SW Czech and Slovak Social Work

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ERIS Journal – Summer 2024

4
2024
volume 24

Published by
the Czech Association of Educators in Social Work
the European Research Institute for Social Work
the Slovak Association of Educators in Social Work

Sociální práce / Sociálna práca
Czech and Slovak Social Work
Peer-reviewed scientific journal for fields of social work

ERIS Journal – Summer 2024 – Participation: A Path to Inclusion
English edition of Sociální práce/Sociálna práce/Czech and Slovak Social work

The Journal is published 6 times per year. (4 times in Czech and Slovak, 2 times in English)
ISSN 1213-6204 (Print), ISSN 1805-885X (Online)
Registration Number of the Czech Ministry of Culture: MK ČR E 13795
Registration Number of the Slovak Ministry of Culture - print version: EV 6088/22/PT.
Registration Number of the Slovak Ministry of Culture - electronic version: EV 276/24/EPP.

This issue was published on 31th August 2024.

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Published by:
Czech Association of Educators in Social Work, Joštova 10, 602 00 Brno, IČO: 49465619
European Research Institute for Social Work (ERIS), University of Ostrava, Českobratrská 16, 702 00 Ostrava, Czech Republic
Slovak Association of educators in social work, Ružová 13, 974 11 Banská Bystrica, Slovensko, IČO: 37846591

Layout: Radovan Goj (www.goj.cz)
Print: Printo, spol. s r. o. (www.printo.cz)
Journal Website: www.socialniprace.cz

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Editorial

Welcome to the English edition of our journal, dedicated to the dynamic and multifaceted field of social work. We invite authors from around the globe to contribute manuscripts on topics they deem crucial for discussion within our profession.

Social work is a theoretical and practical discipline, drawing from diverse scientific fields. Despite its broad scope, its mission remains clear: to professionally address the challenges individuals face in difficult circumstances. What sets social work apart from other helping professions is its holistic approach, viewing individual issues within the broader context of social reality. This perspective allows us to understand and address problems that affect not just the individual but their entire social environment.

Our goal is to enhance the quality and professionalization of social work practice. We aim to advance social work as a science and improve education. By supporting the interests of social service providers and users, we strive to bridge the gap between research and practice, fostering a forum for academically rigorous and practically relevant discussions.

The contributions of this issue enrich the knowledge-base of social work with practical orientation and profound scientific depth.

David Schnell's article explores a novel strategy for multi-professional collaboration with system-breakers using the power of the absurd. Analysing a case study through Albert Camus's theory, it reshapes professional experiences and collaboration. This approach helps social workers break free from linear methods and unrealistic service expectations, improving outcomes in challenging cases. Joint case accompaniment uses the absurd to navigate complex situations, enhancing engagement with system-breakers.

Olga Klepáčková, Jana Gabrielová, Martina Černá, and Milan Tomka review music's role in children's care and social work in the Terezín ghetto during the Holocaust. Despite adverse conditions, Jewish self-government provided effective support. Historical research shows music aids traumatized children, supporting their emotional and social well-being. These findings highlight the benefits of musical engagement for children's psychosocial needs, relevant to contemporary social work practice.

Eva Maria Löffler examines how social workers in elected office in Germany transfer their professional knowledge into political decision-making. The study argues that social work knowledge should drive broader social change, not just individual support. Using surveys, interviews, and panel discussions, the study highlights how social workers influence policy, despite challenges like resource constraints and insufficient majority support. The article concludes that greater political engagement from social workers is crucial for driving social change.

Rebecca Löbmann and Michael Heinrich compare social work academic training with professional practice, focusing on competencies. Despite frameworks, graduates often feel unprepared. The study surveys graduates from the Technical University of Applied Sciences Würzburg-Schweinfurt and professionals in child, youth, and family welfare in Northern Germany. Key competencies include legal, theoretical, analytical, and communicative skills, and self-care. Both groups stress the importance of theory-practice integration and self-care in education. Aligning programs with frameworks like the German Qualification Framework for Social Work 6.0 can enhance practice readiness.

Manuel Niemann and Tim Isenberg explore education for sustainable development (ESD) in residential educational support, using de Haan's "design competence" and participation studies. Their analysis reveals the need for institutional and professional development to enhance participation. ESD promotes democracy and adolescent development, facilitated by social workers

creating participatory spaces. This approach is cost-effective, easy to implement, and fosters sustainable personal growth, supporting a better world and environment aligned with sustainable development goals.

Brian Littlechild assesses the effectiveness of service user participation in social work in England, focusing on marginalized and excluded groups, particularly those with mental health challenges. It reviews relevant policies, theoretical approaches, and research to identify key issues and barriers to inclusive coproduction. The article emphasizes the need for social workers to uphold equality and inclusion, advocating for greater involvement of service users in decision-making processes to enhance empowerment and address mistrust towards social work services.

Anna Lena Rademaker's article examines the professional conflicts of hospital social workers in Germany during and after the COVID-19 pandemic. It highlights challenges in balancing complex casework, ethical values, and economic pressures. Using participatory and qualitative mixed methods, the research calls for clearer frameworks and support to prevent professionalization from being overshadowed. The study emphasizes the importance of participatory approaches in improving professional practices and offers recommendations for policy and management to support social workers in healthcare better.

Jiří Mertl's book review for P.M. Garrett's "Social Work and Common Sense: A Critical Examination" explores ideas about and for Social Work and its value orientations.

The issue concludes with a research note from Isabelle-Christine Panreck that highlights Social Work's strength in integrating diverse perspectives. However, this can confuse students, as seen at the Catholic University of Applied Sciences in Cologne. The study examines how lecturers from various disciplines handle tasks like "evaluate" or "discuss" to model diverse thinking. Using the TEACH model identifies thought processes and aims to innovate teaching strategies, promoting inclusivity in Social Work programs through qualitative analysis.

Jutta Harrer-Amersdorffer & Vera Taube
Editors of the issue

Professional Conflicts of Social Workers in Hospitals. Results from a German Participatory Research Project post Covid-19

Accepted for publication XXX

Anna Lena Rademaker

Anna Lena Rademaker[1] is Social Worker (M.A.) and Professor for Social Work in Healthcare at the Faculty of Social Sciences, at Hochschule Bielefeld (HSBI), University of Applied Sciences and Arts. Her research focuses on health promotion, social work in healthcare, interprofessional practice and education, social diagnosis, and transdisciplinary and participatory research approaches. She is a member of the editorial board for the German Journal of Clinical Social Work and the German Professional Association for Social Work in Healthcare (DVSG).

