ORIGINAL ARTICLE

QUALITATIVE RESEARCH

Journeys into palliative care: Social workers' narratives of mobilising and sustaining practice

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ABSTRACT

INTRODUCTION: With Aotearoa New Zealand's increasing diversity and ageing population, social work has a vital role in palliative care practice. This study advances the understanding of palliative care social work and its implications for practice, education and support from a practitioner's point of view.

METHODS: Utilising a constructivist case study approach, in-depth data were collected from social work practitioners about their pathways and practices in palliative care. Purposive and snowball sampling techniques were employed, resulting in 12 individual, semi-structured interviews and a focus group with 5 participants.

FINDINGS: The participants' voices illustrate current social work practice and its implications from personal, pedagogical, and professional perspectives. Participants were often drawn to palliative care social work through career embeddedness and personal experiences of loss and grief. The study revealed how past, present, and future considerations shape palliative social work practice, including journeys to palliative care, mobilising social work practice, and sustaining support. Participants used various assessment tools based on service context, with limited exposure to palliative care in tertiary curricula. Most participants continued to seek post-qualifying professional development opportunities working in this field.

CONCLUSION: The study underscores the importance of team support, ongoing education, and self-care for effective social work practice in palliative care. Recommendations include enhancing educational emphasis on palliative care, developing an Aotearoa New Zealand-based assessment tool for palliative care social work, and improving professional encounters related to death and dying. These insights can guide efforts to enhance palliative care social work practice in Aotearoa New Zealand.

Keywords: Palliative care, hospice, end-of- life, social work, social work education, support

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Social workers have been an integral part of the development of palliative care since its beginnings in the latter part of the 20th century (Head et al., 2019; Reese, 2011; Saunders, 2001b). Social workers are considered key professionals in palliative care and healthcare practice (Stein et al., 2017). Social work in palliative care is a growing field that provides support for patients and families with complex psychosocial needs and coordinates their care (Altilio et al., 2021; Lawson, 2007; Paul, 2016). However, there is limited research on social work practice in palliative care, specifically in Aotearoa New Zealand. Understanding the current practice frameworks and assessments that social workers use effectively is essential for improving models for safe practice and enhancing optimal holistic care for patients and families (Cagle et al., 2017).

There are 32 hospices in Aotearoa New Zealand(Hospice New Zealand, 2024) to my knowledge; not all hospices have social workers. Being in my 9th year as a practicing palliative care social worker, I (Author 1) found practice in each setting unique. It interested me how other palliative care social workers were practising and their stories in Aotearoa New Zealand.

This study aims to explore and advance understanding of social work practice frameworks and assessments in palliative care and explore its implications from a practitioner's point of view. The following are my research objectives, to:

- understand the pathway of palliative care social workers leading to their practice and how the pathway builds up the practice;
- explore the current practice and assessment tools being used by social workers and its implications; and
- explore how social workers are supported to carry out the work they do in interdisciplinary and multidisciplinary palliative care settings.

To address these objectives, I developed one major research question and two additional questions:

- What are the sources of practice wisdom and support that guide and inform the practice implications of social workers when supporting people and families through their palliative care journeys?
  - What practice framework and assessment tools are used in palliative care social work in Aotearoa New Zealand, and what are the implications for practitioners?
  - What education and support are provided to the social workers in palliative care?

Literature Review

Increasing importance of palliative care and relevance to social work

The World Health Organisation (WHO) defined palliative care as "An approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, it prevents and relives suffering utilising early identification and correct assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (WHO, 2020, p. 1). Palliative care aims to help achieve the best possible quality of life for patients and their families by guiding understanding and addressing patients' holistic suffering early in the course of the illness (MacLeod & Macfarlane, 2019; Mino & Lert, 2005). It is important to understand that care also includes providing support through illness and after death as holistic bereavement support (Hospice New Zealand, 2023; Ministry of Health NZ (MOH, 2018). This holistic care can be achieved by a multidisciplinary/interdisciplinary team working collaboratively.

