal to develop and sustain social work practice for the benefit of Australian consumers and their families.

## KEY MESSAGES

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### CONSUMERS AND FAMILIES

A limitation of this study is the absence of voices of consumers and families in their experiences working with ECSWs. Practitioners, organisations and the profession all need to work with consumers and families to co-create conditions in the health sector that improve processes in providing feedback and ways the sector can respond, in order to improve service provision. The following key messages, which speak directly to future and current ECSWs, educators, supervisors, managers and organisations and the AASW, are offered with the underlying assumption that increased organisational and relational support of ECSWs will assist in improving experiences of individuals and families navigating the health system.

### FOR GRADUATING AND ECSWS

To those about to graduate and recent graduates, this research was conducted to identify common issues you face/will face in your everyday work. There is/will be much to reconcile between your expectations and the reality of the workplace in health. This starts with awareness, particularly of what it means to ‘hit the ground running’ with less organisational support than you may expect, particularly inadequate induction into the social work role, difficulty accessing timely, quality supervision and professional development opportunities. Firstly, take notice of the differences regarding the support you receive on placement and compare that with what is available for paid staff (noting the limitations of resourcing and organisational willingness to provide these supports). For these reasons, speaking with your line manager and supervisor during your interview for your first social work job, or soon after commencing, regarding your continuing development as an emerging practitioner, is vital. This will enable you to establish your stance in the workplace, starting a dialogue about organisational support which will become all the more important when and if you need to speak up regarding any issues which come to impact on your work and/or your wellbeing.

A useful approach learned from the theoretical analysis of this study is to utilise your positioning as a ‘new grad’. To do so you will need to consider and explore your own constraints or tension between positioning yourself as a ‘new grad’ and your desire to be



viewed as a professional. For some of the ECSWs in this study, these tensions were mitigated by placement or prior work experience, being a mature age, MSW(Q) student or being perceived as a 'capable student'.

There is much you can learn from the way that organisational support was described and interpreted by the ECSWs in this study, as well as their responses to a lack of organisational support. Importantly, these ECSWs were 'agentive' in several ways, even when they didn't speak up. Initially, when they were unable to access supervision, they supplemented it by networking, developing supportive collegial relationships, and seeking out mentors internal and external to the workplace. They also engaged in peer and external supervision where possible. Relationship building within the workplace, with colleagues (in social work and with other disciplines in your allied health teams), mentors, managers and supervisors, can present and link you with opportunities for continued professional development. When engaging in supervision you will need to actively contribute to setting the agenda, to ensure each of the features of supervision are covered, developing and supporting you as a new professional. Specifically, consider how you understand and develop competence via feedback and engaging in critical reflection. Also, as this study has demonstrated, you will need to pay attention to and reconsider your self-care. Remember that for some ECSWs, a lack of organisational support meant leaving an organisation. Making such a decision, to seek a more supportive workplace, is not unusual and does not reflect your competence or suitability to the profession. For the ECSWs in this study, this process was difficult but transformative as they built resilience, understanding it needed constant maintenance and access to organisational and relational supports.

## FOR EDUCATORS

This research illuminated ECSW experiences and interpretations of 'reality shock' regarding a perceived lack of organisational support in the workplace. As educators, particularly field educators working with students completing their final placement, you can assist ECSWs to consider the differences between placement experiences, (such as the additional resources and support provided by universities) and the realities in the field, as shown in this study pertaining to the health sector. Difficulties speaking up can be addressed in field placement where some issues inevitably arise. Students are encouraged to speak with their task and/or external supervisor first to attempt to

address issues. Extensive conversations on this issue can assist them in taking this dialogic approach to future practice settings by recognising ways they can utilise their positioning as ‘new grad’. In this respect they can note similarities and differences with ways they may position themselves as ‘students’ during placement. This includes discussion on the current employment context. If academic and clinical educators link understandings of neo-liberalism, with the “precariousness” (Garrett, 2014, p. 509) of the shifting landscape in health and social services, ECSWs will have better practical understandings of what is likely to be expected of them as they step into the profession. Inviting ECSWs to come and speak with students prior to graduation, and asking them to speak specifically to this topic of precariousness and the ways in which they managed this in their first year of practice may assist in lessening experiences of ‘reality shock’, reducing the disjuncture between experiences and expectations.

Given the findings in this study, notions of competence invite further exploration. The use and importance of external constructive feedback supplements the use of critical reflection to explore a sense of ‘known’ competence. Reminding students that their role in supervision is to be active and set their own agenda is important. This may include prompts to discuss competence and how they perceive it.

Having identified high rates of work stress, this study calls for further research to measure the impact of work stress on the physical and mental health of ECSWs. All the more so now, given the increased pressures in all areas of society since COVID-19. In efforts to manage work stress, it is also important to further investigate the self-care strategies and approaches used. This research highlights issues regarding how ECSWs enact self-care in the first year of practice. Further evidence gathered in this area will provide useful feedback for educators, who can extend their programs to include both understanding and actioning of self-care. Students completing placement should be reminded that once they are working in the field there is no ‘beginning, middle and end’, rather work is ongoing, other than when taking annual leave. They should be encouraged to consider what they learned from their self-care (positive and negative) during placement and consider a revised self-care plan for future practice. The value of recovery-oriented approaches to self-care should be explored, starting with how they view their ‘self’ in relation to their professional identity, and how they perceive their ‘self’ being impacted in their work with consumers and families, and workplace stressors.

To date, formalised graduate programs linked with social work education do not exist in Australia (Battaglia & Flynn, 2019). In 2012 in England, the ASYE was introduced (Battaglia & Flynn, 2019). This is one approach which has the potential to ensure Australian ECSWs have access to an appropriate level of supervision and professional development. Until more formalised continuing professional development for ECSWs is on offer, the informal links academics provide can be enhanced. The ECSWs in this study valued the mentoring and external supervision which they often received from academics who had had a role in their education. These relationships were often the first place ECSWs turned to for advice and support. As a fellow educator, I see that continuing relationships with our graduates as they progress in the field has enormous potential. Particularly in developing a community of practice which promotes mutual support and solidarity in the profession where academics, ECSWs, colleagues, mentors and supervisors encourage organisations and professional bodies to listen to these new voices in the field and to work together to improve organisational supports.

### FOR SUPERVISORS

This study has demonstrated the vital part supervisors play in the development and wellbeing of ECSWs in their first year of practice in the health sector. The foundation of the supervisory relationship with ECSWs is trust. It is necessary for both developmental and supportive work in supervision. Supervision which meets all three features, being administrative, educational and supportive (AASW, 2014; Kadushin & Harkness, 2014) is valued by supervisors and ECSWs alike. However, this research demonstrated that this is easier said than done, for a variety of reasons, including time and cost constraints raised by employers. As supervisors your habitus is also challenged and changed by organisational conditions. This study demonstrates that the tensions you experience are unavoidable and will need to be acknowledged with the supervisee and managed with transparent, clear communication.

Whilst the supervisory relationship is reciprocal you also hold responsibilities, in having open discussions around competence and self-care. ECSWs require both reassurance and constructive feedback, to assist their engagement with critical reflection, exploring differences between how they are 'performing' and what they 'know' and 'feel'. Adequate time and space in supervision is required to explore and develop ECSWs' professional identity. Part of this will include time to reconcile their expectations with

their experiences. The relationship between the personal and the professional is particularly important for engaging with recovery-oriented approaches to self-care.