Abstract
OBJECTIVES: Aim of this article is to highlight results of the German postCOVID@owl project and answer the questions: how professionals acting in and post pandemic were perceived by social workers and to what extent participatory approaches contribute to their professionalization. THEORETICAL BASE: Social work in hospitals characterize an overall responsibility for complex problems and representing their 'diffuse' role and tasks in interdisciplinarity. Covid-19 offers a blueprint to generate knowledge about social work and its profession in hospitals, and identify practices and framework conditions in "crisis learning". METHODS: Data collection and analysis by participatory and qualitative mixed methods, based on transformative research. This article presents results from the ongoing process: interviews and participatory developed recommendations for action in a vision workshop. OUTCOMES: Hospital social workers perceive themselves as conflicted actors between case complexity, pandemic consequences, and the hospital. They are confronted with balancing economics, casework in time pressure and own ethical values. Professionalization runs the risk of taking a backseat. Recommendations address policy, hospital management, social service leaders, and hospital social workers. SOCIAL WORK IMPLICATIONS: Hospital social work is an important profession in overcoming challenges in healthcare. A clear framework is needed. Otherwise, hospital social workers run the risk to be ground between management and ethical values.

Keywords
hospital social work, professionalization, participatory research, mixed methods, transdisciplinary

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INTRODUCTION

Hospital social work in Germany has a long-standing tradition. An activity that originally arose from the voluntary care for people suffering from tuberculosis was transferred to professional practice by female social workers in Germany at the end of the 19th century with the establishment of welfare centres and the establishment of municipal support centres (Reinicke, 2008). Healthcare should not only be understood as a medical and nursing care task, but also as psychosocial help. In the USA, hospital social work started to become professionalized around 1905. The first US "doctors who wanted to improve the professional practice in hospitals identified social work as an important partner for more precise diagnosis and more effective treatment." (Cannon, 2018:49). In Germany, parallel to the establishment of the first hospital social services in Berlin around 1914, hospital social services were also established in other cities in Germany (Reinicke, 2008). In 1926, the then German Association for Welfare Services in Hospitals was founded, which continues to exist today as the German Association for Social Work in the Healthcare (DVSG) (see dvsg.org). Even after almost 100 years of professional association organization, social work in hospitals, as a 'foreign' profession among healthcare professionals in the "host setting" hospital (Sjöström 2013; Strom-Gottfried 2019), still suffers from a diffuse professional understanding. In the area of tension between social and healthcare professionals, it is required to maintain its professional perspective, theoretical positioning, concepts and methods in the multi- and interdisciplinary team, and to continually bring forward social workers role and task in patient care under institutionally given and legal framework conditions. As a profession among healthcare professionals, social workers in hospitals are faced with the challenge of confidently representing their role and tasks in interdisciplinarity. The development of professional autonomy under conditions of implicit professionalism within the context of the hospital conditions was not crisis-free even before the pandemic. Social work in the healthcare system is "misunderstood, undervalued, or not known" (Davis, Baldry, Milosevic, Walsh, 2004), as there is no unique understanding of what the role and tasks in the hospital are and how they carry out their professional actions, even in contrast to healthcare and medical staff (Hanses, 2011; Sjöström, 2013; Cleak, Turczynski, 2014; Findley, 2014). The DVSG provides professional recommendations for workplace descriptions, social workers tasks, and affordable working conditions in hospital social work. However, the extent to which these are to be applied is not regulated by law. The responsibility therefore remains with the 'good will' of the hospital management and to what extent the leaders of social services succeed in representing their interests. The well-known "diffuse overall responsibility" for complex problems of social work practitioners in professional situations are potentially very complex to communicate and often diffuse to understand in interdisciplinary teams (Hochuli Freund, Stotz, 2021:48). This challenges social worker to continually position their perspective and to be able to confidently represent their tasks, role, concepts and methods in the hospital care team.
With the outbreak of the corona pandemic in 2020, there were disruptions in the healthcare system. The social determinants of health were suddenly in the public eye. Previously (unquestioned) processes and everyday routines were interrupted, care systems were put to the test and specialists in outpatient and inpatient healthcare were pushed to their limits to deal with the then still unknown extent of the pandemic crisis. This offered the opportunity to use the Covid-19 pandemic as a blueprint not only to generate knowledge about social work and its profession in hospitals, but also to identify practices and framework conditions in the sense of 'crisis learning' that support action, uncover the possibilities of social workers in hospitals and thus obtain indications about their professionalization.
The aim of the postCOVID@owl-study was to generate knowledge about the professional practice of social workers in hospital social services, as well as to use the participatory design to enter into a transformative process with actors from local hospital practice, which, among other things, makes it possible to initiate changes in the research process (Jahn, Bergmann, Keil, 2012; Defila, Giulio, 2018; Hartung, Wihofszky, Wright, 2020). The ongoing research project "The hospital social service

in crisis - insights for future-oriented care by social work in the interdisciplinary team in OWL post COVID-19 (postCOVID@owl)" has been funded by HSBI's research fund HIF since 1 October 2021. The project ends in September 2025. A positive ethics vote from the Research Ethics Committee of the German Association of Social Work (DGSA) has been received. In the ongoing project, expert interviews were conducted, and results discussed in workshops with hospital social workers. Moreover, social workers were trained to record ethnographic protocols about 'typical cases' with patients, relatives and the multiprofessional[2] team members (doctors, nurses, therapists, etc.) in their daily practice. These protocols were still analysed by researchers and in a teaching research seminar, aiming at visualizing those into graphic novels together with students. The article presents initial findings from expert interviews and one of the workshops with social work practitioners.

STUDY DESIGN

The postCOVID@owl project consists of a mixed methods design carried out in a participatory process. At the beginning of the project in 2021, twenty expert interviews were carried out with social workers from social services in eleven different hospitals in five Ostwestfalen-Lippe (OWL) districts in North Rhine-Westphalia (Germany) (see Table 1). Following a participatory approach, in November 2022 ten social worker were taught in a first reflection workshop in the method of writing ethnographic case protocols to document "typical cases" of their professional daily practice. Thirteen protocols have been written and reflected with the case providing social workers in a follow-up workshop. After the follow-up workshop, the social worker could decide whether they consent to hand out the protocols to the researcher for hermeneutic structural data analysis. A vision workshop followed in November 2023 with nine social workers from the OWL region to develop participatory recommendations for action based on the interview results.