The need for and emphasis on palliative care and the use of its approach in this society is growing (MOH, 2017; Thornton, 2010). With ageing populations, increasingly complex health needs for all ages require further professional support for end-of-life care (Davies & Higginson, 2004; WHO, 2020). Furthermore, with the increasing number of non-communicable diseases and some communicable diseases, the care needs will only increase (WHO, 2020). This is particularly the case in Aotearoa New Zealand; according to the MOH (2017), the expected number of deaths is anticipated to increase by 50% in the next 20 years.

The census shows the trend of increasing death rates in Aotearoa New Zealand from 2017, 33,339 to 2023, with 37,884 deaths per year (StatsNZ, 2023).

Dame Cicely Saunders, with a multidisciplinary team at St Christopher Hospice in the UK, played a key part in shaping modern palliative care and hospice practice. Their philosophy of care was to provide holistic support for people to 'live until they die', not only 'to die peacefully' (Saunders, 1993, 2001a, 2001b). Saunders (2001b) shared how her experiences as a medical social worker have largely impacted her development of the Total Pain model. It is a palliative care concept that looks at patients' pain experiences and physical manifestations from broader holistic perspectives, including social, psychological, and spiritual domains. This whole system perspective allows practitioners to see the holistic picture of patient strengths, aspirations and relationships beyond traditional biomedical understandings of managing pain and the palliative journey, and social workers play key roles in this.

Social work practice and assessment

Social work roles differ depending on the practice setting (ranging from hospices and hospitals to community settings), and across various levels of social work practice: micro, mezzo, and macro (Islam, 2024). These levels include micro (individual casework), mezzo (management, policy making, etc.), and macro (coordinator, advocate, etc.). Despite their valuable contributions, limited studies explore the connection between palliative care and social work (Taels et al., 2021).

One of the key roles of social workers in palliative care is conducting psychosocial assessments. There has been growing attention to this area recently, and practitioners and researchers are exploring the current assessments and developing assessment tools. Comprehensive and accurate assessments can add to the holistic and disciplinary approach for optimal clinical outcomes. However, studies found that there are limited consistent assessment tools and approaches to social work practice (Reese & Csikai, 2018). Cagle et al. (2017) also found that very little is known about the topics and content of hospice social work assessment.

State of palliative care education for social work

Research focussed on palliative care education for social work students and professional development remains limited. Stein et al. (2017) found there were challenges in introducing palliative care content into social work programmes. With an increasing need for palliative care, they suggested adding the component of palliative care into existing courses and even creating palliative care speciality courses, considering the demographic challenges associated with ageing populations. In the Aotearoa New Zealand setting, several social work educators created taxonomy based on social work curricula in tertiary institutions. They found that out of 14 institutions, only two had topics specifically focused on palliative care, eight had topics around grief and loss, six had topics around death, and four covered contents around dying (Ballantyne et al., 2019). This study showed the content covering palliative care or grief and loss to be very restricted at both undergraduate and postgraduate levels.

Overall, this limited focus on palliative care social work practice and education signals the need to incorporate this material to respond to the rising demand for palliative care services.

Self-care

Understanding self-care and identifying protective factors that sustain a professional's resilience represent critical components for delivering quality services and sustaining practice over time (Mills et al., 2018). Palliative care professionals working with death and dying are exposed to multiple forms of potential distress related to supporting people and their families as they prepare for end-of-life trajectories (Sansó et al., 2015). Within these emotionally charged environments, the social worker's grief and the loss that they might experience from this practice can easily be overlooked (Simpson, 2013). The grief could get disfranchised by not getting acknowledged by others or, often, even by themselves (Doka, 2002) and workers might miss the adequate support needed to sustain themselves and practice. Some studies found that practitioners positively value self-care, but the operationalisation of self-care was not as evident and was generally lacking as part of social work education and professional development (Bloomquist, 2016; Lee & Miller, 2013).

In summary, the demand for palliative care social workers extends beyond hospice and hospital settings to aged residential care and community sectors. Assessing the training and education social workers receive before joining the palliative care workforce and ongoing support is crucial for their growth and effective service delivery. Palliative care can be emotionally challenging for patients, family and practitioners. Exploring accessible support mechanisms can enhance resilience among palliative care social workers and contribute to staff retention. Given the rising demand for palliative care services, there is a need to prioritise the development of palliative care social work practice. The research aims to explore these critical insights into their experiences by interviewing practitioners in the field.

