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A baseline survey of levels of motivation, well-being, and employment preferences of newly qualified social workers in the UK

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ABSTRACT

The aim of this study is to examine levels of motivation, wellbeing, and employment preferences of newly qualified social workers who graduated in 2022. A mixed-method study design was employed using standardized measurements for wellbeing, measurable scales for motivation and employment preferences, and qualitative questions about job preferences. The online survey was completed by 176 final-year social work students in Northern Ireland during the summer 2022. The current paper reports Time 1 data from a longitudinal project examining levels of motivation, well-being, resilience, and employment preferences of graduates over a 12-month period. Quantitative data were analyzed using SPSS (version 26). Wellbeing scores were compared using Mann-Whitney U tests, and motivation was compared using Fisher's exact tests. Qualitative data from responses to open-ended questions was analyzed using six-step approach to thematic analysis. There were no significant differences in wellbeing scores or levels of motivation between participants based on age, sex, caring responsibilities, or disability. The majority were motivated to find employment in social work (98.3%), in Northern Ireland (97.7%), in statutory Health and Social Care Trusts (71.1%). However, stakeholders need to improve support systems and stability within teams, enhance remuneration, and ensure workloads are manageable.

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Introduction

The transition of newly qualified social workers (NQSWS) into employment has received increasing attention in academic literature. In terms of employment preferences, some studies have reported that social work students prefer working with 'normative' and less stigmatized groups, such as children and young people or couples. Less popular areas of work include people who are unemployed, those experiencing poverty or mental ill health and older people (Gewirtz-Meydan & Even-Zohar, 2018). Findings from

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a survey of first-year social work students in Ireland ($n = 240$) indicated that child welfare/protection were the most popular preferences (30%), followed by mental health (13.4%), health (11.3%) and criminal justice (10.9%) (McCartan et al., 2022). While 14.3% stated no preference, the least popular choices included working in addictions (4.2%), community development services (3.8%), learning disability (2.9%) or older people (2.5%) (McCartan et al., 2022). Similar results were reported for heterogeneous groups of social work students in cross-national and cross-cultural research in Israel, Australia, Brazil, Canada, Germany, Hong Kong, Hungary, the UK, the USA and Zimbabwe (Gewirtz-Meydan & Even-Zohar, 2018). In 2019 in Northern Ireland, two-thirds (67%) of social work graduates commenced employment in child protection (NISCC, 2019), which is recognized as a demanding field of social work practice (Tham et al., 2021), particularly for newly qualified social workers (Tham & Lynch, 2014).

Well-being

Findings from McCartan et al. (2022) indicated that over half (58.2%) of the 240 social work students surveyed in Ireland feared working in the profession, with concerns regarding stress, burnout, pressure, workload, and personal resilience. Prior to and during the COVID-19 pandemic, UK health and social care professionals were categorized as high-risk of developing mental health-related problems (McFadden et al., 2021). The onset of the COVID-19 pandemic in 2020 generated unexpected and pervasive changes to education, politics, society, the environment, the economy and the health and social care sector. As the pandemic developed, they experienced high levels of burnout and mental wellbeing declined (MacLochlainn, McFadden, et al., 2023; Neill et al., 2023). According to research evidence across the UK (Ravalier et al., 2023), Finland (Harrikari et al., 2021; LGA, 2021) and the US (Çalışkan & Kargın, 2022), working conditions for social workers deteriorated further as the pandemic evolved. In one UK study, a decline in wellbeing was correlated with increased burnout and an intention to leave the social work profession (Ravalier et al., 2023), with some leaving the profession after 8 years (Curtis et al., 2010).

Attention has been paid to social work staff burnout, resilience, retention, and turnover for at least a couple of decades (McFadden et al., 2015; Ravalier et al., 2023). Workforce turnover ultimately affects relationships between service users and social workers in terms of trust and the potential for relationship-based practice (Ferguson et al., 2021; Turley et al., 2022). A systematic review of interventions to stem social worker turnover found promising organizational level interventions, which included offering emotional support, active coping methods associated with improving wellbeing, reducing burnout and minimizing staff turnover (Turley et al., 2022). Gillen et al. (2022) also reported that emotional support and active coping methods were associated with improved wellbeing and reduced burnout.