## FOR MANAGERS AND ORGANISATIONS

The ECSWs noted that formalised graduate programs in hospital settings were beneficial for accessing induction into the organisation and their role, as well as provision of peer support. In the literature they are noted to improve retention (Smith & Pilling, 2008), and this is consistent with the findings in this study, linking a lack of organisational support with decisions to leave a position in health. Specific graduate programs may not be viable due to small numbers of ECSWs in a workplace. In these cases, it is important to consider reviewing and extending induction processes, improving access to professional development and monitoring and evaluating supervision. All of which will assist in building a learning culture in the organisation. These elements are viewed by ECSWs and supervisors alike as vital in fostering resilience throughout your organisation, teams and individuals. In community health settings and programs, this may require linking with other teams or organisations to foster both supportive and development opportunities for your workers.

This research calls for organisations to engage in a process of re-evaluating resilience when applied to ECSWs. In doing so, the culture of the workplace requires consideration. This study has demonstrated difficulties associated with ‘sink or swim’ environments, where the approachability of colleagues, managers and supervisors, plays a significant part in the support-seeking behaviours of ECSWs. A learning culture should be encouraged for all workers, but all the more so for ECSWs, given that the first year of practice is such a formative stage of practice development, combined with challenges experienced in speaking up in the workplace. Building a learning culture in an organisation refers not only to access to external professional development opportunities and the provision of *social work* supervision, but to environments which are adaptable, with the ability to respond to the changing needs of its workforce. This kind of culture welcomes open discussion, questions, consultation and negotiations, and participation in quality assurance projects, where speaking up is encouraged, even with its most novice workers. This learning culture assists in the development of an ethical, adaptable and progressive work environment.

Ongoing monitoring and evaluation of supervision, specifically in terms of allocation, access, regularity, consistency and quality is required for the development and support of ECSWs in your organisation. Findings of this study with ECSWs and supervisors in the health sector support existing Australian research, which identified supervision as an effective retention strategy, and suggests not allocating appropriate resources to provide effective supervision is a false economy (Chiller & Crisp, 2012). When the provision of effective supervision has been addressed, consideration of measurement and evaluation of the effectiveness of supervision is necessary, from the perspective of all stakeholders, consumers, families, ECSWs, supervisors, managers and the organisation.

### PEAK SOCIAL WORK BODIES (AASW)

This study has demonstrated the value of ECSW practice groups provided by the AASW, including those on social media platforms. Considering that these play an important role in the continued development and support of ECSWs, they need to be developed in each state and territory. ECSWs would benefit from a relationship with the AASW prior to graduating. Free membership in the first year of practice offered at an introductory event with the provision of information regarding practice groups, mentoring and links with external supervisors would be of value, particularly for those ECSWs who experience delays in access and regularity of supervision in health as rolling short-term contracts become the norm. In this respect, bonding capital with the profession itself can be developed and enhanced with students and emerging professionals through the AASW taking its place as coach of all players. The AASW can offer a coordination and linking role regarding issues presented in this research, particularly in networking, mentoring, peer and external supervision. All of this is vital for ECSWs who are isolated, geographically or professionally. The AASW can also provide a central role in assisting ECSWs to build professional identity and accrue and utilise professional capital in managing organisational issues. Key learnings from this research call for the AASW to play an advocacy and advisory role for ECSWs, particularly in regard to supervision. The monitoring and evaluation of social work supervision requires consideration. The AASW has provided its Supervision Standards (2014) as guidance. The question remains how can the AASW assist in the promotion of and adherence to these?

Professional registration may go some way to assist with this. The data from this study, alerting us to issues of access and regularity of supervision for ECSWs, highlight the need for a coordinated approach to the ways in which the national registration of social workers can include adherence to the AASW Supervision Standards (2014). This study also supports the value of an Assessed and Supported Year of Employment in Australia in the health sector.

## SOCIAL WORK AND HEALTH RESEARCHERS

This study has opened the door for ongoing and future research across a number of areas. Firstly, I encourage ECSWs to engage in research with positioning as ‘insiders’, in various sites and sectors of practice, to write/blog and publish reflections on your early experiences in the field. In this research, one participant spoke about gender, another on class and another made a comment on their age, but these were not collective themes in this particular group of social workers. Future research is required for diverse perspectives to be explored further and this would need to be considered during recruitment.

Secondly, what remains unknown is the way in which organisational support mediates service delivery to consumers and families. The underlying assumption that developing and sustaining social work practice would improve processes and outcomes for consumers, families and communities, requires further attention and exploration. In addition, research is required to specifically examine the benefits of supervision for all stakeholders, including consumers and families, which Carpenter et al. (2013) call for to improve the evidence base for supervision in social work.

Thirdly, in regard to self-care, some participants in this study alluded to the use of alcohol and comfort food, with one supervisor commenting on observed weight gain in ECSWs. The prevalence of what may be considered negative diversion strategies, such as the use of alcohol and comfort food, requires further research, not only for health and wellbeing purposes. These observations and comments indicate that there are times when the ECSWs divert their emotional responses to the work and their environment rather than paying attention to their internal processes, to their emotional and bodily responses to work stress. These concerns need to be explored further.

Lastly, this research was specific to social work professionals but does not mean these experiences relate only to this discipline. With increased pressures on all health professionals and workers, questions remain about taken for granted contradictions of habitus for all health care workers, where their commitment to improving the safety and wellbeing of consumers, families and whole communities can supersede or displace their ability to enact agency to advocate for support and safety in the workplace. In addition, the responsibilisation of self-care, with pressures on health professionals to 'look after yourself' regardless of working conditions, requires attention, particularly at this time of increasing pressure on health systems around the world. Such issues have been brought to the fore with protests for resources for appropriate personal protective equipment, however, are workers able to demand improved support for their mental wellbeing to the same degree?

This research raised concerns regarding ECSW identity formation. The collective identity of social worker as change agent is robust with the desire to 'make a difference', a factor in not only sustaining practice but thriving. However, with the advent of COVID-19 the world has changed and views are being or have been challenged where the social work identity as change agent is questioned. In this new environment issues for and demands on the profession are intensified. Implications and impact on practice at the individual, organisational and professional levels will all require research to determine where to from here?

### CLOSING COMMENT

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Concerns raised in this research hold implications for both service provision and the profession of social work. This is particularly important as we proceed towards a post-COVID world where state of emergency has become the 'new normal' (Golightley & Holloway, 2020). In this context, the advocacy of social workers is vital in managing health inequalities. Social workers are adept at managing crisis and high levels of need, not only through service provision but by identifying the strengths of individuals, families and whole communities which can be supported and mobilised (Dominelli, 2020). Quality of care must remain the primary focus of health organisations, which includes appropriate support for social workers as an essential service offering responsive and flexible delivery in health care. Elements required to foster resilience in health organisations from the bottom up have been identified in this study with ECSWs

and their supervisors, which may be relevant for other health professions. Developing communities of practice to promote mutual support and solidarity in the profession of social work and across medical and allied health professions not only supports individual practice and teams, but more broadly in organisations and across the sector supporting the current and future health workforce.