[2] In this article the term of multiprofessional practice is used to consider different professions work with the same client or case (at the same time). The term interprofessional practice highlights that different professional sub-groups work together (collaboratively) as a team to achieve the best possible care for the client's different needs.

Table 1: Steps of the ongoing research project, methods, sample and status of data collection and analysis (May 2024)

date	method and data[3]	sample	status
11/ 2021 – 05/ 2022 completed	expert interviews • social workers were interviewed by researchers and trained social work students • qualitative content analysis	• twenty hospital social workers from eleven hospitals in five OWL districts	• completed
11/ 2022 ongoing	reflection workshop • firstly, social workers were trained in writing ethnographic protocols about "typical cases" of their daily practice • secondly, social workers protocoled cases (four weeks) • thirdly, cases were analysed and reflected in a follow-up workshop together with the case providing social workers • finally, social worker could decide whether they consent to hand out the protocols to the researcher • hermeneutic structural analysis by researchers • teaching research seminar with the aim of visualizing linguistic figures from the case protocols in graphic novels with students	• thirteen ethnographic protocols written by ten hospital social workers from nine hospitals in four OWL districts	• still ongoing
11/ 2023 completed	vision workshop • presentation and discussion about interview results • world café about four centre topics identified in the interviews • participatory development of recommendations for action • documentation was carried out using flipcharts and cards, and workshop was recorded using photo documentation • descriptive workshop evaluation based on the documented artifacts	• nine hospital social workers from seven hospitals in four OWL districts	• completed
10/ 2024 planned	HCD workshop • social workers develop "patient care cycles" based on "typically" reconstructed prototypes from ethnographic protocols • determine the "complexity" of casework by social workers in hospitals in a participatory manner • gain insights into time required and steps that must be carried out by professionals • documentation will be carried out using group work records and photo documentation • descriptive usability evaluation	• X hospital social workers from Y hospitals in Z OWL districts4	• planned

[3] All the data were anonymized and coded. Code protocols and declaration of consent were store safely separate from the data.

[4] 122 social workers from 35 hospitals in NRW and representatives from 3 local networks will be invited. The excepted sample is ten to twelve social workers, again.

09/ 2025 planned	final conference • presentation and discussion on the synthesis of all results • workshops with practitioners • exhibition of student's graphic novels	• social workers, students, scientists, members of professional associations and different specialist networks • planned with 100 participants	• planned

A Human-Centred Design (HCD)[5] workshop is planned for October 2024. In this workshop, social workers will develop "patient care cycles" based on "typically" reconstructed prototypes from ethnographic protocols. The aim is to determine the 'complexity' of casework by social workers in hospitals in a participatory manner and to gain insights into the actual time required and the steps that must be carried out by the professionals. Finally, in September 2025, the synthesis of all research steps will be presented and discussed to a broader audience from all over Germany at a conference at the HSBI. The celebratory setting is an exhibition of students' graphic novels.
This article presents the interview results and results of the vision workshop in November 2023.

Expert Interviews
Expert interviews served to identify a.) structural conditions of collaboration in the interdisciplinary team before, during and after the pandemic and b.) subjective assessments of the implementation of pandemic crisis intervention measures with their effects on the work in social services and the quality of care for patients (Meuser, Nagel, 2009). The interviews were transcribed, and the text material was coded using the MaxQDA software, taking qualitative content analysis into account (Schreier 2012). In addition, memos and initial "global analyses" were recorded. The comparative analysis of all interviews revealed eight main categories (see Figure 1). In these, a core category (phenomenon) was then identified and transferred into a coding paradigm (see Figure 2) in terms of context, causal condition, intervening conditions, strategies and consequences (Strauss, Corbin, 1996).

Vision Workshop
The specialists' vision workshop (Alcántara et al., 2018) with seven social workers from hospitals and two from rehabilitation in the OWL region took place at HSBI, November 2023. At the beginning the results of the interviews were presented. This was followed by a group work, in which participants were asked to discuss and assess the results against the background of their own professional practice regarding the relevance of the findings. The results were presented to the group. Afterwards there was a world café with four questions at four tables. Participants had 15 minutes to discuss the questions at the respective tables in groups. The four questions were identified in the interview analysis. After the world café, results were presented to the whole group and discussed. Subsequently, participants scored the different aspects' relevance, using red glue dots. At the end a discussion among the whole group started on recommended actions for social work in hospitals along the questions, which specific topics must be dealt with by (1.) policies, (2.) management of the hospitals in OWL, (3.) leaders of social services in the hospital and (4.) hospital social workers themselves.
The documentation was carried out using flipcharts and cards and was recorded photographically. The evaluation is descriptive based on the documented artifacts.

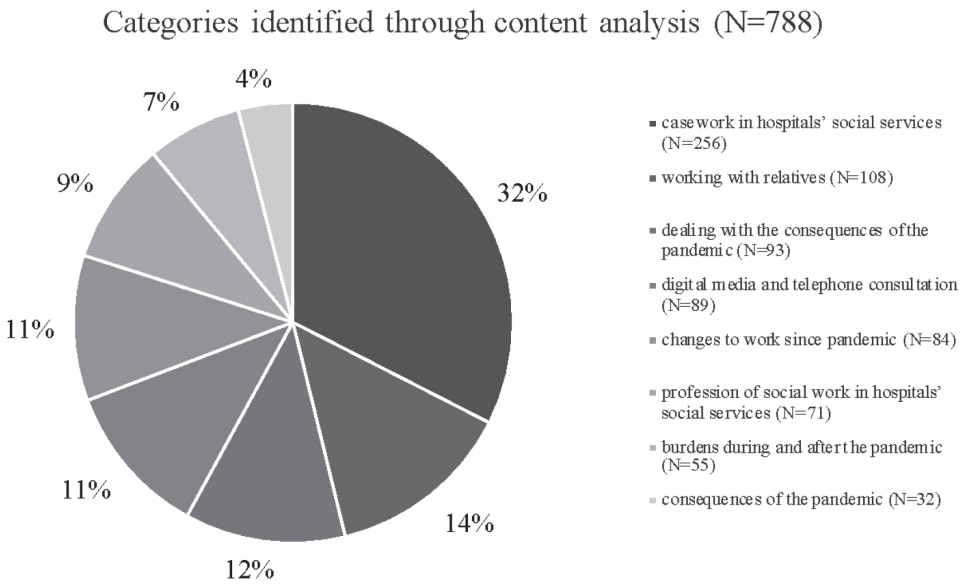
[5] When designing the workshop, methods are used that are based on the CPUX-F curriculum of the German Association for User Experience and Usability Professionals (UPA) (www.germanupa.de).