During 3 years since the start of the COVID-19 pandemic, a UK wide survey was conducted six monthly (MacLochlainn et al., 2023), examining wellbeing and coping for health and social care workers (social workers, social care workers, nurses, midwives and Allied Health Professionals). Findings during Phase 6 of the study (January 2023) indicated that 36.2% of the social workers considered changing occupation. When

asked to cite what conditions would change their mind about wanting to leave their employer or occupation, 39.5% wanted better support from their line manager, 37.8% wanted a pay increase, 32.1% wanted support with their well-being, and 28.1% wanted safer working conditions (MacLochlainn et al., 2022b). Another challenge facing workforce planning is social workers leaving permanent posts and opting for recruitment agencies. According to a workforce review conducted by the Department of Health and colleagues in Northern Ireland (Department of Health, Department of Education, Department of Justice, Health and Social Care Board, Northern Ireland Social Care Council, 2022), employing high numbers of agency staff has compromised practice wisdom and quality of care. It has destabilized and demoralized the permanent workforce, as they struggle with high workloads and bureaucracy, and has placed additional pressure on the health and social care budget, reducing resources for services. Interventions by the UK government to retain social workers include funding caps for agencies and a cull on using agency employed staff (Hayes, 2023; Samuel, 2023).

In Northern Ireland, there are approximately 6,417 registered social workers (DoH et al., 2022). In September 2022, there were 537 known social work vacancies across the statutory Health and Social Care Trusts (DoH et al., 2022). Social Work training is currently offered through 315 places commissioned by the Department of Health/Social Services Inspectorate in Northern Ireland. The most recent increase from 275 places was in response to a social work workforce review (DoH et al., 2022).

The transition into the social work profession, particularly within the first year, involves consolidating, clarifying, and developing a professional identity (Moorhead, 2019). Good organizational support, induction, supervision and caseload management are needed (Ballantyne et al., 2019; Hunt et al., 2017; Petersén, 2023; Pullen Sansfaçon & Crête, 2016; Sen et al., 2023). However, NQSWs report that supervision is often more focused on caseload management rather than emotional wellbeing (Grant et al., 2022; Sen et al., 2023). Informal support from the wider team is also critical to a positive transition, wellbeing, and development (Ballantyne et al., 2019; Petersén, 2023). However, this may be hampered by more agile working patterns since the COVID-19 pandemic (Grant et al., 2022; Sen et al., 2023).

Confidence in skills and knowledge, value-driven practice, public perception, and respect from other professions also contributes to the transition and evolving identity of NQSWs (Grant et al., 2022; Pullen Sansfaçon & Crête, 2016). A Scottish study of NQSWs (Grant et al., 2022) demonstrated that within 2 years of qualifying, they assume more complex and demanding caseloads, leading to feeling anxious and working additional hours, which can impact how long they stay in a particular job or the profession (Grant et al., 2022).

According to studies with NQSWs in Scotland (Grant et al., 2022), Norway (Jansen, 2017) and Sweden (Petersén, 2023), social workers with 'turbulent' careers in child welfare often leave after a short period of time due to dissatisfaction with the organization, with management, and working conditions. In Sweden, some changed jobs to the avail of career progression (Petersén, 2023), whereas very few NQSWs in the Scottish study had been promoted but had full-time, permanent posts and better job security (Grant et al., 2022). In contrast, New Zealand studies report more stability in early employment (Ballantyne et al., 2019; Hunt et al., 2017). Hunt et al. (2017) reported that most NQSWs did not change job within the first 3 years after qualifying, which was

echoed by Ballantyne et al. (2019), who reported that over two-thirds (70.6%) of newly qualified social workers remained in their first job, and a quarter (26.4%) were in their second job.