## EPILOGUE

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### RESEARCHER'S REFLECTION

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A blog in the Thesis Whisperer caught my attention in the final stages of writing up this study. It discussed a phase in writing where you may find yourself in a “swamp of sadness” (Nottingham, 2016, para. 1), where stopping writing may mean you could be caught in that swamp and not make it to the other side. At the time I was persisting in moving forward but had lost the sense of certainty I had for this work when I started. Some of this reflected my positioning in relation to the experiences of ECSWs and how I didn't identify as part of that group anymore. I experienced a profound sense of loss in my shifting identity in becoming an emerging researcher. Until that point, my transition from practitioner to researcher had been integrated. Now the transition was less easy. Mendenhall (2007) explored this transition from practitioner to researcher within social work doctoral education in the United States. Her paper explored role discontinuity at that time of transition, however there is another phase within the process of doctoral research which may be applied to social work practitioners.

My experience of discontinuity in role was at the completion of data collection. Although initial analysis took place throughout data collection, and substantial writing, reflecting and analysing activities were occurring, I still experienced this as a time of ‘doing’ rather than writing and theorising. I realised I was more comfortable in that phase of ‘doing’ because of the transferable nature of my skill set between practising as a social worker and interviewing participants with all its associated activities of planning and co-ordinating.

In the analysis of the habitus of ECSWs I learned much about my own identity. I realise I cannot separate my personal history from my social work story. I had pushed this aside to focus on going forward, in my efforts to keep going. I was concerned that if I stopped and really paid attention I would be forced to let go. I realise my history is *her*-story, *my*-story, and that yes it is different from *their*-story yet remains part of that collective. Before the work of social work starts, there is already *a*-story in the motivation to do the work.

I came to realise that in my stance, (more like a straddle), I did not sit on the fence. This stance was uncomfortable and de-stabilising throughout all stages of this research, and yet stepping from one foot to the other is actually the norm for me. Over time I have made disconnected leaps from the performing arts, to motherhood, to social work, before stepping from direct practice with consumers and families, and other health clinicians, to research and academic management of field education. I'm not entirely sure which way, which side I will step next, if I will attempt to stay in some kind of middle ground or even turn full circle. What I do know is that I've not only had to look back to go forward, but that I must let go and know that there will be another step, whichever direction it takes. As I step from one foot to the other, I acknowledge experiences gained; and like everyone, every step informs who we are, where we have been and where we want to head, consciously determined or not.

Throughout this project my processes of reflection and reflexivity in research mirrored elements of the ECSWs' experiences in their new-found positions. Some of the ECSWs were in their own "swamp of sadness" (Nottingham, 2016, para. 1). Some stopped. In one way, that process of stopping still required action, the action of leaving that position. Others reacted, enacted agency in speaking up and made changes for themselves and some organisational changes in their workplaces. Another group persisted. Initially, I noticed I was viewing their persistence through a negative lens, as I too had been socialised into the expectation that social workers act, challenge and advocate for change in others' and their own situation. If they weren't acting they weren't 'living up' to expectations of the 'good' social worker. But in persistence there is action. Although there was no flurry of excitement, a push or any display of what my mother would call being 'bolshy', there was action, in their progression forward. Moving forward means continuing to develop, to learn. Most of all that persistence meant identifying what their 'rope' was. For many, their colleagues held out the rope for them, or their supervisor. Relationships held the rope so that it was sufficiently taut to be able to gain a good grip, in order to take their weight when really needed. Their relationships provided the social capital which bolstered them and held them steady when they needed it most. For some it was only one relationship, that one person who made all the difference to their experience.

As the first to attend university in my family the decision to undertake a PhD was not taken lightly, from a working class family married to a 'tradie' I feel a misfit in academia.

However, my transition into post-graduate study and persistence in completing this project was supported by supervisory relationships where there was more than trust, but space for me to bring my whole self to this research. At all times a rope was on offer.

This research has shown that people will and do reach out and grab that rope.

However, it is the role of organisations and the profession to provide that rope, to ensure their employees won't sink, and they won't lose valuable people into the murky depths of the swamp. ECSWs want, need, and attempt to seek out guidance. There will always be some kind of swamp to negotiate, feet will always become muddy but to find a way around it, rather than through it, will always be preferable, to minimise the risk of losing people. It is difficult to navigate alternate pathways alone. Guidance for social workers is found primarily in supervision. There can be other formal and informal ropes to make the journey easier but if we really want to commit to a future where social workers aren't lost or left behind, we need to commit to the provision of *social work* supervision.

The motto of the high school my sons attended was 'go forward'. This was particularly relevant as we had one who was a keen procrastinator, always getting stuck as he started a new project. We often reflected together on what worked and didn't work for him in the past, and eventually he would get on with the job when there was little time left and a deadline looming. We reflected in order to go forward. In social work we reflect, pull everything completely apart so we inevitably find a new way of putting it back together. In social work, the putting back together is done collectively, collaboratively, we co-construct so we can step forward together. Co-constructing takes a community of workers, consumers and their families/friends/carers.

In the process of learning from other social work experiences I have also learned about myself, through processes of critical reflection. There were moments of procrastination where much was actually happening. I held off on the 'pulling apart' because it is a difficult thing to pull apart a person's story, particularly when there is a vulnerability in the stories people shared, while they were finding their way or not having found their way just yet. The participants' voices were there with me throughout processes of putting it all back together. 'Pulling apart' their stories, 'pulling apart' their quotes, I could hear the tone of their voice, the sighs that always meant they were about to delve into something they hadn't necessarily intended on sharing, the lowered and at times quivering voices where they let me into something more personal, their feelings and

emotions about the work and their selves in the work. The generosity of these participants in sharing the depth of their responses to their everyday work as social workers has afforded this study to go beyond surface meanings attributed to a lack of organisational support and delve deeper into assumptions within the profession which I too am a part of, particularly in my current role as a clinical educator. In this analysis of ECSW experiences it is my hope that as a profession we can uphold our collective values, that we do not tread water, but continue to go forward together. This is all the more important as demands intensify in a post-COVID world, where committed, passionate social workers are needed in health all the more.

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APPENDIX A: ADVERTISEMENTS

---



**Share your experiences as a social worker  
working in the health sector.**

Are you an:

- Early career social worker (with less than 3 year's experience)
- Manager or supervisor of an early career social worker

I am a PhD student from Curtin University's School of Occupational Therapy and Social Work. Since graduating in 2010 I have worked in both government and non-government positions in the health sector. I am interested to hear about the experiences of other early career social workers and the views of managers and supervisors supporting them in the workplace. The first phase of the research is the on line questionnaire. It will take about 15 minutes to complete. Following this you can choose whether to take part in phase two, the interview.

Click on the link to the research website for further information and to complete the questionnaire relevant to your social work role.

[http://healthsciences.curtin.edu.au/teaching/otsw\\_research-experiences-expectations.cfm](http://healthsciences.curtin.edu.au/teaching/otsw_research-experiences-expectations.cfm)

If you have any trouble accessing the website and questionnaires please contact Catherine Stewart at [catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au)

## **Share your experience supervising early career social worker/s in the health sector.**

Are you a:

- Manager or supervisor providing formal supervision to an early career social worker
- Working in health / mental health, government or non-government position
- May be internal or external to the workplace


I am a PhD student from Curtin University's School of Occupational Therapy and Social Work. Since graduating in 2010 I have worked in both government and non-government positions in the health sector. I am interested to hear about the views of managers and supervisors supporting early career social workers in the workplace. The first phase of the research is the on line questionnaire. It will take about 15 minutes to complete. Following this you can choose whether to take part in phase two, the interview.

