Hospital Restructuring and Social Work Field Education

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Summary of the Research Study
To gain a better understanding of the impact of hospital restructuring on social work field education, a qualitative focus group study was undertaken exploring the experiences of nine educational coordinators responsible for educational programs in teaching hospitals with 25 to 100 social workers each. Four main themes emerged: 1) difficulty managing field education when the actual change experienced in restructuring hospitals was far less progressive and systemic than the hospital missions espoused 2) a struggle to maintain stable student programs when change was unpredictable 3) the importance of support, reciprocity, and advocacy from the university 4) the need to be creative in delivering the educational program while undergoing organizational change.

Social Work in Hospitals Prior to Restructuring
Social work in hospitals was traditionally organized with functional departments, which were headed by directors and managed by supervisors. Decisions regarding social workers’ recruitment, assignments, workloads, performance appraisals, and education were centrally located, which allowed workers to consult with the social work director. How social workers negotiated their roles and practices within their teams were local activities.

Social Work in Hospitals After Restructuring
Restructuring presented a new management model in which centrally located functions were delegated from hospital administration to various “programs” (i.e. heart, brain, injury, kidney transplant).

As a result, hospital social workers were no longer organized according to their professional discipline. With the move to “programmatic” operational hospital structures and the elimination of discipline-specific departments and leaders, all profession-related activities from financial management to staff hiring, and in many cases the actual work of the social workers, were placed under the direction of program managers who were rarely social workers (3). In addition, with downsizing that accompanied restructuring, social workers were faced with layoffs and increasing workloads, on the one hand, and higher productivity expectations and emphasis on efficiency at times at the expense of quality service, on the other.

Social Work Field Education in Hospitals
Field practice has always been a crucial component in the preparation of social workers. Through field placements, students are provided with educational experiences in service organizations so that they learn to apply knowledge to practice, and develop professional competence. Social work field education in Canadian hospitals was developed by professional social work leaders who guided, managed, and maintained relationships with the university. Restructuring has meant that the directors, supervisors, and social work educational coordinators who organized and managed field education programs no longer existed which has placed the delivery of quality field education at risk (1, 2, 3).

*This fact sheet is a summary of the following article: Globerman, J., & Bogo, M. (2002). The impact of hospital restructuring on social work field education. Health & Social Work, 27(1), 7-16.
FINDINGS

Reality and Rhetoric: What is the “Real” Value of Education in Hospitals?
The key theme that emerged was that organizational commitment to social work education was considered important only if it resulted in actual resources and support. Social workers were particularly sensitive to the gap between rhetoric and reality in their organizations. Their reorganized institutions’ rhetoric emphasized “the value of education”, “collaboration” and “coordination” yet the new systems were functioning without discipline leaders to promote the educational vision. The educational coordinators experienced a lack of resources and support for field education (such as time and space) as indications that they were not valued, and that they were recognized only minimally as contributors to the educational missions of their hospitals.

Implications
- It is no longer reasonable to rely on the individual motivation and commitment of front line social workers to ensure that resources for field education are maintained.
- Schools of social work, agencies, and health organizations must collaborate in preparing students for practice if they expect to renew the workforce.
- Leadership from national associations of professional social workers, social work educators, and human service organizations in the interests of forming partnerships are recommended to support social work education for practice.

References

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