RESULTS OF THE STUDY: PROFESSIONAL PRACTICE UNDER CRISIS CONDITIONS

To summarize, eight categories[6] were identified through qualitative content analysis. Based on their frequency distribution determined in the interviews, they are divided as follows (see Figure 2):

- 256 codes[7] could be allocated to casework in hospitals' social services.
- After casework, 108 codes were allocated to working with relatives.
- 93 codes were assigned to the category of dealing with and overcoming the consequences of the pandemic.
- 89 codes represent the importance of digital media and telephone consultation.
- 84 codes were allocated to the category of changes to work since the pandemic.
- 71 codes were assigned to statements on the profession of social work in hospitals' social services.
- 55 codes represent the category of burdens during and after the pandemic.
- And 32 codes were assigned to consequences of the pandemic.

Figure 1: Categories identified through qualitative content analysis. N is the number of codes identified in sequences in the interview material.



Description of the Categories

Casework in hospitals' social services

In total, data show that casework is, with 788 codings, of high significance for the interviewed social workers. This category can be divided in (a.) casework in multiprofessional teams, (b.) transition to in- and outpatient services and (c.) patient consultation. Throughout all interviews, it becomes clear that the social workers are confronted with complex demands and an increased

[6] Categories represent the main identified topics, explained by coded sequences in the interview material. Coding is the first step between data collection and category identification. A code is a keyword or label describing the contents of a data sequence.

[7] Data segments were coded by more than one label (code).

number of needs: "PATIENTS who SLIP THROUGH, slip even MORE or even FASTER" (FK06_b, item 68[8]), which is presented in detail in the following aspects.

Especially for patients with complex care needs, organising follow-up treatment has become more difficult during the pandemic. Interviewees emphasised the extensive shortages of specialists and places in treatment. A social worker puts it specifically to the point that they need a "COMPACT PACKAGE" that they must organize from the hospital "within a very short time" (FK07_a, item 38). On top of that, psychosocial and social counselling required social workers to invest more time and flexibility during the pandemic, particularly due to fewer face-to-face contacts. There was an overall lack of methods for digital and telephone consultation, software and material resources. In addition, personal contact was made more difficult, as interaction processes can hardly be established in the digital sphere. It turns out that personal contact and interaction with one another is perceived as important and helpful for social diagnosis and needs-oriented consulting. Smaller indicators such as biographical experiences with health and support systems could hardly be identified, which can prove to be important during treatment, for example for the acceptance and use of follow-up outpatient rehabilitation. In addition, "communication with PATIENTS and RELATIVES has completely changed" so that "VERY OFTEN we talk to relatives ABOUT the patients […] and not with relatives and patients TOGETHER" (FK08_c, item 40). This influences the patients' opportunities to participate and at the same time be able to meet their wishes and needs. Overall, compared to the pre-pandemic situation, social workers complain that "the PATHS have now simply [...] become much, much LONGER and MORE COMPLICATED" (FK04_b, item 46). Important information, e.g., about gestures and facial expressions or wishes and decisions, is not conveyed (FK02_b, item 26; FK04_b, item 76). Consequently, the interviewees stated that the opportunities for participation were lacking for patients and their relatives.

They also said that consultations in the multiprofessional team had been impacted by the pandemic. In some hospitals, meetings were cancelled, others maintained them (partly online). These differences were explained by institutional options and guidelines. At the same time, it is also stated that the loss of regular meetings contributed to time resources: "There is no longer quite as much TIME for these regular meetings, um (1) ON IT, as if you simply have a structure like that, you just meet once a week in THAT group and then again in THAT group, so it is, it's also become a bit MORE FLEXIBLE, that's not JUST a bad thing, no" (FK05_c, item 50). It was also reported that informal contacts within team members were limited, e.g., by prohibiting them to use "social rooms" together for lunch. Overall, the picture is split. On the one hand, interviewees felt it was a relief that the number of time-consuming meetings was reduced. On the other hand, meetings were described as helpful and important in multiprofessional team work and their cancellation were criticised.

Working with relatives

Social workers reported that there were fewer personal contacts with relatives, but more on the telephone at the same time. In times of limited opportunities for visits, relatives used the social services for access to the patients and information about their situation. "And if the relatives also called me, then of course I could pass on BETTER information or something like that. Or CONVEY if - if you haven't spoken to the doctors for a long time, then I connected and then said to the doctor, man, she's SO worried, so please talk to her. And that worked well." (FK10_c, item 39). Some of the interviewees mentioned that this was positive, as it gave them access to relatives where it would otherwise not have happened.

However, it was also reported that relatives took out their pandemic-related uncertainty and

[8] Interviewees were assigned an anonymization code that does not allow any conclusions to be drawn about the person or institution in which the social worker works.

anger on social services, e.g., when it came to the use of masks, compulsory vaccination, or the organization of aftercare. In addition, there were higher demands on the patients and more personal initiative to organise their own discharge or follow-up treatment.

Dealing with the consequences of the pandemic

In dealing with the consequences of the pandemic, the hospitals' crisis management were deemed vague and unclear. The interviewed social workers felt that they were hardly included, and that information did not always reach social services. In addition, it is mentioned that challenges concerning social workers professional practice during pandemics were not handled very systematically by the hospitals' management—challenges were even not realized by the management—and that social services relied more on individual solutions on a "small scale", like social workers' practical experiences. "In order to reach an agreement within the team, OK, how does one deal with it, how does the OTHER deal with it, as soon as you have found ONE care service that has said OK, we will then take over the care of a covid patient, of course we have each other also informed directly in the team" (FK04_b, item 42). Collegial or regional working groups for hospital social workers played an important role in sharing knowledge about others' good practices.

Overall, interviewees felt being a link between the different actors: patients, their relatives, colleagues in the multiprofessional team, hospital management and follow-up treatment services. This became one of the most intense areas of tension cited by respondents.

Digital media and telephone consultation

During the pandemic, social workers noted increased demands on the use of digital media in patient care and telephone consultation. On the one hand, this led to improved use of digital documentation software such as hospital information systems. On the other hand, social workers also reported that the varying use of different hospital documentation systems made it difficult to obtain relevant information about patients and care. There was hardly any standardized usage practice for digital documentation in the multiprofessional team. Additionally, outdated hardware and software equipment, long wait times, limitations in submitting medical requests, and more made work difficult. On the other hand, some interviewees reported that Covid-19 caused a digitalization 'boost' in hospitals it-infrastructure. In some hospitals due to the pandemic digital change processes were developed a little faster. Although it was emphasized that this was "more like CRYING" compared to other sectors (FK08_c, item 83). However, interviewed social workers described digitalisation in the hospitals as "FAR from GOOD" (FK08_c, item 96) compared to other institutions. They wish they had "a single" adequate software to facilitate their job and not cause extra (paper) work.