Click on the link to the research website for further information and to complete the questionnaire:

[http://healthsciences.curtin.edu.au/teaching/otsw\\_research-experiences-expectations.cfm](http://healthsciences.curtin.edu.au/teaching/otsw_research-experiences-expectations.cfm)

If you have any trouble accessing the website and questionnaires please contact Catherine Stewart at [catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au)

## Appendix B: Website

**Curtin University**

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## Experiences and Expectations of Early Career Australian Social Workers

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I am a Social Work PhD candidate at Curtin University, Western Australia. My research will explore experiences of social workers in their first year of practice in the health sector and the views of those who manage or supervise them. To participate in this research you should be either:

EARLY CAREER SOCIAL WORKER	SUPERVISOR AND/OR MANAGER
Graduate of an Australian accredited social work degree.	Supervisor may be internal or external to the workplace, providing formal supervision to the early career social worker in the health sector.
Eligible for Australian Association of Social Workers membership.	Manager is the direct line manager of a social worker who meets the early career social worker criteria.
Employed in or having left a government or non-government position in the health sector.	The social worker they manage/supervise does not need to be participating in the study and vice versa.
With no more than 3 years experience.	

Please select the questionnaire appropriate to your role

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➤ Participant Information Sheet for Phase One: Questionnaires

➤ Participant Information Sheet for Phase Two: Interviews

### Consent form

[DOWNLOAD THE CONSENT FORM](#)

### Support

#### Beyond blue

24/7 help line. Check website and chat online or email and receive a response within 24 hours.

1300 22 4636 (local call cost from a landline)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

#### Lifeline

24/7 help line. Telephone and online crisis counseling.

13 11 14

[www.lifeline.org.au](http://www.lifeline.org.au)

#### Relationships Australia

Professional counseling and support. Services other than individual counseling may include group counseling/debriefing, seminars on stress management, managing work/life balance and other topics of interest to management and staff.

1300 364 277

[www.relationships.org.au](http://www.relationships.org.au)

#### Mindhealthconnect

Mental health and wellbeing information, access more helplines and online programs.

<http://www.mindhealthconnect.org.au>

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## APPENDIX C: QUESTIONNAIRES

### QUESTIONNAIRE – ECSWS



Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Participant Information

Your role  
If you agree to participate you will be asked to do the first phase of the study. Then you can choose whether to take part in phase two. Phase one is the completion of a questionnaire that should take about 15 minutes to complete. A second information sheet is provided under the information tab about phase two, the interview with the researcher.

Participation in the questionnaire and interview is entirely voluntary, and you may withdraw from the study at any time.

Confidentiality  
Your responses are confidential. This will be maintained by coding the information you provide with numbers. The data will be stored electronically and password protected. On completion the raw data will remain the property of Curtin University and will be stored securely for up to seven years at Curtin University. You will not be identifiable in any published material. The publication of any data will be solely for research and educational purposes.

Further Information  
This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number XXXX). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning 08 9266 9223 or by emailing [hrec@curtin.edu.au](mailto:hrec@curtin.edu.au)

For further information or issues regarding this study please feel free to contact me at [catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au). Alternatively, you can contact my supervisor Dr Angela Fielding, at the School of Occupational Therapy and Social Work, Curtin University on 08 9266 7637 or [A.Fielding@curtin.edu.au](mailto:A.Fielding@curtin.edu.au)

Thank you for your participation.

Catherine Stewart  
[catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au)

By clicking on agree and completing this questionnaire, you are confirming that you consent to be included as a participant of this study and have read and understood the above participant information.

☐ I agree

☐ I do not agree

Participant must respond to this question to progress.  
If they select I do not agree, skip logic to end of questionnaire

Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Q1. What qualification do you have?

- ☐ Bachelor of Social Work
- ☐ Qualifying Master of Social Work
- ☐ Other

Q2. What year did you complete your social work degree?

Q3. What year did you start in your first social work related position in the health sector?

Q4. What age were you starting your first social work related position in the health sector?

Q5. In terms of gender do you identify as:

- ☐ Male
- ☐ Female
- ☐ Trans-gender
- ☐ Inter-sex
- ☐ Indeterminate
- ☐ Other

>>



Questions 6 - 11 relate to your first year of practice in the health sector:

Q6. Which state or territory did you work in?

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ South Australia
- ☐ Tasmania
- ☐ Queensland
- ☐ Victoria
- ☐ Western Australia

Q7. Were you working in:

- ☐ Metropolitan
- ☐ Rural
- ☐ Remote location

Q8. Were you employed in:

- ☐ Government health
- ☐ Non-government health
- ☐ Government mental health
- ☐ Non-government mental health

Q9. Were you working:

- ☐ Part time
- ☐ Full time
- ☐ Both

Q10. Were you employed:

- ☐ Casually
- ☐ On contract
- ☐ Permanently

Q11. Did your final field placement lead to employment in that organisation?

- ☐ Yes
- ☐ No

>>

Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Questions 12-15 relate to your first year of practice in the health sector:

Q12. Did you have a formal induction to the social work role?

- ☐ Yes
- ☐ No

Q13. How long was the induction?

- ☐ Nil
- ☐ Less than half a day
- ☐ Half day
- ☐ Full day
- ☐ Two days
- ☐ Seven days
- ☐ More

Q14. Were you enrolled in a graduate program at your workplace providing you with additional support?

- ☐ Yes
- ☐ No

Q15. Did you have the opportunity to network with other early career social workers in your sector?

- ☐ Always
- ☐ Almost always
- ☐ Frequently
- ☐ Sometimes
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

>>

Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Questions 16 - 21 relate to your first year of practice in the health sector:

Q16. Did you have the support of a more experienced social worker as a mentor?

- ☐ Yes
- ☐ No

Q17. How often did you attend clinical supervision?

- ☐ Never
- ☐ Weekly
- ☐ Every two weeks
- ☐ Every four weeks
- ☐ Every six weeks
- ☐ Every twelve weeks or more

>>

If never, skip questions 18 – 21



Q18. How would you describe the nature of clinical supervision that you attended? Can be more than one.

- ☐ External
- ☐ Formal
- ☐ Informal
- ☐ Peer supervision
- ☐ Other

Q19. Was your clinical supervisor also your line manager?

- ☐ Yes
- ☐ No

Q20. Did you feel that you could speak honestly to your supervisor in clinical supervision?

- ☐ Yes
- ☐ No

>>

If yes, question 21 is skipped

Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Q21. If no, how often did you feel that you could not speak honestly in clinical supervision?

- ☐ Always
- ☐ Almost always
- ☐ Frequently
- ☐ Sometimes
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

>>

Experiences and Expectations of Early Career Australian Social Workers



Curtin University

Q22. From the beginning to the end of your first year of practice in the health sector, did your caseload change?

- ☐ Yes, my caseload decreased
- ☐ Yes, my caseload increased
- ☐ No
- ☐ Other

Q23. From the beginning to the end of your first year of practice, did your caseload become more complex?

- ☐ Yes
- ☐ No
- ☐ Other




Q24. During your first year of practice in the health sector, did you ever feel overwhelmed by your workload?

☐ Yes


☐ No

>>



If no, skip question 25

Experiences and Expectations of Early Career Australian Social Workers

 Curtin University

Q25. If yes, how often?

☐ Almost always

☐ Frequently

☐ Sometimes

☐ Occasionally

☐ Rarely

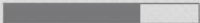
☐ Not at all

Q26. During your first year of practice in the health sector did you experience work stress?

☐ Yes

☐ No

>>



If no, skip question 27 and 2



Q27. If yes, do you believe that it had an impact on your physical health?

- ☐ Yes
- ☐ No
- ☐ Other

Q28. If yes, do you believe that it had an impact on your mental health?