Methods

Understanding and following the four main underpinning elements—epistemology, theoretical perspective, methodology and method—were beneficial in my research process and in framing my approach. Following constructivism as an epistemology, interpretivism was applied as a theoretical perspective. I used Stake's (1995) constructivist case study as my methodological framework. Case study is one of the most common qualitative inquiry approaches (Stake, 2010). From a Stakian perspective, researchers are interpreters and gatherers of stories or constructors of knowledge or reality gathered by study.

To address the research questions, I used semi-structured interviews (Doody & Noonan, 2013; Stake, 2008). Semi-structured interviews allow researchers to have the flexibility to have human conversations with a participant and allows participants to share in their own way (Jacob & Furgerson, 2012; Rubin & Babbie, 2010). To confirm the analysis from the interviews, I also conducted a focus group to discuss my analysis and understandings. Focus groups allow practitioners to explore their experiences and create an audience for each other (Barbour & Kitzinger, 1999). Purposive and snowball sampling techniques were employed, resulting in 16 participants in the study. Using a case study method (Stake, 1995), 12 participants participated in individual, semi-structured interviews and five participants in a focus group, with one participating in both. The 16 participants were social workers from multiple services varying from hospice community teams, hospice inpatient unit teams, hospital ward social workers and community health social workers from different parts of Aotearoa New Zealand. The background experience of participants varied and ranged from social workers who were new graduates to social workers with 30 years of experience. All 1:1 interview and focus groups were done in person except one 1:1 interview that was on Skype; all were conducted throughout 2019 with the focus group being the last. Each participant was classed as a case and the focus group also as a single case. The study was approved by Auckland University Human Participants Ethics Committee (ref. 022474). The key ethical principles that informed the study were informed consent, confidentiality, and voluntary participation.

Saldaña's (2015) coding guide was used alongside writing analytic memos of each transcript to develop the main themes. This coding process involved a simultaneous process of collecting and analysing data. The three main themes were developed from this process: *journeys into palliative care; mobilising practice;* and *sustaining practice.*

Findings

The findings illustrate current social work practice in palliative care and its implications from personal, pedagogical, and professional perspectives, such as how palliative care social workers' personal histories, education, and work experiences influence their practices in the field. It is divided into the three parts mentioned: journeys to palliative care, mobilising social work practice, and sustaining support. The findings use participants' narratives to highlight the interconnectedness of these elements in shaping current social work practices in palliative care, including assessment tools, practice frameworks, and qualities identified as essential for good social work and self-care.

Journeys into palliative care

One of the study's objectives is to understand the pathway of palliative care social workers leading to their practice and how the pathway continues to inform their practice. It shows how a sense of embeddedness, personal experiences and education/professional development predominantly informed these participants' journeys.

Exposure to death and dying. Before entering the field of work, manyparticipants had experiences with death and dying, which greatly influenced their career paths. This exposure led to a deep sense of connection and commitment as health social workers. As they discussed their involvement in palliative care, a significant number expressed how this became a pivotal point in their professional journey towards working with patients in palliative care settings.

> I was working in oncology, and what I realised was that probably 75% of the people we were working with were having palliative chemotherapy. So, it was quite a natural transition. (Participant 11)

> I did a lot of stuff around grief and loss and bereavement. And it was there that I realised that I was drawn to grief and loss, and it fitted well with me. It's quite a privileged role working in palliative care. (Participant 10)

For some, having personal experience and exposure to palliative care through their family had a notable impact on how the participants viewed the job and their readiness to enter the field of palliative care.

> I got interested in it when my mother was dying. I stayed with her in the hospice, and that was a lovely experience being with her when she died. (Participant 5)

> My sister died of an illness, and that had a profound impact on our family. I always knew I wanted to work in this field because it had impacted me so profoundly, losing my sister and our family. (Participant 7)

One of the significant themes that resonated with numerous participants was the impact of losing loved ones on their purpose and decision to enter this line of work.