Theoretic framework

Due to the nature of concerns for the mental health and wellbeing of social workers, positive psychological theory including dimensions of hedonic and eudemonic mental wellbeing were considered relevant. Haver et al. (2015, p. 1) suggests individuals with positive mental health ‘... realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to contribute to their community’. This is a useful definition as it includes subjective aspects of wellbeing and social functioning, across all aspects of life, including work-life. Hedonic wellbeing includes how individuals feel about life, examining the positive effects of happiness, joy and pleasure and the avoidance of pain. Conversely, eudemonic wellbeing is concerned with self-actualization, human potential, meaning and being fully functioning (Huta, 2013). Huta argues that both hedonic and eudemonic wellbeing are not enough on their own, but both must be present for an individual to be able to carry the burden of a good work-life. Work and wellbeing research attempts to measure the impact of the work environment and relationships at work, to understand the interplay of individual and organizational factors associated with wellbeing, burnout, resilience and intentions to leave (MacLochlainn, McFadden, et al., 2023). The efforts are to understand correlations and relationships between specific predictor and outcome variables like workload, supervision, supports and ways of coping with job stress (Gillen et al., 2022; Ravalier et al., 2023). Tang (2014), on the other hand, examined the interplay between well-being and job stressors to understand the ‘reversed effect’ of how wellbeing influences one’s relationship with work in an interplay between the individual and the job. This is relevant in the current study, whereby we examine wellbeing in the context of career motivation and career intentions, which are theoretically integrated within an overall wellbeing dynamic, as noted in Tang’s (2014) multi-dimensional examination of wellbeing.

Aims/Objectives

The aim of this paper is to examine the career motivation, wellbeing, and employment preferences of newly qualified social workers who graduated in summer 2022.

Methods

This was a mixed-method study design, using quantitative and qualitative tools to achieve standardized measurements for wellbeing alongside measurable scales for motivation and employment preferences. The design included qualitative questions on job preferences, which provided further depth to the quantitative results.

Table 1. Response rates to the survey by university.

University	Total No. of Students	No. of Responses	Response Rate
Queen's University Belfast	113	83	73.5%
Ulster University	147	91	61.9%
Open University	8	2	25%
Total	268	176	65.6%

Participants

Social work students completing their professional training 2019–2022 were included in this study. This cohort had their educational experience disrupted by prolonged periods of COVID-19 related lockdown restrictions, social distancing, working from home, and online teaching, which reduced opportunities for face-to-face contact between students and academic staff. Public health measures for infection control, such as remote working, virtual meetings, wearing Personal Protective Equipment (PPE) and working in ‘bubbles’ modified the learning opportunities for social work students on placement (MacLochlainn, McFadden, et al., 2023; McFadden et al., 2020; Mullineux et al., 2020; O'Connor & Whiting, 2023; Owens, 2023; Whiting et al., 2023).

When public health restrictions were removed, face-to-face teaching resumed and social workers met service users, carers, team members and other professionals in person.

This study used data from a wider research project entitled ‘Evaluating the motivation, well-being, resilience and employment preferences of social work graduates over time’. The project is a longitudinal study, which involved social work graduates from Queen's University, Ulster University and Open University, at the following time points: at the end of their degree (Time 1) and 9–12 months after graduation (Time 2). At each time point, data was collected using an online self-report questionnaire. The current paper reports Time 1 data, based on 176 social work graduates who fully completed the questionnaire in summer 2022. Six others with incomplete responses were removed from the dataset prior to the analyses. Table 1 shows the response rates from each university. The overall response rate was 65.4%. The data was collected between April and June 2022. Co-authors in the respective universities informed all final year social work students about the study through an e-mail containing the Participant Information Sheet and a Qualtrics link to the online survey.

Ethical considerations

Formal ethical approval for the project was obtained from the Research Ethics Committees at each participating university (Ref: 070_2122; Ref: FCASPS-22-004; Ref: HREC/4328). All potential participants were informed that study engagement was voluntary and that the social work staff involved in teaching or assessment would not be aware of who did or did not participate. Participants completed a consent form prior to accessing the questionnaire.

Materials

Demographic information

Participants were asked about their age, sex, ethnicity, disability, or long-term health conditions, whether they are a carer (for children under 18, children with disabilities or long-term health conditions, dependent adults with disabilities or long-term health conditions), and what university and program (undergraduate degree, relevant graduate route) they have completed.