- ☐ Yes
- ☐ No
- ☐ Other

Q29. In that first year of practice were you a parent/carer in your personal life?

- ☐ Yes
- ☐ No

>>



**Q30. Who or what do you believe has provided the most positive support in the workplace in your first year of practice?**

**Q31. Can you identify any types of support in the workplace that might have improved your experience of your first year of practice?**

**Q32. If any, what do you believe stopped you accessing more support in your first year of practice?**

**Q33. Do you intend to stay in your current position?**

- ☐ Long term
- ☐ For the next two years or more
- ☐ For the next one to two years
- ☐ Unsure
- ☐ Looking elsewhere
- ☐ Planning to give notice
- ☐ Have left position

Q34. Do you intend to stay in the profession of social work?

- ☐ Long term
- ☐ For the next two years or more
- ☐ For the next one to two years
- ☐ Unsure
- ☐ Looking elsewhere
- ☐ Planning to leave the profession
- ☐ Have left the profession

If you agree to an interview with the researcher please provide your contact details below. The interview can be face to face or via Skype. Information gathered through the interview remains confidential and for the purpose of creating themes from early career social work experiences of the first year of practice. Click [HERE](#) for more information on phase two, the interview.

Thank you for your time. Your participation in this research will help to provide important information to better support and sustain Australian social work practice.

>>

QUESTIONNAIRE – MANAGERS AND SUPERVISORS



Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Participant Information

Your role

If you agree to participate you will be asked to do the first phase of the study. Then you can choose whether to take part in phase two. Phase one is the questionnaire that should take about 15 minutes to complete. A second information sheet is provided under the information tab about phase two, the interview with the researcher.

Participation in the questionnaire and interview is entirely voluntary, and you may withdraw from the study at any time.

Confidentiality

Your responses are confidential. This will be maintained by coding the information you provide with numbers. The data will be stored electronically and password protected. On completion the raw data will remain the property of Curtin University and will be stored securely for up to seven years at Curtin University. You will not be identifiable in any published material. The publication of any data will be solely for research and educational purposes.

Further Information

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number XXXX). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning 08 9266 9223 or by emailing [hrec@curtin.edu.au](mailto:hrec@curtin.edu.au)

For further information or issues regarding this study please feel free to contact me at [catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au). Alternatively, you can contact my supervisor Dr Angela Fielding, at the School of Occupational Therapy and Social Work, Curtin University on 08 9266 7637 or [A.Fielding@curtin.edu.au](mailto:A.Fielding@curtin.edu.au)

Thank you for your participation.

Catherine Stewart  
[catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au)

By clicking on agree and completing this questionnaire, you are confirming that you consent to be included as a participant of this study and have read and understood the above participant information.

- ☐ I agree
- ☐ I do not agree

>>

Participant must respond to this question to progress.

If they select I do not agree, skip to end of questionnaire

Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Q1. What qualification/s do you have?

- ☐ Bachelor of Social Work
- ☐ Qualifying Master of Social Work
- ☐ Other

Q2. In terms of gender do you identify as:

- ☐ Male
- ☐ Female
- ☐ Trans-gender
- ☐ Inter-sex
- ☐ Indeterminate
- ☐ Other

Q3. Which state or territory do you work in?

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ South Australia
- ☐ Tasmania
- ☐ Queensland
- ☐ Victoria
- ☐ Western Australia

Q4. Are you working in:

- ☐ Metropolitan
- ☐ Rural
- ☐ Remote location

Q5. Are you employed in:

- ☐ Government health
- ☐ Non-government health
- ☐ Government mental health
- ☐ Non-government mental health

Q6. How many early career social workers (less than 3 years in the profession) are you currently managing or supervising?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

>>

Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Questions 7 - 9 relate to the early career social worker/s first year of practice in the health sector. Please answer according to the number of early career social workers you manage or supervise.

Q7. Were they working:

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Part time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. Were they employed: (Can be more than one for each social worker)

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Casually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9. Your role with the social worker/s is:

- ☐ Manager
- ☐ Supervisor
- ☐ Both roles
- ☐ External supervisor
- ☐ Other

>>

If external supervisor skip questions 10 – 13



Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Q10. Did the social worker/s complete their student fieldwork in your organisation?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. Did your organisation provide formal induction to the social work role?

- ☐ Yes  
☐ No

Q12. How long was the induction?

- ☐ n/a  
☐ Less than half a day  
☐ Half day  
☐ Full day  
☐ Two days  
☐ Seven days  
☐ More  
☐ Unsure

Q13. Did your workplace provide a graduate program providing additional support to the social worker?

- ☐ Yes  
☐ No

>>

Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Questions 14 - 17 relate to the social worker/s first year of practice in the health sector:

Q14. Did the social worker/s have the opportunity to network with other early career social workers in their sector?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Did the social worker/s have the support of a more experienced social worker as a mentor?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16. How often did they attend clinical supervision?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every two weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every four weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every six weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every twelve weeks or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17. How would you describe the nature of their supervision? (Can be more than one for each social worker).

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>					

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Experiences and Expectations of Early Career Australian Social Workers  
Manager and Supervisors Questionnaire



Curtin University

Q18. From the beginning to the end of their first year of practice did their caseload change?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes, their caseload decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, their caseload increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19. From the beginning to the end of their first year of practice did their caseload become more complex?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. During their first year of practice do you believe they were ever overwhelmed by their workload?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21. If yes for any social worker, how often?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22. Do you believe they experienced work stress during that first year?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23. If yes for any social worker, do you believe that work stress has had an impact on their physical health?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. If yes for any social worker, do you believe that work stress has had an impact on their mental health?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25. In that first year of practice was the social worker a parent/carer in their personal life?

	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Experiences and Expectations of Early Career Australian Social Workers Manager and Supervisors Questionnaire



Curtin University

Q26. Who or what do you believe has provided your worker/s the most positive support in the workplace in their first year of practice?

Q27. Can you identify types of support in the workplace that might have improved their experiences of their first year of practice?

Q28. If so, what do you think stopped you being able to provide it?

Q29. On average, how long do early career social workers remain employed in your organisation?

- ☐ Long term
- ☐ For two years or more
- ☐ For one to two years
- ☐ For less than one year
- ☐ Unsure

If you agree to an interview with the researcher please provide your contact details below. The interview can be face to face or via Skype. Information gathered through the interview remains confidential and for the purpose of creating themes from the views of managers and supervisors working with early career social workers. Click [HERE](#) for more information on phase two, the interview.

Thank you for your time. Your participation in this research will help to provide important information to better support and sustain Australian social work practice.

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**Experiences and Expectations of Early Career Australian Social Workers**

**Participant Information Sheet for Phase Two: Interviews**

**Your role**

There are two phases of the study. The first involves the completion of the questionnaire. If you choose to take part in phase two, the interview with the researcher, you can provide your details at the end of the questionnaire. The interview can be face-to-face or a Skype interview and will take about one hour at your workplace or a venue convenient to you. Following the interview, I will summarise the interview into themes that were discussed. I will send this to you and would be happy to receive a response by email from you.

Participation in the questionnaire and interview is entirely voluntary, and you may withdraw from the study at any time. Should you experience any negative emotions following the interview please click *here* (link to support services web page) for support services or you can contact me directly for referral for further support.