Educational opportunities. Given the specialised nature of palliative care social work, I aimed to investigate the educational background of participants during their social work studies and training. Two predominant themes emerged: a notable lack of palliative care training during their initial education and subsequent participation in additional learning or professional development activities. The majority of respondents indicated minimal exposure to palliative care within their social work curriculum, particularly among those who completed their training some time ago as opposed to more recent graduates who received increased education on grief and loss.

> I would encourage everyone who is a social worker to get the postgraduate study done because that gives us respect in the organisation. When we have that education, we have a footing with them and can stand in our own power and our own space. We have the authority to speak because we have the same academic background behind us, and that is where we can make a change. (Participant 7)

Most participants reported that they found the internal and external education helpful, such as Hospice New Zealand training sessions and the postgraduate course on palliative care.

Mobilising practice

One of the other aims of the study was to explore participants' experience with social work practice in their palliative care setting.

Mandatory and generalised approaches to assessment. Depending on the workplace setting where the participants worked, the assessment experience varied drastically (e.g., biosocial model, web-based, etc). Some participants had organisational or service-required assessments, mainly for those who work at Health New Zealand(HNZ)/Te Whatu Ora (previously District Health Board [DHB]). Five of the participants working in HNZ settings had service-required standardised assessment tools that needed to be used within the services they worked in, such as biopsychosocial assessment.

In the hospice setting, several social workers shared that they used a web-based patient information management Palcare (Palcare, 2024). For the participants (Participants 8, 9, and 12) who reported having this tool, they used the social emotional spiritual (SES) assessment tool, which was designed for palliative care setting with the headings of understanding of prognosis, current crisis, social situation, relationships, spiritual and cultural needs and expectation of service.

Use of self and practice framework. Participants' utilisation of self in their practice emerged as a significant theme during the analysis. Certain services where participants were employed did not mandate the use of particular formal social work assessment tools, allowing them to employ their own practice frameworks and practice wisdom for conducting social work activities.

> You accumulate so many tools in your toolbox as you go along in your years of practice. You know what tools to incorporate with what families you are working with. My assessment was made of those kinds of key components that you need to ask in the conversation. (Participant 11)

The lack of a consistent standard for palliative care social work assessments could result in varying approaches and practices depending on the assessor's method and framework. Some participants mentioned that they did not see the necessity for introducing new assessment tools, particularly because numerous practitioners already have experience in health social work. Sometimes, using assessment tools can make it difficult to organise extensive data into separate sections during assessments.

> Having prompt questions tools might be helpful. Client-led rather than a tick box. (Participant 11)

Yet, the participants expressed that they believed a prompt tool or a framework would be beneficial.

Delivering Care. I asked the participants to explain or define their role whenworking with palliative care patients, and within the setting, as these can often be vague and hard to define (Head et al., 2019). They articulated this in the following specific activities: practical and social support, emotional support including providing psychosocial education, and cultural and spiritual support. These four prominent roles of the social workers are consistent with the four domains of the Aotearoa New Zealand Indigenous wellbeing model of Te Whare Tapa Whā by Sir Mason Durie (1994) to ensure holistic care is provided. The four walls/domains of health, Tinana (physical), Whānau (social/family), Hinengaro (emotional/mental) and Wairua (spiritual), are looked at by the social worker participants.

Participants shared their core roles as social workers within their setting in providing holistic palliative care practically and socially. From the participants' formal or informal assessment, areas of dysfunction and distress, care needs and gaps were identified to provide support efficiently with a whole systems approach. One participant gave an example of her role:

> I talk about how I am a navigator. I talk about the assistance in the future and of the health system as an outpatient on a patient and how I can help with navigating that particular system. I'm here to work from the psychosocial point of view with not only the patient but the whole family and extended family. I also talk about my role as a liaison. I liaise with the different services and can refer to different services for help.
>
> It is interesting to see some of your referrals. It is always like financial assistance, but when you actually get your foot in the door, it has nothing to do with the financial assistance. (Participant 12)

Working with the emotional distress of patients and families is another core role that has been identified by the participants. As social workers, being present and holding the space for the grief of patients and carers and providing support is critical.

> I would call it more emotional support. I say we have got counselling skills as social workers. (Participant 6)

Some participants felt social workers have the ability and skills to deliver emotional support as they look more at a holistic system and provide emotional support as a part of their practice. Social workers must be mindful of the grief and loss and emotional distress that patients and families experience. It is essential to acknowledge and be present for patients and also refer them to the right team members.

