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# Medical Social Work in Hospital Settings: Problems and Challenges

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**Abstract**

This paper deals with content, meaning and explanation of medical social work. It outlines the social work scenario in hospital settings and clinical intervention on the part of the social workers and skills and abilities required for medical social work. This paper makes a special note on problems and challenges in medical social work. This paper concluded with some interesting findings.

**Keywords:**Social work, Hospital and Healthcare

## Introduction

Social workers have many roles in the medical setting. Some social workers work directly in the hospital with the interdisciplinary team and are constantly interacting with physicians, nurses, and families. While in the hospital there are social workers assigned to every department, which includes Medical/Surgical, Emergency Room, Intensive Care Unit, Orthopedics, Oncology, Bone Marrow Transplant, and Telemetry. While each department requires different duties from a social worker, the goal of the social worker is the same in assessing barriers to discharge. Social workers also work to assess the family's social situation, dynamic, and capacity to cope with the patient's medical condition and hospitalization. Gregorian (2005), notes that social workers should consult with the interdisciplinary team to assist them in understanding how to effectively interact with a particular family. Social workers provide counseling and support at bedside to families and patients that are dealing with end of life situations and bereavement grief. Social workers also make mental health evaluations and discuss substance abuse issues.

## Social Work in Hospitals

Hospitals are increasingly providing patients and families with supportive counseling groups that are dealing with end of life and bereavement issues. Support groups have been more widely seen with oncology patients but are also seen in diabetic. Caregiver groups and other chronic or progressive illnesses. Groups can serve as supportive or educational.

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Berkman et al., (1988) note that in support groups the goal is to focus around patient or their family as they are coping with the impact of the illness. Often, the patient and the family support groups are separated and aim to concentrate on addressing different concerns depending on the culture of the groups. In educational groups, the purpose of the social worker is to be an educator and educate the patient or the family on what the illness entails, the prognosis, and decisions that will need to be made. This type of group is usually formed as a classroom-like manner and the presentation is topic centered. Fort Cowles, (2003) brings attention that social workers also facilitate support groups that particularly provide members, the ability to express their emotions and to discuss how they are coping with their illness or the illness of a loved one. In this type of group, members identify their feelings and have the ability to share personal experiences as well as challenges. Members also have the opportunity to contribute community resources to the group and offer mutual knowledge.

During the crucial stage of end of life and hospice care the role of the social worker role is present in inpatient and outpatient settings. There are many components that are vital during this process. The most important role of the social worker during this time is to serve as a counselor about the grieving process for the patient and the family. Fort Cowles, (2003) notes that as a counselor the social worker assesses the patient and their families emotional status and provides counseling or support as necessary. The counselor assists the patient and family in coping with this transition or loss as well of the pursuit of peace of mind. In this role, social workers also assist the patient by becoming a broker. According to Fort Cowles (2003) in this process, the social worker works with the family in eliminating financial barriers that arise during the end of life stages, since the financial challenges are a major concern for some families. The social worker can help the families find coverage for burial and comfort care services along with respite care.

It is evident from the views of Berger et al., (2003) that the role of the social worker as a manager in a medical setting has a different purpose than line staff. The manager has less direct practice with individual patients and often only work with other staff members in the hospital from other departments. The managerial role works alongside case management and focuses on the cost effectiveness of the organization as well as resource allocation. The social work manager position also serves as a liaison to link the social services department to other operations in the hospital and advocates for the importance of the social work role.

The role of the social worker in the emergency room is vital and has many components. The emergency room social worker deals with a variety of cases on a daily basis

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with a wide range of concerns. In the emergency room the social worker assists the family in brief counseling, referral and resource finding for patients and families who are there for a threat or attempt of suicide, child abuse, domestic violence, chemical dependency, acute psychiatric problem, rape, assault and battery, and homelessness. The emergency room is also places that patients have learned to use who have underlying psychosocial issues that were not properly addressed in a previous hospitalization. The emergency room is often the middle ground for people who are in need of further assistance. From the emergency room patients can go to other psychiatric facilities, shelters, and sometimes jails.

**Clinical Intervention**

According to Gehlert and Browne (2006) a mental health assessment is a method for gathering information about the patient's mental health status. During this procedure the clinician addresses, the patient's appearance, attitude, activity, mood and affect, speech and language, thought process, insight and judgment. The purpose of the mental health assessment assists the clinician in determining which intervention to proceed with. Differentiating between non-compliance, a mental illness, and symptoms following a traumatic event are also key factors in the mental health assessment. Gehlert and Browne (2006) note that the sole purpose of the mental health assessment is to gather information about the patient's current mental status, unlike taking a person's history and environment into consideration, to determine whether further assessments should be made.