**Confidentiality**

Your responses are confidential. This will be maintained by de-identifying all documentation with pseudonyms attached to transcripts of the interview. The data will be stored electronically and password protected. Only my supervisors and I will have access to the data. De-identified hard copies will be kept in a locked storage cabinet in my swipe card accessible office. On completion the raw data will remain the property of Curtin University and will continue to be stored securely for up to seven years at Curtin University. You will not be identifiable in any published material. The publication of any data will be solely for research and educational purposes.

**Further Information**

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR XXXX). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning 08 9266 2784 or by emailing [hrec@curtin.edu.au](mailto:hrec@curtin.edu.au)

For further information or issues regarding this study please feel free to contact me. Alternatively, you can contact my supervisor Dr Angela Fielding, at the School of Occupational Therapy and Social Work, Curtin University on 08 9266 7637 or [A.Fielding@curtin.edu.au](mailto:A.Fielding@curtin.edu.au)

Thank you for your time. Your participation in this research will help to provide important information to better support and sustain Australian social work practice.

**Catherine Stewart**

[catherine.stewart@postgrad.curtin.edu.au](mailto:catherine.stewart@postgrad.curtin.edu.au)



**Consent form**

**Experiences and Expectations of Early Career Australian**

**Social Workers**

- I have received a participant information sheet and understand the purpose of this research.
- I have had, and continue to have, the opportunity to ask questions.
- I understand that I can withdraw from the study at any time without prejudice.
- I understand the procedures of confidentiality of this research project and that I will not be identifiable in published material.
- I agree to participate in the study as outlined by my agreement to the above statements.

Name - \_\_\_\_\_

Signature - \_\_\_\_\_

Date - \_\_\_\_\_



## APPENDIX E: INTERVIEW GUIDES

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### INTERVIEW GUIDE FOR ECSWS

Researcher introduction, including motivation of research, aims and confidentiality.

Can you tell me about your experiences in your first year as a professional social worker?

Were these experiences what you expected?

Access to induction program

Support of colleagues/team

Nature of supervision

Allocation of caseload

Individual meaning of professional resilience

Experience of developing resilience in first year of practice

Intent to continue working

- in present position
- in the health sector
- in the profession

## INTERVIEW GUIDE FOR SUPERVISORS AND MANAGERS OF ECSWS

Researcher introduction, including motivation of research, aims and confidentiality.

Can you tell me about the professional experiences that you see as significant for social workers in their first year in the profession?

Is this what you expect to see in the first year of practice?

- Access to induction program

- Support of colleagues/team

- Nature of supervision

- Allocation of caseload

Individual meaning of professional resilience

How they see the development of resilience in early career social workers.

Experiences of turn-over of early career social workers

- in current site of practice
- across the health sector
- in the profession

## APPENDIX F: THEMATIC SUMMARIES

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Thematic summaries for each of the 14 ECSW and 6 supervisor interviews were sent to participants via email attached as a word document.

### EXAMPLE 1 – ECSW INTERVIEW

#### **Assumptions and expectations**

You discussed several assumptions that impacted on your experiences of your first social work roles. There was an expectation that you would slot right in to your role in oncology, having completed your placement in that hospital, and that was coming from an assumption that that placement provided all the learning experiences necessary for that role. You clearly stated the difference in expectations in transitioning from placement at an organisation to working there being that as a student you are never really “flying solo”. Added to this general assumption that you should ‘hit the ground running’ was the toll of working in oncology, the emotional labour of constant losses and personal triggers that have the potential to come up in that area of work.

You were unable to address this or any other assumptions and expectations due to a lack of stability in regards to supervision (3 sessions over 3 months with 3 different people) where supervision clearly meant different things to the supervisors, ranging from very effective supportive supervision through to one which you identified as a “social chat” rather than supervision.

Your second position held expectations that you didn’t feel that you could meet and you discussed having to set up boundaries with staff around what a social worker in the organisation should be doing. The difficulty with this position was the lack of clarity about what the role was and what would be expected of you. As a new social worker this was a difficult position to be in, to create a new role as the first social worker in an organisation, while you are still developing your professional identity and understanding of the range of roles in your work.

It resonated strongly with me when you stated:

“I also felt that as a new graduate I actually needed another social worker to bounce off”. From personal experience and hearing yours and other people who have been isolated in their profession as the only social workers in their site of practice, there seems to be a need to start off working with other social workers while we learn the ropes and develop our professional identity, in the very least have some contact or

supervision with another social worker! You were active in managing this situation by independently accessing external supervision. In that situation you also highlighted the need, not only for professional development, but that it's from the "appropriate person". Your initial and very long induction process in that position didn't remedy this issue in any way for you and you found that as further holding back your ability to get on and work with your client group and work out your role there. Due to these issues you left that position after 3 months.

It appears that you went from the frying pan into the fire.

Your next role sounded supportive structurally, that you were part of a graduate program and that meant access to supervision but although these structures were in place, the environment in the mental health clinic was clearly not only confronting but a high-risk job. The client group was not only challenging but the work-load overwhelming. In that role you discussed the anguish and the stress involved in that role. What is particularly concerning was that workloads were very high in that front line high risk role and dramatic funding cuts in QLD at the time brought an end to your contract, so clearly the workloads for people remaining must be at extremely high levels now as a result.

You completed another short contract at another mental health clinic that wasn't as frantic as the other however at this one there was no support whatsoever from other staff members. You stated again that the assumptions were there; that you knew exactly what you were doing. It appears that for you assumptions were compounded: being a mature age graduate with prior experience in the community sector, a MSW(Q) graduate, having completed placement in a hospital setting. On the surface it would appear that managers had very high expectations and yet perhaps it is more an expectation that people may or may not even survive the role? As you said about the manager of the later short contract, who acknowledged the lack of support offered to you during the 3 months:

"you've done really well, you've persisted, a lot of people don't"

In your most challenging times you have accessed external supervision as part of your self-care strategy. You identified that is what kept you in there in those hardest of times. You also observed that younger social workers and those who have not had the experiences in the field like you have, are not be as active in seeking external supports or even knowing that they can pay for external supervision.

Currently working in, in-patient mental health, you clearly state that the support of your colleague makes all the difference to you staying in that role. It also seems that you are now able to settle in that kind of front line, challenging role as it is balanced with another part-time role with the Quit-line. Although that role perhaps isn't one you expected to find yourself in and yet what it offers has been significant for you in skills development and training, formal and informal support. It seems to be the full package and that for the first time you acknowledge your skill development as a practitioner rather than as you say:

“ad hoc, fly by the seat of your pants” kind of role. It also appears that having structural support in one role seems to mean that you can manage with informal support in the other? At least for the time being...

What you are very clear about is that with this kind of work you don't plan ahead very long. You have short-term goals – to the end of a contract, to a holiday. It appears that this is about surviving the role.

Although you had options and were prepared to take up non social work roles, like you had been in previous to graduating, and you expected contract positions, you didn't expect the funding cuts to cut short a contract. You described this as devastating with significant financial implications with you partner being made redundant around the same time. So you have weathered external stresses due to the current political and economic climate as well as the direct stresses of frontline social work roles.

You were very clear about work stress and the difference between stress that you experienced before around work load, and that remains a part of work stress however this is compounded for social workers managing our emotions and responses to traumatic life stories, that we repeatedly hear in our work and the potential and likely experiences of vicarious trauma... You discuss how as social workers we are not prepared for the situations we find ourselves in and that this is certainly around dealing with emotions and trauma. Importantly, you see that this can't be taught and self-care is really understood when we find that we really need to pull out those strategies and work out what works for us. You see that as our own responsibility and something we come to realise.