Mental wellbeing

Mental wellbeing was assessed using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS; Stewart-Brown et al., 2009), which is a seven-item measure about one's thoughts and feelings. Respondents rate each item using a 5-point Likert scale ranging from 1 = 'None of the time' to 5 = 'All of the time' to indicate how they felt over the previous 2 weeks. The item scores are summed to yield a total score ranging from 7 to 35, and this is then transformed into a metric score to make it comparable with other samples. Higher scores mean that the individual has better positive mental wellbeing. The scores can be used to indicate if individuals have a possible mild depression (scores of 19–20) or a probable clinical depression (scores of 7–18; Warwick Medical School webpage, 2021). The scale had good internal reliability in our sample (Cronbach's alpha = .767). This scale was selected due to its relevance to both hedonic and eudemonic wellbeing, which has a relevant to wellbeing at work as previously described in terms of the theoretical framework of the study.

Motivation to become a social worker

Participants were asked to indicate if their current motivation to become a social worker was high, medium, or low. They were also asked to indicate retrospectively if their motivation at the start of their training was high, medium, or low.

Plans for employment

Participants answered a range of quantitative and qualitative questions about their plans for future employment. These included preferred location, whether they would like to work full-time or part-time, and preferences regarding the type of contract, sector, service, and setting. Qualitative questions were used to elicit explanations for participants' responses to quantitative questions.

Data analysis

Quantitative data were analyzed using SPSS (version 26). Frequencies and percentages are presented to describe the study sample. Wellbeing scores and motivation were compared between age groups (20–29, 30–39, 40+), males and females, respondents with and without caring responsibilities (any caring responsibilities vs. none) and between respondents with and without a disability or a long-term

health condition. Wellbeing scores were compared using Mann-Whitney U tests because the data were not normally distributed, and motivation was compared using Fisher's exact tests.

Qualitative data from responses to open-ended questions were analyzed using Braun and Clarke (2006) six-step approach to thematic analysis, which allowed for systematic identification of patterns of meaning (themes) across our dataset to answer research questions. This enabled us to see and make sense of collective or shared meanings and experiences in relation to the topic and identify significant patterns and broader meanings and implications from student responses. Initial coding and analysis of data was conducted by two researchers, with all authors reviewing and refining the data until underlying ideas, assumptions and themes were identified (Braun & Clarke, 2006).

Results

Descriptive characteristics of the sample

Of the 176 participants, 154 (87.5%) were female and 22 (12.5%) were male. The mean age was 30.7 years (SD = 8.1). The vast majority identified their ethnic group as white ($n = 172$; 97.7%) and most had no long-term health condition or disability (83.5%). Several students had caring responsibilities; 31.8% cared for a child(ren); 5.1% had a child with a disability or long-term health condition; and 5.7% cared for a dependent adult with a disability or a long-term health condition (categories are not mutually exclusive). Most students completed their degree at QUB ($n = 91$; 51.7%) or UU ($n = 83$; 47.2%), with only two students (1.1%) in our sample completing their degree at OU. In total, 101 students completed an undergraduate degree in social work (3-year degree programme) and 75 completed the relevant graduate route (2-year degree programme).

Wellbeing

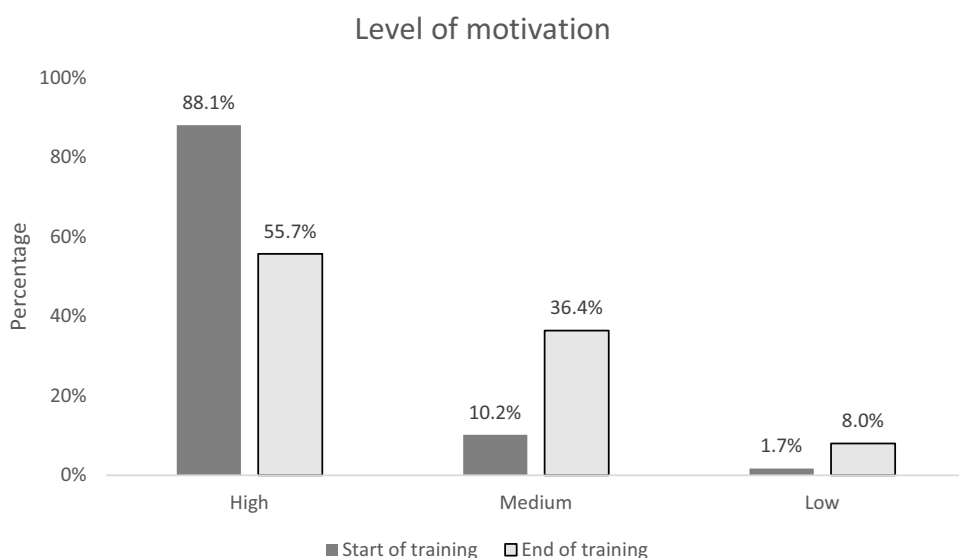
Participants' wellbeing scores ranged from 14.8 to 35.0, with a median score of 22.4 (interquartile range = 4.13; mean = 22.2; SD = 2.8). There were no significant differences in wellbeing scores between participants based on age, sex, caring responsibilities, or disability. Table 2 shows the percentage of the sample who scored above the SWEMWBS cutoff points for possible mild depression or probable clinical depression.