Clinical interventions are present in each meeting with the patient. Depending on the referral determines what kind of intervention may be practiced. It could be noted that a person with a substance abuse problem may benefit from having a discussion with a social worker about a harm reduction model before being discharged. In the interest of each patient, the social work clinician must determine which model, theory, or method best fits a particular client. According to the informed clinician he or she should have the skills and ability to determine, based on the client's history, culture, life, and style which treatment approach would benefit them most. Johnson and Grant (2005) held the view that the clinician must determine which modalities individual, family, or group will meet the needs of the client and proceed with the intervention based on their clinical decision. Rehr et al., (1998) note that social workers also encourage one another as clinicians. Due to high intensity cases and disagreements with the multidisciplinary team, supervision has been a space for social

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workers to de-brief. Having open discussions about feelings is helpful to social workers to distinguish between positive and negative empathy.

**Required Knowledge and Skill**

The background knowledge and skill set of a medical social worker can be similar to that of a clinical social worker in a therapeutic setting. However, the difference comes in the individual himself or herself and on the job training they have acquired since beginning their practice in the medical setting. Gregorian (2005) views that most social services where the social worker is the most important professional role and are often the primary administrator, in the hospital the medical social worker is seen as collaborating with many different disciplines each day who are used as a more of a consultative role instead of an administrative one. A medical social worker understands that their role may not be seen as important to others and will not always be appreciated. Some people in the medical field may not even feel that social work interventions contribute to the well being of the patient. More often that not, people are unaware of the capacity of the social work role therefore creating a struggle for credibility.

Gregorian (2005), notes that social workers who are able to be successful in the medical setting have to develop strong personal and professional boundaries. Due to the medical social worker dealing with different specialties, departments, and patients the medical social worker is easily pulled in different directions. It is also important for a medical social worker to have a good sense of self worth since some of their work may be educating others of the importance of their role. Having these skills professionally and personally will assist the medical social worker in navigating their way through the healthcare system.

The hierarchical system within the healthcare setting can be old-fashioned in their organization and still remain male-dominated. If social workers are unable to understand and recognize the politics of the system then they are more likely to feel dis-empowered. Being able to understand the politics and the hierarchical system is key to minimize frustrations between physicians, nurses, and social workers. Once mutual respect is established the scope of the social worker can be seen as a united one rather than as a separate entity.

Along with working alongside members of the interdisciplinary team a social worker also has the opportunity to work with team changes as physicians rotate through departments and specialties. Due to the rotation of different physicians, this may increase or decrease social work referrals and treatment plans. As a result of rotating physicians and the variety of

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cases encountered, there is interaction with many different styles of doctoring. While engaging with physicians of different specialties, the social worker should also be informed of the patient's disease, course of illness, and treatment offered. This is crucial when conversing with physicians about the physiology of a disease and relating it to the patient's holistic needs.

Although working in a hospital requires understanding the medical hierarchy and having knowledge about the physiology of a disease, the work of the medical social workers continues to apply clinical skills in their everyday practice. The social worker uses their assessment skills to assess family dynamics and emotional capacity to deal with the loss and grief of an illness, hospitalization, and treatment. During this time, it is essential to prove opportunity to provide counseling around bereavement to the patient and family or provide skills to manage anxiety. Medical social workers advocate for their patients to the rest of the medical team as well as facilitating a conversation between the two parties.

At times, referrals may be around substance abuse, child abuse, and elder abuse. The social work role is to provide education and serve as brokers to community resources that are available to the patient if they are seeking abstinence or care giving assistance. Most importantly, social workers identify any barriers that could interfere with discharge. This concept entails viewing the person holistically meaning that the medical team takes the patient's spirituality, living situation, other medical condition, support system, and resources into consideration when creating a treatment plan.

**Challenges in Medical Social Work**

Keefler, Duder, amdLechman (2001) bring to focus that social workers have fought for a long time to establish a professional presence in the health care field. With the rise in emphasis on cost effectiveness, social workers increasingly have to prove that they are a justifiable expenditure within the health care setting. This has been difficult due to the lack of evidence-based research on the effectiveness of the social work role. Furthermore, social workers have not developed adequate research that gives them meritorious professional credibility. Auslander (2003), provides detail on the social work intervention used, but they fail to measure the effectiveness of those interventions, as well as the overall outcomes. Auslander (2003) argues that the presence of social work in the health care setting, social work professionals need to focus their research on outcomes that entail not only the psychosocial outcomes of the clients, but also the outcomes that improve functioning of the

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hospital as an organization. “As “institutional guest,” social work departments must show that they contribute to that organization if their welcome is to be extended”.