As I write up this summary all I keep thinking is how we often see our client's as survivors. I see you as a social work survivor!

Thank you for a really comprehensive interview – there is still so much in it that will be really important for this research. Although it's a long summary, it is just an initial

response that you may agree with or can correct or add to and reflect on in any way you see fit.

Thank you!

## EXAMPLE 2 – ECSW INTERVIEW

### **Assumptions and expectations**

For your first social work role induction meant that you were simply given some documents, procedural information and went straight into the role. You identify your age and experience as factors that enabled your capacity to sit with the discomfort of that situation / transition. In that first role and in your new role, you acknowledge that there were assumptions, due to your age and experience and with this came expectations that you would slot right into the role. These assumptions, when teamed with early observations of your work meant that you were quickly given a high level of responsibility. You had the capacity to rise to the challenge because the demands of the role actually matched your expectations.

You identified factors that helped you to manage such a quick transition. For starters you experienced a level of satisfaction that your team leader / coordinator quickly identified your capabilities. It makes sense that when people have confidence in our abilities it assists to increase our confidence in ourselves. In this I also wonder about a sense of gratitude of not only getting the job but being given high levels of responsibility and work load very quickly. Do you have a sense of that?

Importantly, you had been through the process of new roles and responsibilities before and had learned from these prior experiences. You had already reflected on your use of self in new situations and learned how to manage the inevitable anxiety associated with new situations and roles. Here you acknowledged your drive in *“wanting to get from naught to a hundred too quickly”*.

### **Transparency**

You were not only aware of this tendency but were monitoring yourself in this regard. You described how in supervision you were transparent, in discussing expectations of the role and your analysis of how you were progressing and seeking feedback. A level of transparency with your team leader or coordinator in the early stages of the role, appears to be an important factor in managing that transition and ‘settling’ in quicker.

## Trust

However, you identified that it does take some time to get to a level of trust in supervision. You described a process of *“having a little distance to start with”* and *“protecting myself”* until the relationship was clearly established and what you say isn’t at risk of being misinterpreted. To me this sounds like a stage where supervision shifts from a purely managerial approach that is educational and administrative to discussions that are about supporting you as a practitioner. For this to be effective and for you to engage in this function of supervision, a safe space needs to be established. You didn’t necessarily perceive the initial educational and procedural supervision as supervision and thought of it more as *“instruction”*. You described clearly how this shift occurred only after you had demonstrated that you were *“across the role”* and *“anyone’s concerns were allayed”* and then that meant *“that aspect [of supervision] can be let go of”*.

You found both teams supportive and identified support from other social workers in the team and also from other disciplines. Your view is that when there is communication the team works effectively and that this is key to building trust within the team. This appears to lead to clear boundaries about what can be discussed and where. You expressed an open and honest approach that enables you to have a clear sense of understanding of the issues affecting other team members when say political issues come up around funding. From what you are saying about your experience, of both the team environments that you’ve been in as a social worker, that when the team has open communication with clear boundaries there appears to be little tension to do with different disciplines perspectives.

All of these factors assist you to work in an environment where the caseload is not necessarily manageable and can be overwhelming at times. You manage this with both the supports mentioned above as well as having come to terms with it yourself, realising that is the nature of the work and again being transparent about managing your caseload is important. You see work stress as the relationship between your perception of expectations placed on you. It appears the key to how you manage work stress is that you’ve come to accept that

*“there’s just more people and things to do than there is time”*.

Here you speak about understanding the bigger picture that the more you understand the contextual picture of where your role sits the more equipped you are to manage work stress. I think this may be a significant lesson for early career social workers. You see gaining professional resilience as a process that requires reflective work and an



opportunity to give voice to anxieties that inevitably come up in social work so that these can be normalised. You acknowledge that the place for this work to be done is in supervision but are realistic that that process is dependent on the supervisor's capacity to provide facilitate this work. I think you put this eloquently (I've just taken out the umms) that you see this work as valuable -

*"because the skills will come, the knowledge and experience will come, .. so how you manage all that sort of work emotionally I think, or within yourself to get through that, to get through that .. painful patch .. that difficult patch, of uncertainty, converting that to a confidence, and confidence building a bit over time".*

This is the process that is so important for new social workers and you identify a need for space to do this and explicit conversations about this, and then social workers can just get on with the work!

Thank you N for being so articulate in sharing your views and experiences. They are valuable for this research and for social workers that are just starting out to hear.

I look forward to hearing your response to this summary and wish you all the best!

### EXAMPLE 3 – SUPERVISOR INTERVIEW

#### **Supervision of the early career social worker**

It was your first experience of supervision as an early career social worker (and having to request a change of supervisor) which still informs the way that you supervise today. This appears to have provided a deep awareness and focus on the needs of the early career social worker you currently supervise.

You highlight the transition graduates make when entering their first position where, if they had good student supervision on placement, they have high expectations of supervision in the workplace. As a student they would have experienced working through every case with their supervisor, whereas working as a social worker they are required to make that shift to working through issues on their own and bringing only complex or problematic cases to formal supervision. Here you point out the benefits of an environment of positive peer support where many casework issues can be discussed informally, not only with the supervisor but with colleagues also. This leaves room for formal supervision to incorporate other important aspects of support for the early career social worker.

From your experience you emphasise the importance of time management with early career social workers. This involves ‘checking in’ with them about how much additional time they are working and you literally teach time management by encouraging them to get out their diary and schedule in an ADO. This gives them permission to take that time. It also sends the message that even though they are new to the role their time is valuable and it’s about using it wisely. You also emphasise the importance of being prepared for supervision and that it can be hard work. Clearly:

*“catching up for coffee is not supervision”.*

You point out that many social work supervisors focus on one particular aspect of supervision, case management, which may also be labelled as clinical or skill based supervision. You emphasise broader aspects of supervision of professional development and career progression. Part of this involves you asking the social worker where they see themselves heading:

*“I think supervisors need to take it very seriously ... and have that broader picture, don't just focus on the case management, skill development, it's about professional development”*

#### **Matching supervisor and supervisee**

Challenges remain regarding how best to match supervisors to new social workers even in a large social work department. In the past the team leader was the go-to person for

supervision. Over time changes to the award have altered this and more experienced social workers have also taken on this role. Supervisory changes have occurred when social workers have brought issues to the head of department and this is how you have come to supervise an early career social worker in the past year. As you mentioned it takes a very brave social worker to request a new supervisor in their first year of practice. In this case it has been a positive change.

Usually social workers are matched to supervisors in their team and speciality, however you highlight that supervising across teams is not always a problem and presents some benefits. Power relations are something to consider in supervision. It can be intimidating for a social worker to have the clinical specialist from their team as their supervisor, as they may be viewed as the 'guru' of that area. Importantly you also highlight that issues can occur in reverse, where a less capable supervisor can be intimidated by a new but highly skilled graduate social worker. As you experienced when you were an early career social worker, the supervisor may not always have a strong sense of what to do in supervision.

Having a supervisor external to one's area of expertise can be a benefit where the supervisee needs to explain issues they have experienced and both of you can then *"thrash things out together"*. In a large social work department expertise about a particularly complex issue in a specialty area can be gathered outside of supervision. In that case that is where the supervisor may direct the social worker. Supervision is less about specialty and more about guidance from an experienced social worker:

*"what I think you need in supervisors is someone who's really clear about social work role and social work values and social work ethics"*.