Motivation

Figure 1 shows the proportions of respondents who had high, medium, or low levels of motivation to be employed as a social worker, at the start of their social work training and at the end. As shown, there was a stark decrease in the proportion of respondents who felt highly motivated at the start of their training compared to the end. There was also an increase at the end of training in the proportion of those who reported their motivation to be medium or low. These differences were, however, not significant, based on Fisher's exact test ($p = .266$, two-tailed). Analysis of qualitative comments gathered from the open-ended questions, findings indicate that levels of motivation changed due to students witnessing high levels of staff stress, excessive workloads, and high staff turnover.

Table 2. Percentage of the sample with depressive symptoms based on the SWEMWBS cutoff points.

Sample	N (%)		
	Probable clinical depression	Possible mild depression	No depression
Full sample	10 (5.7)	39 (22.2)	127 (72.2)
Sex			
Male	0 (0)	4 (18.2)	18 (81.8)
Female	10 (6.5)	35 (22.7)	109 (70.8)
Age			
20–29	6 (6.3)	24 (25.0)	66 (68.8)
30–39	2 (3.6)	12 (21.4)	42 (75.0)
40+	2 (8.3)	3 (12.5)	19 (79.2)
Caring responsibilities			
Yes	2 (3.2)	14 (22.6)	46 (74.2)
No	8 (7.0)	25 (21.9)	81 (71.1)
Disability			
Yes	0 (0)	5 (17.2)	24 (82.8)
No	10 (6.8)	34 (23.1)	103 (70.1)

**Figure 1.** Level of motivation at the start of training and at the end of training.

Plans for employment

Most participants (98.3%) planned to work as a frontline social worker after graduation. Others wanted to enter management roles within the voluntary sector or take a break from travel. One participant stated ‘[my final placement] completely changed my outlook on the social work profession.’ They preferred a job where they would be supported and treated as a graduate with learning needs, rather than an ‘incompetent member of staff’ (ID: 169, female, aged 37).

Most participants (97.7%) intended to work within Northern Ireland, which some stated was due to ongoing family commitments. The remainder hoped to work in Great

Britain, Australia or the Republic of Ireland. One respondent indicated that they ‘wished to work in the Republic of Ireland and live in the north of Ireland based on financial reasons’ (ID: 103, male, aged 26). When asked directly whether they wanted to work full-time or part-time in social work, most respondents planned to work full-time in social work (90.8%). Sixteen respondents were selected part-time, which was primarily for work-life balance. All were female, seven (43.8%) were aged 20–29, five (31.3%) were aged 30–39 and four (25.0%) were aged 40 + . Half of those who wanted to work part-time (50.0%) had caring responsibilities, and the majority ($n = 15$, 93.8%) had no long-term health condition or disability. One participant commented that they ‘felt overwhelmed and burnt out working full-time hours’ during their practice placement (ID: 74, female, aged 24).

In terms of specific employment preferences, participants were asked to rank order the type of employment they would prefer. The majority (71.1%) rated the Health and Social Care Trust as their number one choice. The Probation Board (Northern Ireland) and the Youth Justice Agency were the number one choice for 8.7% of the participants. The voluntary/not-for-profit sector for 7.5%; recruitment agency for 6.4%; and the Education Authority for 5.2% of the participants. Participants were asked to explain their preferences through an open-ended question. See below for selected quotes:

Preference for statutory health and social care trusts

In some instances, comments focused on favorable terms and conditions and workforce stability afforded by statutory services.