Consultation was primarily done by telephone. While some social workers also realised digital consultation through video conferencing software, they mostly did so with private hard- and software. Training courses organized by the hospital management to expand skills in using digital technologies in psychosocial counselling were not reported in the interviews. Moreover, the social workers voiced their reservations against digital or telephone consultation of "hard-to-reach" target groups, like elderly, migrants, socially excluded or patients with multicomplex psychosocial needs, like in oncology or hospice. They said that they still needed non-verbal communication for a real patient-oriented social diagnosis, discharge management and provision of appropriate follow-up care arrangements.

Changes to work since the pandemic

What was most clearly noticed by social workers was the increasing orientation towards the economic interests of hospitals and discharge management during pandemics. In addition, interviewees said that the number of patients with complex care needs had increased, while the

support from relatives during hospitalisation and follow-up treatment had decreased. This all happened during times of fewer personal contacts and more social isolation in the hospital teams and with patients and their relatives. This made psychosocial care and patient orientation more difficult. Social workers were challenged to manage the needs and different interests of involved actors in times of uncertainly. At the same time, they emphasized that the effort required to accept digital media for the transition to aftercare had increased. Workflows had become more complicated and the orientation towards cost efficiency and discharge management, to get patients beds free again quickly, move through all work areas.

Profession of social work in hospitals' social services

Social workers interviewed emphasize that they find themselves in an internal conflict between their professional attitudes and the institutional conditions. They said they had to balance the psychosocial counselling effort and patient orientation with the available options in the hospital environment and outpatient care system, the interests of management and the increasing complexity of care in times of crisis. Social workers feel that economic pressure in the hospitals increased and much more impacts casework: "we had a COVID unit, too, which means that the hospital could not be used to CAPACITY, leading to a LOWER bed occupancy [...] YES and then the bed occupancy is included in calculations [...] so that everything WORKS OUT (...) sounds STUPID, but that was the FINANCIAL aspect, that as many patients as possible were PASSED THROUGH, so that the hospital has the income" (FK19_a, item 48).

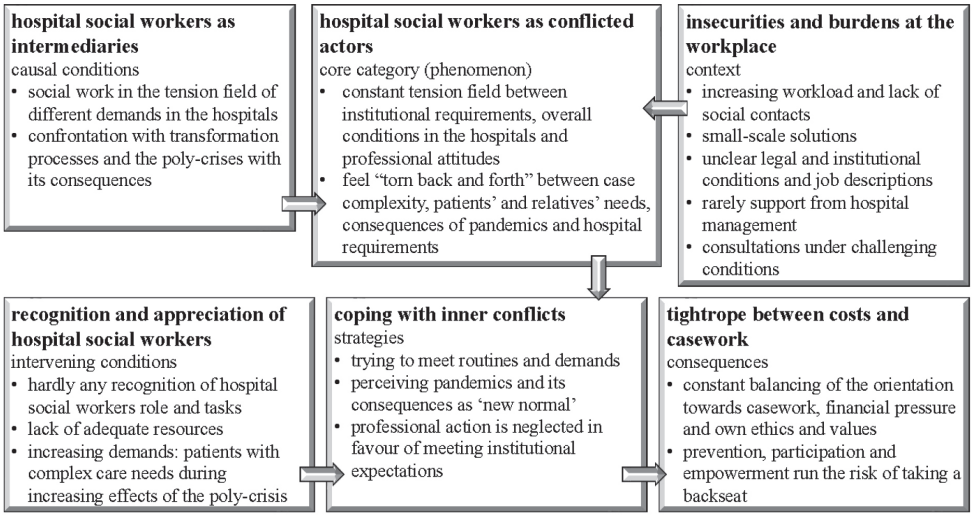
In addition, social workers in the hospital team feel little recognized, noticed or valued; they feel ignored and overlooked, as they say to be the "REAREST part of the TEAM, where no one KNOWS, uhm, what they actually do" (FK07_a, item 136, FK09_c, item 116). In addition, relatives and patients often know nothing about social services.

Regarding resources, social workers point out that social services do not always have sufficient human and material resources to meet daily professional demands. For example, social workers must share their office with colleagues during psychosocial telephone consultations, which leads to professional distress and moral concerns. Even technical device is lacking or outdated. The general conditions in the hospitals lead to the concern that things are being handled "unethically" (FK06_b, item 52, 54, FK04_b, item 170) and bureaucratically, instead of recognizing people as human beings and their needs. This puts them in a huge tension with their professional attitude.

Relating the categories to each other

If one relates the categories to one another, the core category becomes that the hospital social workers perceive themselves as actors in the conflict. This will be presented as a core phenomenon (see Figure 2). This kind of being "torn back and forth" describes the distress of the soul and the conflict of the subject between the demands and values of professional ethics and the given reality in which hospital social workers are conflicted (Rademaker, Schörmann, Quehl 2024). Social workers are in a constant tension field between institutional requirements, overall conditions in the hospital and their professional knowledge and self-image (attitudes). They feel "torn back and forth" between case complexity, patients' and relatives' needs, the consequences of the pandemic and the requirements of the hospital as the place of fulfil professional casework (Rademaker, Schörmann, Quehl 2024). Social workers describe themselves as being in a "SANDWICH position between DIFFERENT KINDS OF INTERESTS" (FK01_a, item 48). They feel an inner conflict between cost efficiency and being able to "devote time to someone who needs psychosocial SUPPORT and ATTENTION" (FK08_c, item 64).

Figure 2: Relation of the categories to each other using the grounded theory coding paradigm



Source: (Strauss, Corbin, 1996)

Causal conditions - Not only during times of crisis does their role as intermediaries come to the fore as the underlying condition for the feeling of an inner conflict. Social work is in the tension field of different demands in the hospital team and mediates between them. In doing so, social workers are confronted with social transformation process, the poly-crises and their consequences for patients, e.g., rising poverty and patients without stable social networks, insurance or housing status, demographic change and patients with complex care needs as well as the effects of (the lack of) digitalisation in healthcare and social services.