Attending to patients' cultural and spiritual needs was also mentioned as a key part of the role. It appears that the current palliative care model tries to embrace different cultural aspects; however, it can be said that the palliative care model is derived from the western model of care. Hence extra attention is needed serving the multicultural communities: Māori, Pacific communities, Asians and Europeans, etc. Using Te Whare Tapa Whā model was discussed for Māori communities specifically, and for others. Also seeking cultural consultations in certain scenarios was common practice.

> I consulted with the Māori or the social worker at that time. (Participant 3)
>
> That is why we have Kaiatawahi. We don't have a Māori social work team, but we have culture workers. We have Kaumatua who are the elders, and we also have Pacific Island, cultural support workers. We don't have Asian ones which we need. (Participant 6)

A few highlighted that more work needs to be done to raise culturally sensitive awareness and provide culturally competent practice. This was not a topic that was shared strongly across all participants but, amongst those who did share, it was robust with in-depth insight.

> I don't think a week goes by when I'm not advocating for the cultural diversity of our community … It is very hard to get buy-in from other ethnic groups. If your staff and you do not reflect our community, it is not a true reflection of

> the community we are supposed to be supporting and people are reluctant to come here. (Participant 9)

The participants shared that, as practitioners, we need to honour different cultures, and it can start with being aware and giving recognition to the culture of patients and families.

Qualities of effective practice. Building further on the things shared by participants, one of the questions that were asked was what they believed was good palliative care social work practice and what makes a good practitioner. A well-grounded toolbox/skillset of use of self and some specific values seemed to be the overarching themes. There was also a contradictory view on experience/age as one of the factors.

Although there is no single standardised palliative care social work assessment tool across the practices, the emphasis on a firmly grounded practice framework and skills seemed to be fundamental. Being flexible and adaptive to the environment while having resilience and time-management skills were other essential skills that were discussed in making a good palliative care social worker, as everyone's grief and loss journey might be different.

> You need to be entirely grounded in your practice and make sure your practice is committed. I think you need to be quite a resilient person both to work with the nature of the job and understand the nature of the organisation.
>
> So, 9 out of 10, you need to break yourself and have a difficult conversation, and I think you learn that with skills, experience and exposure over time, but perhaps there is some more technique around it. (Focus group)

Moreover, not being afraid to have hard conversations and advocating for patients while being present comfortably with uncomfortable issues and existential distress was another factor. Being empathetic, caring, and able to listen using interpersonal skills were also vital points.

> Someone who communicates well and feels comfortable talking with various people, someone good with relationships and a team player. (Participant 6)

Emphasis on self-awareness, professional boundaries, and self-care were paramount.

> I think there are a lot of things, really. There is a degree of personality and life experiences that come with it … because not everyone will be. I think boundaries are really important—both professional and personal boundaries. Those, and having a high level of self-awareness because, you know, as we said before, these are very real experiences. (Participant 2)

The attributes of good palliative care social work from a social worker's point of view of social work practice and what makes a good practitioner were discussed. As discussed, a well-grounded toolbox/skillset of use of self and some specific values seemed to be the overarching themes.

Sustaining practice

Working in a palliative care environment, being closely involved with death and dying in one's day-to-day life may not be everyone's preference, and it indeed would not be typically seen as an easy job. Social workers working in palliative care deal with a wide variety of challenges and crises associated with patients and families while attending to their needs as well. Social workers get to know the patients and families very well and deal with not only the grief and loss of death itself, but also other related issues. Additionally, social workers as minority professionals in multidisciplinary or interdisciplinary palliative care team settings, certainly comes with its challenges. Thus, support for practitioners in carrying out the work would be highly beneficial. Most participants shared that they get adequate support in general but also need further help.

Self-care. As discussed in the previous part, self-care and self-awareness were some of the strongest themes in sustaining practice. There were no participants who did not mention the importance of self-care in the study.