I prefer statutory work at present, I like to be challenged and this work is certainly the most challenging from the options. I also prefer the potential security and stability that this work provides over agency/voluntary. (ID146, female, aged 35)

Students mentioned benefits, such as job security, bank holidays, salary, and pension, as well as additional supervision during the Assessed Year in Employment (AYE). Several mentioned that the statutory Health and Social Care Trusts were ‘all they knew’, meaning that they had no experience working in other sectors:

Working for the Trust is appealing due to structure, pension, salary, security and training teams. Also have not had the opportunity to experience placement outside of the Trust, so feel confident to stick with what I have experienced this far. (ID75, female, aged 42)

For some students, their preference for working in the HSC Trust was related to their placement experiences within the voluntary sector, when compared to the expectations and priorities within the statutory sector ‘Placements in *SOME* voluntary agencies are not preparing you for practice’ (ID64, female, aged 31). Another indicated:

I found it a real challenge doing a voluntary placement and then a statutory placement. In voluntary you are building relationships, which is an essential aspect of SW, but you get no experience whatsoever of form filling, completing assessments care/support plans, etc. (ID37, female, aged 47)

Some respondents compared working in the Trust to the voluntary sector and agency work when denoting their preferences. One stated: ‘The Trust is my first choice for employment due to the stability it provides. However, recruitment agencies seem to pay

more. The voluntary/community sector provides more opportunity to do relationship-based social work' (ID74, female, aged 24). Another confirmed their preference as follows:

I would prefer Trust as I believe there is higher job security. Agency pay and flexibility is significantly better for new graduates and more choice over where you want to go - Trust starting salary one of the lowest and you just get given options which you may have no interest in. (ID121, female, aged 21)

Several students said they would not want to work for the Health and Social Care Trust due to working conditions, such as work pressures, high workloads and lack of flexibility:

I would have hoped to have worked in statutory SW when entering social work degree but all I see is overworked, stressed, unsupported staff. I do not think I can consciously put myself into a career where it's almost expected that you are going to burn out. (ID64, female, aged 31)

As illustrated, some participants stated a preference for the statutory sector, due to work, job stability and rewards. Whereas, others recognized that the pay is lower, compared to recruitment agencies, observed high stress levels and insufficient staff support.

Preference for the voluntary/not for profit sector

Respondents who stated a preference for working in the voluntary sector attributed this to better social work opportunities in terms of spending more time with service users, which promoted relationship-based practice, rather than doing paperwork. One stated: 'I feel voluntary sector allows more therapeutic and person-centered social work as opposed to the form filling and constraints of statutory sector' (ID148, female, aged 38).

Preference for agency work

Those who preferred to work via recruitment agencies identified better remuneration, more flexibility in terms of part-time working and settings, and a broader range of experiences: 'I would like to try out different areas but know this is not possible unless I go through agency' (ID114, female, aged 48).

Preference to work in children's or adult services

Respondents were also asked to indicate their preference to work in children's or adult services. A total of 41% would prefer children's services, 37.6% would prefer adult services and the remainder (21.4%) had no preference. When asked an open-ended question about specific teams or services they would like to work in, 172 respondents provided a reply. The most popular was disability services (30.2%, $n = 52$), including learning disability and children with disability, followed by mental health services (17.4%, $n = 30$), hospital social work (14.0%, $n = 24$) and older people (13.4%, $n = 23$). The remainder referenced the criminal justice sector, residential care, Education Authority, addiction services and homelessness. While most students ($n = 113$) listed two or more categories of service user groups, job role or organizations they wished to work in, others

($n = 59$) were very specific about their preferences, listing only one service user group, job role or organization. Several stated that they were open to opportunities, with no preferences.

Students were asked to comment on what incentives or additional post-qualifying training would motivate them to work in children's services or adult services. In relation to children's services, 100 students provided comments, with 67% of these referencing the importance of organizational factors including supervision, a supportive team environment, salary, annual leave entitlement, shadowing staff, manageable caseloads, staffing levels, senior staff support in managing complex cases and AYE support. One stated: 'I would be very interested [in children's services] if I believed there was effective use of supervision and group supervision and a balanced caseload during AYE to make everything manageable and avoid burnout' (ID27, female, aged 44). Another recommended 'lower caseloads as it appears to be understaffed and staff having to take on extra work at times' (ID126, female, aged 25). Another female participant indicated her views on incentives as follows:

Being allowed time to find your feet/build experience before dealing with risk that will either make you apathetic or leave the profession. Nothing would incentivise me when my friends who are on AYE are burnt out in 6 months and medicated for anxiety. (ID64, female, aged 31)

A further 17% of the respondents cited post-qualifying learning and development as a motivating factor to work in children's services, with several identifying specific learning and development courses or job-related training, for example 'training on interviewing children of all ages' (ID136, female, aged 35).