Context - Insecurities and burdens in the case of an unclear scope of action at the workplace in hospitals can be identified as the context in which inner conflicts occurs. Increasing workloads in discharge management and insecurities regarding the fulfilment practice due to a lack of social contacts with patients, relatives and colleagues and high demands in digital communication go hand in hand. Solutions must be developed creatively and, in individual cases, newly again and again. Social services in hospitals in Germany are still struggling with unclear legal and institutional conditions—where is the social service located in hospital hierarchy, who is the leader of the social services team, with what kind of professional qualification, what kind of academic qualification is needed for employees—and with unclear or non-existent job descriptions[9]. Collegial solutions are often developed on a small scale. A precise example for this is the small-scale solutions of digital and telephone consultations, which rarely have been supported from the hospital management, in e.g., providing trainings, secure counselling spaces or adequate technologies. Used interventions were developed and expanded under the challenging conditions of the pandemic and in social isolation. Interviewees state that the "BURDEN" is "a permanent UNDERSTAFFING across DIFFERENT areas, which leads to (.) not being able to manage your STUFF in time" (FK01_a, item 78) and "having to attend to MUCH more stuff in MUCH less time" (FK07_a, item 52-54). During the pandemic, "PROCESSES have become much, much LONGER and MORE COMPLICATED" (FK04_b, item 46).

[9] The specialist Association DVSG provides job descriptions and requirements for the hospital social workers working places. But to what extend these are used, depends on the leader of the hospital social service and recognition of the hospital management.

Intervening conditions - Intervening conditions, which have a beneficial or restrictive effect on action and interaction strategies of social workers, seem to be found in a lack of recognition and appreciation of social work in the hospital. There is hardly any recognition of what social services do, how employees manage doing their job under time pressure, with a lack of adequate resources, starting with time and space (offices), personnel, it hard- and software and much more. At the same social workers are confronted with time-increasing demands on coping with patients with complex care needs during the overall increasing effects of the poly-crisis.
Strategies - This results in a form of continuous coping requirements in everyday work beyond the pandemic as action and interaction strategies for dealing with perceived internal conflicts. Social workers continue to try to meet routines and demands, and the pandemic and its consequences are perceived and accepted as a "new normal" without systematically and critically questioning them. However, "business as usual" regularly reaches limits to manageability under the given conditions, not only because of the pandemic and its consequences. As a result, professional action is neglected in favour of meeting institutional expectations like a fast and cost-saving discharge management.
Consequences - For the practice of social work in hospitals, the consequence is that professionals are walking a constant tightrope between cost efficiency and professional casework. They are confronted with a constant balancing of the orientation towards the economic situation of the hospitals, casework under time and financial pressure and their own ethics and values in the professional practice. Prevention, participation, and empowerment, to name just a few of the aspects mentioned by the interviewees, run the risk of taking a backseat.

RESULTS OF THE VISION WORKSHOP FOR FUTURE-ORIENTED CARE

Discussion of the research results
Discussing the research results in the vision workshop, it became clear that a high relevance was attributed to the presented findings against the background of participating social workers own practical experiences. The discussion focused on the findings being scientifically sound evidence of what has been widely known and thus going beyond a mere "culture of complaining", as the participants said. They hope that the postCOVID@owl-study might raise awareness of the situation of social workers in the hospital and the tension field as conflicted actors, that they are faced within their daily work. Therefore, they consider the phenomenon of being torn between hospitals' demands and values of professional ethics of particularly high relevance to practice and its further development, especially regarding the conflict between professionalism and cost efficiency, as well as given resources and professional attitudes. They discussed that clearer guidelines and more visibility of the social services was needed in multiprofessional teams and on hospital management levels.
In addition, they considered the lack of recognition and appreciation highly relevant to their practice. Participating social workers discussed that social services had to be advertised more. Overall, they felt that visibility of the social work profession had to be strengthened and that they had to set boundaries in their daily work about tasks that do not fall under social workers role. Regarding the "new normal", participants stated that many colleagues had already accepted that casework became more time consuming and was more complex instead of critically questioning this. After the pandemic, they said, their work situation and the care of patients had by no means normalised but become even worse. However, they felt that social work itself did not systematically identify the problem of the workload/overburdening of social work in hospitals. Moreover, the social workers criticised that digitalisation did not consider the needs encountered in practice and, that it was not a universal remedy for all problems. They wish digital solutions would make their work easier and not more stressful.
As mentioned before, the participants discussed that scientific findings could strengthen the professional argumentation of social workers in hospitals. They would like to see more research

studies, for example on the relationship between patients' care in the hospital and the workload of social services' counselling, especially concerning patients with a multicomplex need of care. Among other things, the discussion focused on DVSG's staffing recommendations[10], which, on the one hand, not all attendees know, and, on the other hand, is considered outdated (published in 2013). They said that the actual time intensity, especially in the current situation of healthcare, was not represented by it.
About professionalization, the participants discussed being more creative in casework, e.g., in communication, and mentioned new methods of digital counselling offers. Overall, the discussion participants emphasised that social work in hospitals had become even more important and said that this was due to the poly-crisis and social transformation process. They said that poverty, health inequalities, migration, economic crises, personnel shortage and many other current developments collided in hospitals and had to be absorbed by a system and staff that was already overburdened.

Results of the world café
In the world café, the topics below (see Table 2) were discussed in small groups at four tables, then presented to the whole group and scored by participants with red glue dots according to their relevance. The social workers ratings are marked with an asterisk.

Table 2: Topics and results discussed in the world café at four tables and scored by participants (*)

Table 1: What requirements are there for professional casework in hospital social services?	**Table 2: How can we improve networking and collaboration within hospitals and with outpatient care?**
• cooperation and multiprofessional teamwork with a common goal** and language beyond team boundaries • a sense of sympathy for other professions and the competence to mediate between relatives, patients and colleagues • exchange with social workers in the hospital and regional networks • adequate provision of resources, like quiet consultation rooms and settings that ensure patients' integrity and data protection, work equipment* such as computers and software • quality management, time and money, strategic staffing, further training for employees, and transparency and clearly role and tasks for social workers • recognition of the social workers relevance in the hospital team, especially by waiting for results and taking them seriously when social services are requested • empathy*, heart, humour and nerves of steel, patience • psychosocial counselling competencies, like non-verbal communication, skills and professional attitudes*	• a promoting attitude of the hospitals' management****, • self-confidence in one's own role as a social worker, presence in the hospital, recognition of social work as an independent profession** • structural organized exchange within the hospitals' personnel, more direct communication and personal contacts • participation of social workers in regional specialists' working groups and their approval by the hospital management • sympathy, commitment, setting boundaries and clear directions to be taken seriously • maintain humanity despite stress in the multiprofessional care team**

[10] The staffing recommendations say that 600 cases per full-time employee in acute hospital care are recommended for social work services. This means that each case is calculated with 160 minutes gross, including patient-related time (60%) and other tasks (40%) (as of 2013).