> Self-awareness is also important, as well as knowing when to take care of yourself and when you need to go and take a break. I exercise, I play netball and go to the gym. I do meditation. We have a group at work on Tuesday night. (Participant 6)

> I think self-care is important. Actually, it is in any social work role, but where you are continually meeting death, emotional situations, sadness, and the other side of it, as well… It is the unusual situation that your work is always ultimately around the end of people's lives. (Focus group)

Working in a supportive team. Although there are difficulties in working in the role with professional identity struggles and problems, having a supportive team and colleagues seems to be one of the compelling protective factors. Most participants talked about a good group of colleagues of other social workers and therapists, often called the family support team or social work team, who support each other and check in.

It seems that, with this sensitive work, colleagues must have debriefing sessions, not only about clinical casework but also about each other's emotional and mental states when working with patients and families. Supportive relationships with each other allowed participants to feel safe and cared for in the right environment.

Need for more support. Support for practitioners in carrying out the work would be highly beneficial. The ratio of social work in each environment was relatively small compared to some professions. When asked what kind of support would be more beneficial, more full time equivalent (FTE) positions were mentioned. Having enough workforce and FTE to do the intricate work and meet expected standards of care would be beneficial.

> I'm just trying to think of the ratio of nurses to social workers. There are very few social workers compared to nurses. If you think about 300 patients, I think even 50% of them have social issues that could be referred to a social worker, and that is a lot to get through.

> Some of us don't have the FTE available to provide more social work, and then there is a little bit of a lack of understanding of what social workers actually do. (Focus group)

The practice of social work in palliative care is influenced by the pathway into the specialty, personal experience, and education. Ongoing development through further education, self-care, and support is crucial to meet the complex needs of the population. Support networks, including colleagues, teams, supervision, and self-care, are essential for maintaining competent practice. Balancing work and utilising support effectively are critical for effective social work practice in palliative care. These findings have implications for building capacity and sustaining social work practice in this field.

Discussion

Palliative care social workers play a crucial role in the holistic care of patients and their families, as highlighted in the literature (Gettinger, 2020; Lawson, 2007; Stein et al., 2017). Examining current practices, frameworks, and assessments used by social workers in the field is essential for enhancing models of safe practice and improving holistic care. Furthermore, understanding the training and education that social workers receive before and during their work in palliative care is key to supporting and advancing professionals in this field.

Use of self as a foundation of assessment

In the social work practice, the concept of use of self assumes a pivotal role in the palliative care field. Rather than relying solely on formal assessment tools, participants frequently draw upon their own practice frameworks, informed by personal knowledge, values, and skills. Just as artists wield brushes and physicians depend on stethoscopes, social workers consider the use of self an indispensable tool (Kaushik, 2017). This integration of use of self encompasses various aspects of personal identity, including personality traits, belief systems, life experiences, and cultural backgrounds (Dewane, 2006). Notably, personal encounters with death and dying profoundly impact practitioners' values and motivation to work in the field of social work (Walsh, 2021).

Some practitioners even describe having their own "engraved assessment tool", which emerges from a blend of practice wisdom, health sector experience, and their unique approach to the use of self. In the context of palliative care, the biopsychosocial model often serves as a guiding framework, even when formal documentation of assessment outcomes is lacking for those with health sector experience. These findings align with a study that underscores the significance of the assessment process (Reese & Csikai, 2018). Participants without health-related experiences also base their social work interventions on learnings from their social work curriculum, additional professional development training, and a combination of use of self and personal values.

This study delves into participants' perspectives on palliative care social work assessment practices. Key findings suggest that a rigidly prescribed formal assessment is not always essential for best practice. Instead, a robust foundation in the use of self—including personal awareness, empathy, and professional values—is crucial. Holistic approaches should complement formal assessments.

Furthermore, the focus should extend beyond universal palliative care social assessments. Competent practice hinges on practitioners' practice wisdom and skills, which adapt to diverse social work contexts. When implementing assessment tools, mindfulness is essential to enhance practice without adopting a one-size-fits-all approach. Palliative care social workers must exhibit flexibility, adaptability, resilience, and effective time management. Their effectiveness lies in genuine passion, empathy, openness, and comfort in discussing sensitive topics like death. Self-awareness, professional boundaries, and self-care are equally paramount.