In relation to adult services, 90 students provided comments about motivating factors. Of these, 34.4% cited organizational factors, including supportive team environment, supervision, annual leave entitlement, salary, career progression, less bureaucracy, manageable caseloads, flexible working, and better staffing levels in teams. For example, one stated 'I feel that if social workers were financially comfortable it would help them stay in their position, and service users would not have to experience the constant change in professionals working with them' (ID143, female, aged 37). Another referred to a better work-life balance: 'Flexible working hours would make work-home life balance easier to achieve, especially since some of us have children' (ID166, female, aged 39). Finally, another participant identified barriers to person-centered or relationship-based practice as follows:

My experience on placement in adult services is that I'm finding it very monotonous, mundane, and far too much paperwork. I thought social work was about building relationships, but this role is office based with minimal service user involvement, which I do not see myself being able to do long-term. (ID137, female, aged 40)

A further 22.2% ($n = 20$) of respondents reported post qualifying (PQ) learning and development as a motivating factor for working in adult services. Several respondents were very specific about the PQ learning and improvement training they wanted, such as Approved Social Worker, community development, advocacy and human rights, palliative care, mental health or managing people with complex needs.

Some respondents perceived that there was a greater focus on children's rather than adult services throughout their social work degree:

I would be out of my depth ... both my placements were in children's services. So, a placement within adult services would have been beneficial. Also, we did not get sufficient teaching in adult services. Need more insight into actual practice like Northern Ireland Single Assessment Tool. (NISAT) (ID59, female, aged 27)

As illustrated above, there are several organizational factors that would motivate participants to work in children's or adult services, which included regular supervision, a supportive team environment, annual leave, appropriate remuneration, a manageable caseload, and better staffing levels. To help people within children's services, there is a need for more shadowing and support to manage complex cases during the AYE. In adult services, students referenced the need to reduce bureaucracy to allow more face-to-face interaction to build therapeutic working relationships, as well as clearer opportunities for career progression and flexible working to promote a better work-life balance.

Discussion

Our study focused on student well-being, levels of career motivation, and employment preferences within social work. Although most of our participants had no long-term health issues or disabilities, the SWEMWBS results indicated that over a quarter of respondents' scores reflected mild depression (22.2%) or clinical depression (5.7%). When wellbeing is considered in relation to hedonistic aspects, considerations include 'seeking pleasure and avoidance of pain', connections to stress and burnout risk are considered highly relevant. McFadden et al. (2021) emphasized the risk of social work professionals developing mental health problems, including reduced wellbeing and increased burnout. These factors contribute to workforce turnover, due to sickness and absence. The Department of Health's (2022) workforce review acknowledged the negative impact of social workers opting for recruitment agencies and of staff sickness, turnover and vacant posts, which was exacerbated by the COVID-19 pandemic (MacLochlainn, McFadden, et al., 2023; McFadden et al., 2020).

Our findings demonstrated that respondents were aware of the pressure NQSWs faced, which may have increased feelings of fear and uncertainty. Eudemonic wellbeing is considered relevant in relation to the need for meaningful and purposeful work, and self-actualization. Maslow's (1971) classic theory of motivation demonstrates the need for baseline wellbeing to be met, as well as higher-order esteem needs and self-actualization to be achieved. Demonstrating the point about how eudemonic wellbeing relies on the need for meaning and purpose, a recent study using biomarkers in child protection social workers found that physical and mental health are impacted by prolonged stress at work, leading to increases in absence and sick leave (Huta, 2013). MacLochlainn, McFadden, et al. (2023) states that NQSWs are seven times more likely than those in mid or late career, to leave due to stress and burnout. Such findings evidence the risks to both hedonic and eudemonic wellbeing concerns in the social work profession.