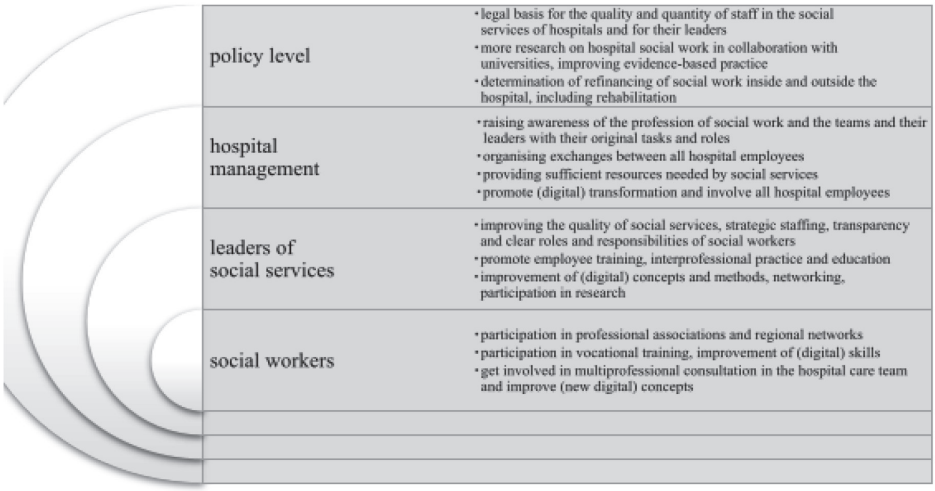
Table 3: What needs to be done to design digitalization in such a way that it makes work processes in hospitals easier?	**Table 4: How can social workers in hospitals be professionalized? What are the requirements?**
• software an digital device should be designed to make work easier and not more complicated**, hospitals' management needs to promote a 'critical openness' towards digitalisation, evaluation by employees is needed in the hospitals' digitalisation process • there is a need for reliable agreements on the use of digital tools and digital skills in healthcare teams • IT staff should listen to the social workers and the multiprofessional teams, recognize their needs and work with them to implement adequate solutions, the hospital management should provide the appropriate hard- and software as well as financial resources • digitalization in the hospitals should be further developed together with outpatient care digitalization must not replace personal relationships*	• there are obvious requirements for evidence-based improvement in the quantity and quality of social workers in hospital social services ***** • social workers should increase their organisation in professional associations and regional networks • social work in hospitals is professional, but lacks recognition and acceptance in multi-professional teams and in the public****, social workers should become an integral part of the multiprofessional team in hospitals and should be taken seriously • interprofessional practice and education within multiprofessional teams should be improved and more learned about and with each other* • promoting trust in one's own professionalism as well as the acceptance and trust of others in the professionalism of social work**

The results of the world café show that, social workers in all four areas of interest struggle with less recognition by hospitals' management, unclear tasks and role in the multiprofessional care team, lack of resources, and own uncertainties about their diffuse responsibility. As an actor, the hospital institution plays an important role in improving change and crisis learning on a comprehensive level. As mentioned in the world café, social workers in the hospital care team are professional. But the circumstances, limits and forms of (crisis) management push (not only) those who are not self-confident enough to take their position appropriately into the background.

Participatory development of recommendations for action

Using the results of the world café the participatory development of recommendations for actions took place in the whole group and was oriented towards the four levels of policy, hospital management, leaders of social services and the social workers themselves. The following results were recorded (see Figure 3).

Figure 3: Collected recommendations for action on four levels for social work in hospitals



Policy - At the policy level, a legal basis for the quality and quantity of staff in the social services of hospitals and for their leaders is required. In order to provide high-quality psychosocial and social/legal counselling and patient-oriented discharge management, social service employees need an academic qualification in social work, which must be anchored in the federal state hospital law. To date, further steps to legally anchor social work in the healthcare system and especially in hospitals in German social law are still pending. In addition, policymakers are encouraged to promote more research on social work in hospitals in collaboration with universities, particularly to improve evidence-based practice according to the quality of work and to determine its quantification in order to update staffing recommendations. There is also a requirement to determine the refinancing of social work inside and outside the hospital, including rehabilitation.

Hospital management - At the hospital management level, there is a need to raise awareness of the profession of social work and the teams and their leaders with their original tasks and roles. Therefore, professional social workers are needed as leaders of social service teams who are given the necessary time for management tasks, conceptual work, network and cooperation requirements, participation in research, and administration. This can improve the connection from the social service team to the hospital management in a professional and valuable way, improve a culture of critically questioning routines and care to provide sufficient resources needed by social services. However, to systematically ensure patient-oriented practice and high-quality discharge management, the legal basis is required. Moreover, hospital management should take more responsibility for organizing option spaces for multiprofessional exchange of all hospital employees and promote the (digital) transformation with all hospital employees involved.

Leaders of social services - Social service leaders must recognize their responsibilities to improve the quality of social services, organize strategic staffing, and provide job descriptions for greater transparency and clear roles and responsibilities for social workers in the social services team. They should promote staff training and the interprofessional practice and education of their team members. In addition, managers of social services are required to improve (digital) concepts and methods, to network and get involved in professional associations and regional working groups, and to participate in research projects.

Social workers - The social workers themselves must be able to position their professional attitude and their role in the multiprofessional hospital team. On the one hand, this includes setting boundaries and, at the same time, working on an equal footing with nurses, doctors, therapists and other professional groups. Social workers must be aware of their professional identity and therefore get involved in professional associations and regional networks as well as in further professional training to improve (digital) skills. This would enable them to contribute more confidently to multiprofessional settings in outpatient and inpatient care and to confidently get involved in further develop (new digital) concepts.

DISCUSSION

The professional conflicts of social workers in hospitals emerge in a tension between balancing professional attitudes and institutional requirements is not new yet. There is already evidence in the challenge of managing the constant tension field between the institution, overall conditions in the hospitals and professional attitudes (see for example Davis, Baldry, Milosevic, Walsh, 2004; Hanses, 2011; Sjöström, 2013; Cleak, Turczynski, 2014; Findley, 2014; Strom-Gottfried, 2019; Löffler, 2022). For the Australian perspective, for example, Findley assumes that a lack of recognition in care models complicates care processes when the role of the social worker is less clearly defined (Findley, 2014). The German research project postCOVID@owl has now shed light on how professional interactions during and after the pandemic were perceived by social workers themselves, with the aim of learning from crises while gaining a more precise picture of multiprofessional teamwork.