**Value and Effectiveness of Social Work in Healthcare**

It could be noted that roles, knowledge and skill sets needed that are necessary to be an effective social worker in the healthcare field. Because of the many types of unique services and interventions a social worker can provide and the need to provide evidence based research, a limited amount of research has been conducted to investigate the impact and effectiveness of this social work role. A study conducted by Auerbach, Mason and LaPorte (2007) used various measurements in an attempt to research evidence that supports the value of social work in Hospitals, specifically in the medical/surgical units. The authors begins by addressing the recent trends of the social work profession in the hospital. As it is becomes increasingly more common for hospitals to cut social work departments, they resort to relocating specialized social workers within various departments, such as oncology and emergency response. Auerbach, Mason, and LaPorte (2007) note that social workers are often left to share the roles of other healthcare professionals in areas including case management and discharge planning, which has created challenges in assessing the importance and effectiveness of social workers in hospitals.

**Other Challenges of Social Work in the Healthcare Field**

According to Berger et al., (2003) among other challenges, fiscal pressures have forced hospitals to advance in order to continue their maintainability. This has led to changes in staffing delegation of professions within various departments, including social work departments. As social workers continue to advocate for their necessary role, there are different management structures that they must navigate in order to function. Berger et al. (2003) explains that there is a continuum of organizational structures that include various degrees of centralized control: At one end of the continuum are traditional, bureaucratic pyramidal organizations with distinct departments that are autonomous but interdependent. In the middle of the continuum are matrix models where professional staff is equally responsible to their department and to their program/patient care unit. At the far end of the continuum lies a pure program management, which eliminates discipline-specific, functional departments

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such as social work and relies on programs/patient care unit administrators to hire, supervise, and evaluate professional staff.

One of the major and widely debated functions of the role of the social worker in the healthcare field is the contribution to an interdisciplinary team. Much of the literature supports the idea that one who works in this role must be comfortable and able to work well with colleagues of other various professions. Ruster (1995) argued that the key to social work survival in the medical setting is based on collaboration and cooperation in a way that complements, rather than competes with other professionals.

This is presenting in phenomenathat result in professionals of other fields conducting research on topics that should be done by social work professionals. It could be observed that social work is already criticized for its gap in research of effectiveness; therefore this further threatens the professional credibility of social work in the field. Social work professionals must be cautious and critical of this difference and continue to promote interdisciplinary teamwork, but also be protective of the research that will promote the needed role of social work in the healthcare field.

Furthermore, Fort Cowles (2003) explains that health care delivery trends are moving towards patterns such as: moving from acute care to chronic illness and diseases of aging, increased emphasis on market forces and cost control, increased recognition of social and environmental determinants of diseases, and increasing role of families in provision of home care. This has many implications on the focus of the medical social worker clinician. Medical social work needs to pay new attention to brief interventions and solution-focused therapy. It also must encourage a greater emphasis on patient outcomes research and evaluation of social work services, increased need for patient education about health coverage and financing, and increased emphasis on prevention and population-specific practice.

**Population-Specific Knowledge**

Berkman (1981) explains that in the medical setting, “Effective patient care intervention requires an understanding of the epidemiology of disease including social environmental risk factors”. This knowledge must also be supplemented by an understanding of various cultural, racial and ethnic populations as it relates to medical treatment. Socio-environmental factors of patient’s situations play a key role in their understanding and agreement to treatment options. This population specific knowledge is necessary for social work clinicians to implement effective interventions in patient care. Further knowledge on

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medical terminology, policies, regulation as well as ways to access and utilize systems of care pertaining to specific disease or populations being served will also provide effective intervention in managed care.

**Field Instruction**

Spitzer and Nash (1996), bring to attention that modalities and responsibilities of field education are being reconsidered as healthcare delivery changes. "Specific content modifications are recommended for health care curriculum underscoring a shared mission of class and field in education for practice competence and service delivery". With these modifications, the consideration of medical social workers that are provided training and supervision in settings other than inpatient hospitals has been implemented so that social work students have a comprehensive understand of the entire health care continuum. These setting include public health agencies, nursing homes, home care agencies, hospice programs and support groups for patients with disease specific challenges. According to Mailick and Caroff (1996) social work departments have become decentralized in health care settings, there is a concern for the collaboration between fieldwork education and schools of social work. As community based programs address medical needs outside of the hospital, these placements will become increasingly important for students interested in medical social work, especially as placements in hospital inpatient settings become increasingly limited and competitive.

**Conclusion**

It could be seen clearly from the above discussion that medical social work is very important in hospital settings. An understanding of role of knowledge and responsibilities of medical social workers is very essential. The role of medical social workers is required to assist the patients and to solve the psychosocial problems faced by the patients. The health professionals are unable to solve the psychosocial aspects of illness and in this connection, the role of medical social workers is very essential.

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