Our findings raise questions about what support is required for NQSWs regardless of their mental health, as they enter a profession known to have high

levels of stress, burnout, and staff turnover. Organisational level interventions to prevent people from leaving their employer or the profession include better support from management, increased pay, improved well-being support and safer working conditions (MacLochlainn, Manthorpe, et al., 2023), which mirror our findings. In our study, the self-reported motivation of students declined by 32.4% between starting and ending their professional social work training. In some instances, the decline was influenced through experiences on placement, where students witnessed high levels of staff stress, excessive workloads, and high staff turnover.

Sixteen participants who expressed an interest in part-time working were female, and 50% were informal carers, which emphasizes the importance of part-time opportunities being available. The rationale for working in the statutory sector was based on perceived benefits of job security, stability, working conditions and support during the AYE offered by the statutory sector. However, some highlighted that NQSWs would be motivated to work in statutory-sector services, children's, or adult services, if there were closer levels of supervision, a supportive team environment, support for more complex work and manageable caseloads. Some respondents in our study emphasized higher rates of pay when employed by a recruitment agency, and increased flexibility of finding their feet within employment. However, the Department of Health (Department of Health, Department of Education, Department of Justice, Health and Social Care Board, Northern Ireland Social Care Council, 2022) highlighted the disadvantages of relying on agency staff, as it destabilized and demoralized the workforce, and it reduced opportunities for relationship-based practice with service users who faced a high turnover of staff. A cull on social work staff being recruited through agencies has the potential to improve workforce issues longer-term, but the short-term impact is unclear.

This paper presents the baseline results of a longitudinal study of social work graduates in Northern Ireland. Most respondents were female, one-third had caring responsibilities, and most had no health conditions or disabilities. There were no significant differences in wellbeing scores or levels of motivation between participants based on demographic characteristics. Most wanted full-time employment in the statutory sector, which is a welcome finding amid high vacancy rates. However, some respondents wanted to work in the voluntary sector for less bureaucratic responsibilities, or recruitment agencies for more diverse opportunities and better remuneration. Factors that influence employment preferences centered around organizational factors that support staff, alongside good terms and conditions, or continuous professional development.

High rates of staff burnout, low resilience, and poor staff retention have been widely reported in relation to social work for decades. These issues were exacerbated during COVID-19 pandemic, alongside other health and social care professionals. This study highlighted that levels of motivation to be a social worker may decline over time. The reality of challenges for the profession, including staff stress, excessive workloads, and staff turnover were more obvious during placement. To encourage NQSWs to accept hard-to-fill vacancies and to promote staff retention, employers need to improve support systems, workloads and stability within teams and enhance remuneration.

Academic institutions responsible for training social workers should teach students strategies to manage stress and promote wellbeing and resilience. Furthermore, they should advocate for students, and NQSWs to have higher levels of supervision and

support, manageable caseloads and appropriate remuneration, given the complex nature of their work.

Continuing to engage NQSWs in research about their experiences of coming into the profession will help to generate a robust evidence base to inform the development of workforce planning initiatives.

Limitations and strengths

The main limitation of this study is the subjective nature of self-report on well-being and resilience by participants, and the range of factors on a day-to-day basis that can impact how a person feels at the time of recording responses. Also, asking participants about levels of motivation and job preferences may be transient conceptually, with an individual's recollection of what motivated them to apply to enter professional social work training having been impacted by educational and life experiences over time. Job preferences may be an elusive concept, influenced by the availability of posts, placement experiences, peers, and personal factors, such as finances, geographical location, or dependents, which can be prioritized over 'job preference'. Therefore, the findings represent a snapshot of how participants responded during data collection.

Nonetheless, this research is the best attempt to capture the views of social work students who graduated in Northern Ireland during 2022. It will be interesting to follow up with them over time to monitor whether their actual employment is aligned with stated preferences. As it is longitudinal, using a mixed-methods design, authors can measure changes to well-being and resilience over time at an individual and cohort level. As the study was funded by the Department of Health, and findings were reported directly to the commissioners and funder of the social work workforce, including those who fund student places. This provides a critical information loop to the appropriate responsible authority, who will be armed with an evidence base to support the needs of the workforce.

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Data availability statement

The original data may be accessed upon request from the corresponding author.

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