Comparing interview results with the results of the vision workshop in 2023, when the pandemic was almost no longer an issue in German society, the generally accepted assumption in the social sciences is confirmed that Covid-19 is less responsible for problems in the fields of work, but the pandemic has ensured that the already unacceptable situation has escalated. It appears that the ongoing problems with patient-centred care are increasingly putting the German healthcare system under pressure. Social work in hospitals had become even more important due to the poly-crisis and social transformation, when poverty, health inequalities, migration, economic crises, personnel shortage and many other current developments collided in hospitals and had to be absorbed by a system and staff that was already overburdened. In 2018, hospitals estimated the proportion of patients requiring comprehensive discharge management to be 20 percent (DKI, 2018). And the combination of social crises and pandemic-related consequences, inadequate aftercare arrangements and a lack of cross-sector networking of services means that hospitals and the hospital care team must compensate for deficiencies in care from other service areas (DKI, 2021). The consequences are unstable care arrangements that can lead to revolving door effects and non-utilization of necessary interventions for social inclusion and participation in working life after recovery (Braet, Weltens, Bruyneel, Sermeus, 2016). The additional lack of outpatient care promotes massive problems in discharge management, which, like many of the gaps in healthcare already outlined, already existed before the pandemic. Like in the beginning of social workers professionalization more than one hundred years ago the relationship of ill-health and social inequalities is omnipresent. And the results of the study show precisely that hospital social work is an important partner in overcoming increasing challenges in healthcare, especially regarding the group of patients with complex needs. But if there are hardly any recognition of hospital social workers role and tasks, lacking adequate resources, and at the same time increasing demands and effects of the poly-crisis, institutional barriers hinder professionalization. The practitioners find themselves as conflicted actors. Instead of doing their job, they must constantly rebalance casework, financial pressure and ethics and values. Which is on the one hand of course constitutive for the profession of social work. But as far as there is just a vague framework it is responsible on hospitals management will to protect the role and social workers task, hospital social workers run the risk to be grinded between managerial requirements and professional ethical attitudes.

CONCLUSIONS

As part of the participatory approach with the vision workshop, the findings were discussed together with practitioners to derive recommendations for action. On the one hand, the potential of this approach lies in the development of solution strategies that are closer to the everyday practice of those involved. The joint discourse can stimulate critical reflection on the existing structures and thus contribute to a change process 'on a small scale'. In addition, recommendations for action developed at the four levels of social work in the hospital must be transferred to politics, hospital management, social service managers, and the social workers themselves. Therefore, further steps are planned in the transformative research approach (see Table 1) to raise a voice for the situation of hospital social workers and to strengthen their work structures and recognition. This transdisciplinary approach "is a critical and self-reflexive research approach that relates societal with scientific problems; it produces new knowledge by integrating different scientific and extra-scientific insights; its aim is to contribute to both societal and scientific progress; integration is the cognitive operation of establishing a novel, hitherto non-existent connection between the distinct epistemic, social-organizational, and communicative entities that make up the given problem context." (Jahn, Bergmann, Keil, 2012:9). For example, the ethnographic protocols are analysed structurally by researchers and students in an ongoing teaching course in order to transfer the linguistic figures of the cases into graphic novels. These will be presented to a broader audience at the final conference in September 2025 and will be part of a public, local discussion of the research results for a year.

At the same time, the project lead, in collaboration with the DVSG, offers free online presentations of the results, workshops in local hospitals and training formats. As is known from real world lab research, these are factors that support the dissemination of innovation and know-how developed within the project: "transformative place-making, activating network partners, replication of lab structure, education and training, stimulating entrepreneurial growth and narratives of impact." (Wirth Von, Fuenfschilling, Frantzeskaki, Coenen, 2018:239). And in participatory health research it is said "the issue of impact needs to be conceptualized as multileveled, including the impact on the participants, the impact on the municipalities, the impact on the […] community, and the impact on the research community." (Wright, Hartung, Bach et al., 2018:7) The aim of the project was therefore to build relationships between hospital social workers in the OWL region and the University as part of the research project. In addition, results are published in scientific journals as well as practice-oriented networks and magazines. An essential requirement for transformative researchers is the use of different languages and logics of systems of science and practice. In addition, the project lead is in close cooperation with the DVSG on further policy steps and requirements as well as further research projects.

LIMITATIONS OF THE STUDY

Participatory research places requirements on a research process: existing scientific findings must be included, the research must be theory-driven and methodically controlled, and the steps that lead to results must be transparently documented and comprehensibly justified (Eßer et al., 2020). For the current project, this means that it must not fall behind the level of methodological reflection and the level of discussion about quality criteria for scientific research. It is an ongoing process in this study to pay attention to the appropriateness of the methods and design, to reflect on the context and transparency of data collection and analysis, and to draw conclusions to what extend participation is realized. For example, methods for participatory knowledge generation must be prepared and sometimes combined. Data documentation and preparation as well as the derivation of findings in the vision workshop also differ from the methodological approach of an interview and a qualitative content analysis (Defila, Di Giulio, 2018). In addition, actors in participatory and thus transdisciplinary research follow different logics. Scientists want to generate "truth" and knowledge. Practitioners want to solve practical problems. In postCOVID@owl, it is an ongoing process to carefully consider and evaluate both logics and perspectives. Those involved in the research process therefore enter relationships that must be supported by the researcher and provide space for critical reflection, for example about the level of involvement in the various steps of the research process. The level of participation varies in the interviews (consultation) and workshops (inclusion and shared decision-making). In this way, scientists participate and become part of social relationships and actors who in turn participate in the research process, enriching it, irritating and sometimes even disrupting the research (Eßer et al., 2020:14). For example, it is important to critically reflect on the extent to which the participants (scientists and practitioners) of the vision workshop were able to gain distance from their perspectives on solving practical problems or generating "truth". At the same time, it is important to question to what extent researchers and practitioners control the ongoing research process and why? But even if participatory research is complex to organize and places many demands on the researcher, in the PostCOVID@owl study it also leads to entering into a transformative process with actors from local hospital practice, which, among other things, enables changes "on a small scale" in the research process.

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