### **Expectations and emotions**

Supervision can be a monitoring tool, particularly when the focus is on the competency of the early career social worker, and this is important. However, discussing supervision with you meant there was just as much emphasis on care:

*"it's really important to check in with how they're travelling personally ... are they getting away on time, when you go home are you thinking about it?, you know, do you love this job, do you hate this job?"*

Clearly trust is built up in the supervisory relationship. When open discussion can take place nothing is off the table. This space is a safe space where these emotions are normalised:

*"I think that's perhaps more important with a newer person, it never stops being important, but I think that there's an expectation from them that they should be juggling all the balls and not dropping any ... and that message, that even when you're really experienced you sometimes drop the balls"*

From what I've been hearing from early career social workers this is a simple but very important message which can't be emphasised enough.

### **Collegial support**

As several early career social workers were employed around the same time the department conducted a graduate program as part of an introduction to the department and the range of areas of social work in the hospital. This clearly enhanced the induction processes however what was significant was its role in enhancing collegial support for those social workers. As you point out they were distributed across teams and otherwise would not necessarily have had opportunities to get to know one another. The program not only provided some education it provided time to share their own experiences in their areas. This social element to the group provided opportunity to normalise their experiences but it also promoted opportunities for friendships to develop. Of course, this does not necessarily happen for everyone and not everyone enjoys group programs, but for those that do the level of support that they have available in the workplace is greatly enhanced. It assists in building a culture of de-brief and provides another opportunity to feel:

*"secure enough to expose their vulnerability you know, and I think you can, graduates often fall into that trap of having to feel like they're on top of it all the time"*

### **Professional resilience**

*"I think as someone who's clearly a survivor of social work, I love what I do and I'm still here"*

You have a very clear understanding of what sustains you in your practice you encourage your supervisee to engage in professional development opportunities such as attending workshops and keep up their reading to develop their understanding of the area they are working in. Supervision is then used to guide them through a process of stepping back and looking at the big picture in order to see:

*"what the social work role is with this client group, what the patterns are..."*

then for example a group program may be developed that can speak to those issues. The group itself, as well as the research opportunity that comes with that, is not only beneficial for the client group but offers an opportunity to expand social work practice knowledge and gives the social worker that broader focus to their role. These broader experiences can work to sustain them and their passion for social work.

You start this 'big picture' work from the beginning of supervision with all social workers and in this way professional resilience can start to be developed early in their career. However, as you point out, the social worker needs to be confident in their role to engage with this process. Ultimately you identify that:

*"resilience comes from expanding your knowledge".*

Hearing your experiences and perspective is highly valuable to this research and greatly appreciated.

Thank you!

Cath

## EXAMPLE 4 – SUPERVISOR INTERVIEW

### The supervisory relationship

As team leader of a large team of 12, you carry the dual role of manager and supervisor. There are varying levels of experience in your team, however, what you emphasise is less about the stage they are at in their career but that they are continuing to develop their practice. Firstly, I find it important to note that in your supervisory relationships there is reciprocity. That reciprocity promotes a deeper level of engagement with supervision by both parties:

*“I think there is definitely a reciprocal process in supervision and if you're not creating that, then it's just a reporting (process), to me as a line manager... then you know, you can do that anywhere can't you? and that would bore me really quickly and I wouldn't want to turn up and neither would the supervisee, so it needs to be a place where people can explore and discover and look at something and unpack it and then put it back together, otherwise they're not shifting in their practice are they?*

*It doesn't matter whether they're really experienced”*

You are acutely aware of the tension created by your dual role. As a result, you have put several strategies in place in order to create the time and space for the different aspects of supervision. You see line management as separate to supervision and therefore have separate meetings for administrative and performance management processes. Not only do you separate the line management role but you also maximise the time and space of formal, one on one supervision, for critical reflection. You do this by also separating the professional development aspect of supervision, with supervisees presenting journal articles and case studies in their fortnightly team meetings.

This tension between having supervision with you, and also being performance managed by you, can mean that at times the early career social workers are be guarded about what they bring up:

*“there is a tension and I think accepting the fact that there is that tension there, otherwise I think if you continually expect the person to bear their soul in a line management style of supervision you're going to be very disappointed...*

*because often when you ask people how are they going, they tell you they're ok (but) I'm happy to challenge them if I think they're not”*

You not only challenge your supervisees, but make use of strategies to disrupt supervision from becoming simply another reporting process. One of these strategies is the use of supervision cards that you are about to introduce to the team. This is where I

find it important to highlight that at this time there are no policy or supervision standards in the hospital. The monitoring of supervision is up to individual managers. If you weren't such a *'stickler about regular supervision'* it would be at risk because as you say:

*"the first thing that disappears in health is supervision because who's got time for it?"*

The concern when this is the case is:

*"how do you build capacity and resilience if you don't have it?"*

This tension between managerial and the other supportive and developmental aspects of supervision is compounded by the context that you are working in, with the pressures presented within the hospital setting:

*"I think it's very difficult to build trust in a system where the context is (that) you need to work faster and with less, you have to work to a time frame and you don't have the luxury of practicing how you'd like to, you just have to get them to clear the bed... so how do you then, if you're working in that kind of context, how do you stop and then sit down and reflect on that... I don't know the answers to those things they just bring up more questions"*

### **Work stress**

The nature of the work that we do as social workers is stressful enough. The hospital setting compounds these stressors, particularly when simple reporting procedures, where even accessing a file to write notes after meeting with a client, can be difficult. Risk and responsibility issues are heightened in this setting for social workers to come up with discharge options when there aren't necessarily any. On top of these everyday stressors there are the departmental stressors that come from the uncertainty and apprehension of change management throughout the hospital. Change is happening very fast and the economic situation exacerbates work stress, such as when on one day 'the freeze' is there and the next it is lifted. With these stresses you have noticed people become run down and job satisfaction reduced. Your approach to this is important by clarifying:

*"what you can control and influence versus focussing on what you can't"*

The morale of the team is monitored and as you say it's the little things like lolly jars and morning teas that assist in reducing everyday work stress.

### **Professional resilience**

In discussing the building of professional resilience in early career social workers it all comes back to critical reflection in supervision:

*"but I think with the new grads there is a sense of trying to build capacity in their work and resilience and that, it takes a form of what are your foundation blocks that you're standing on,*

*...you know you've got your practice standards, your code of ethics, what theoretical underpinnings do you have that you base your practice on. It's like the building blocks I guess of your practice...*

*so getting them to think through that and being a bit more critical about their practice"*

Otherwise again:

*"it can become a reporting process opposed to a learning process"*

You brought up the concern that you have around program management and that it is not ideal for new grads in terms of the lack of support, and opportunity for building a social work identity and professional resilience in a multidisciplinary unit. One thing I have observed throughout this research is the value of the large metropolitan social work departments in hospital settings where the environment of the open plan office setting is conducive to peer and senior management support of early career social workers.

Discussion around what has kept you in social work for the long haul was particularly important in identifying what aids professional resilience. The term 'recovery time' sums it up, where over your working career as a social worker you have worked with and without direct patient contact. Stepping in and stepping back from the frontline. To me this mirrors the sustaining element of professional development. Where not only is our practice developed but that this also provides opportunity to step back and out of the everyday. Supervision also provides that opportunity in one hour to step out of the day, step back and see the bigger picture that you're working within. Each of these shifts 'in and back' from practice appear to be incredibly important in building professional resilience and sustaining social work practice.

Thank you S for your time and your significant contribution to this research.

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