Self-care and sustaining support

This study highlights the crucial link between proactive self-care and sustaining support among palliative care social workers. Given the inherent stressors in this field, including exposure to various distressing situations, practitioners are at risk of burnout and compassion fatigue (Bloomquist et al., 2016; Figley, 1995; Sansó et al., 2015). Participants emphasised key factors that contribute to sustaining their practice, such as prioritising self-care and cultivating self-awareness. These protective measures enable social workers to engage purposefully and meaningfully in their work.

Despite evidence supporting the benefits of self-care for professional and personal wellbeing, proactive self-care practices remain under-utilised. Bridging the gap between awareness and implementation is essential. Additional support, such as increased workforce capacity and dedicated time for reflective practice, is crucial. Participants suggested that expanding FTEs and workforce numbers would enhance competent and safe practice, reducing burnout risk. Supervision also emerged as a critical protective factor, facilitating meaningful reflection and safe practice.

Organisational and structural attributes significantly impact social workers' resilience. Therefore, organisational support and resilience-building strategies are essential (Rose & Palattiyil, 2020). Social educators and employers should actively promote and support practitioners' self-care to enhance quality of life and sustain a resilient workforce (Bloomquist et al., 2016).

Education

It is important to note the importance of social work education in preparing the future workforce. As already noted, palliative care education for social workers in Aotearoa New Zealand is extremely limited within the social work curriculum and also in continual professional development once they join the workforce.

These results should be considered when planning the social work course curriculum, especially as the need for an emphasis on palliative care and palliative approaches in this society is growing (MOH, 2017).

Adequate, comprehensive education and support in social work curriculums, at postgraduate levels and all other external sources, is vital for the future of palliative care social work. This can be strengthened by having further exposure and coverage of palliative care in the social work curriculum and training at the forefront. However, organisations and professional bodies would also benefit from having funding options for professional development and further studies. For example, there are far more funding opportunities for other health professional colleagues working in palliative care to take up postgraduate studies, etc., whereas often, it is left to social workers to seek this individually.

Recommendations

As the participants did not represent all hospices and all regional palliative-care-related social workers around Aotearoa New Zealand, generalisation of the findings to the whole country is limited. However, this approach provided new insight into social work practice in palliative care and created a platform to capture the practitioner's voice on social work practice in Aotearoa New Zealand. Considering the minimal number of palliative care social workers in this country, it did represent a relatively large proportion of social workers.

The following are recommendations emerging from the findings of this research:

- Palliative care education for social workers could be the key to equipping and supporting safe and competent practice for current and future practitioners in palliative care. Increased focus on palliative care training at the bachelor's and master's degree levels and also on a further professional development level would be valuable. Furthermore, the ongoing proactive practice of self-care of practitioners should be actively promoted and supported by services.
- Practitioners/services should consider using biopsychosocial assessment (Gettinger, 2020; Fordham & Howell, 2012) or holistic wellbeing models such as Te Whare Tapa Whā (Durie, 1994) to be the foundation of practice for consistency of services and support and to avoid overlooking some critical areas of need. Further exploration and work on cultural aspects of palliative care practice, especially ones looking at developing a guided assessment tool specifically for the Aotearoa New Zealand context, is recommended.

- In the future, undertaking quantitative or mixed methods research to collect all the assessment tools that are being used for review and sending an invitation to all hospices and Health New Zealand–Te Whatu Ora social work teams to have the opportunity to participate would be beneficial. It also raises questions about service users, such as the experiences of patients and families in having social work support. Further study could be done to explore this.

Conclusion

This study contributes to the knowledge of social work in palliative care in Aotearoa New Zealand, directly and globally. As confirmed by the literature review, there is limited research on palliative care social work, especially in Aotearoa New Zealand settings, particularly in practice and assessments.

Although the social workers' role in palliative care and grief and loss has been growing significantly, the opportunity to have social workers' voices heard has been minimal. Thus, the study is not only significant in adding to the breadth of knowledge, but it is also influential in creating a platform for social workers in palliative care to share their experiences and the implications of practice from their point of view. The importance of support for oneself internally through self-care and external support has been much emphasised. Palliative care social work is a rapidly growing field, and further educational emphasis and research could be pursued in the future to explore patient and practitioner perspectives and improve the professional encounters associated with death and dying.

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