

Social Work in Health Care Setting

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ABSTRACT

Social work is an integral component of the U.S. health care system. The emergence of professional social work in Indian hospitals is attributed to Bhore committee who recommended training and placement of hospital social workers. Social work in healthcare is performed in a medical context: that is, the medical social worker needs to collaborate with the medical professionals who usually treat patients. Social work in healthcare is also regulated by healthcare legislation and not solely by social laws. Social work in healthcare in India accomplished by medical social workers trained in crisis treatment, psychosocial treatment, counselling, law, how to handle traumas and how to provide social assistance, emotional support, and instrumental support. Social worker in present settings across the health care continuum, providing services to individuals and families throughout the lifespan, and addressing the full range of biopsychosocial issues that impact well-being. The presents article an overview of the Social Work, Health Care Settings and Social Work in Health Care Settings.

KEYWORDS: *Social Work, Health Care Settings and Social Work in Health Care Settings*

INTRODUCTION

Social work in healthcare is often underestimated even though social work can provide knowledge and skills that healthcare organizations and institutions could use to help their patients. Patients with health problems often experience personality and social environment difficulties while trying to manage their disease, especially chronic diseases. The overall goal of social work in healthcare is to prevent and reduce negative social and psychosocial consequences of diseases and to encourage and teach these patients how to use their own resources. This work includes helping individuals find strategies to cope with the difficulties of living with a chronic disease. Social case work was introduced by Mary Richmond (1922) in the early 1920s, but lately the case work approach has been a forgotten theoretical ground of social work. In social case work, the focus is on a 'social diagnosis' identifying the social process of personality adaptation based on the continued interaction with social environment. Today, the biopsychosocial model of health is generally accepted within humanities and health professions. Engel who introduced and developed this model, concluded that illness and health are the result of an interaction between biological, psychological, and social factors.

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The interventions used by medical social workers in healthcare include counselling using psychological methods or psychosocial treatment, social support, and social guidance. Most often the prefix "psycho" and not the word "social" alone is used to reflect the complexity of the professional knowledge used even though patients' problems most often derive from a mix of social, psychological and medical circumstances interacting with each other. However, psychological methods include a focus on intra-psychic processes, whereas psychosocial treatment focuses more on the social situation and the context. Psychosocial treatment may also include only should identify whether patients have problems other than those directly connected to the actual diagnose but also should be aware of that the co-existence of multiple problems that might indicate that a patient is in need of different types of support using different strategies. Several population-based studies have shown that vulnerable individuals in one area Especially weak economic resources have turned out to be a strong indicator for the existence of problems within other areas and this pattern is particularly common among young people. Taken together, there are several arguments for keeping biological,

psychological and social problems as part of the same context and that patients can benefit from psychosocial treatment within healthcare.

Social workers have played a vital role in healthcare settings since the early twentieth century. Social work was introduced to medical settings in the United States by Dr. Richard C. Cabot in 1905. Cabot, a professor of both clinical medicine and social ethics at Harvard University, was instrumental in adding social workers to his clinic staff at Massachusetts General Hospital. Under the direction of their first department head, Ida Cannon, these social workers helped patients and their families cope with illness, disease, disability, and hospitalization by focusing particularly on their psychosocial needs, including their emotional reaction and adaptation (Rossen).

Over time, socialwork's function and influence in healthcare settings have expanded significantly (Miller and Rehr). In addition to assisting hospitalized patients and their families, social workers provide genetic counselling, hospice services, psychotherapy and counselling in mental-health agencies, and treatment of people with eating disorders and substance abuse problems. These opportunities exist in hospitals, neighbourhood health and family planning clinics, psychiatric institutions, community mental-health centers, nursing homes, rehabilitation centers, and other long-term care facilities. Social workers' specialized role is to help patients and their families cope with illness and disability.

Many social workers in healthcare settings provide patients and their families with counselling, and information about and referral to needed resources (e.g., home healthcare, financial assistance, nursing home placement). Social workers are also skilled in organizing and facilitating support groups for various populations, such as cancer patients, rape victims, and parents of seriously impaired infants. They work to enhance the availability of community-based resources (e.g., healthcare clinics in low-income neighbourhoods or residential programs for children with AIDS), advocate on behalf of individual patients who are in need of services, and advocate to ensure that important public policy issues related to healthcare are addressed (e.g., funding for lead screening or guidelines concerning involuntary commitment of mentally ill individuals to psychiatric hospitals).

Social workers typically function as part of an interdisciplinary team, which may include physicians, nurses, nutritionists, rehabilitation staff, clergy, and healthcare administrators. On occasion, they facilitate the process through which healthcare professionals negotiate differences of opinion or conflict among

themselves concerning specific ethical issues. Social workers' skilled use of mediation techniques can help to resolve disagreements that sometimes arise in healthcare settings. Their sensitivity to ethnic and cultural diversity can be particularly helpful when there is a clash between patients' and families' ethnically or culturally based values and prevailing ethical norms, policies, and healthcare practices (e.g., concerning the use of mood-altering medication, autopsy, or blood transfusion).

Bioethical issues in healthcare settings present social workers with complex challenges (Reamer, 1985, 1987). Some of these ethical issues pertain to specific medical conditions. Examples include ethical dilemmas related to a family's decision about withdrawal of a patient's life support, abortion following a rape, organ transplantation, the use of restraints with a noncompliant psychiatric patient, or a patient's decision to refuse neuroleptic medication. When such issues arise, social workers often serve as important intermediaries in relationships among patients, their families, and healthcare professionals. In these instances, social workers help patients and their families make difficult personal decisions, facilitate communication among members of the healthcare team, advocate on a patient's or family's behalf, or raise policy issues that need to be addressed by a hospital, nursing home, or rehabilitation center.

Other bioethical issues concern the nature of relationships and transactions between social workers and patients or their families. For example, social workers in healthcare settings must be familiar with privacy and confidentiality norms that govern relationships with patients and families. They must also be sensitive to complex ethical issues involving patients' right to self-determination, informed consent procedures, truth telling, professional paternalism, and whistle blowing (Loewenberg and Dolgoff; Reamer, 1990).

In particular, social workers can clarify differences among the ethical obligations that guide various professions. For example, social workers in a healthcare setting can help clarify the ethical responsibilities of various professionals when staff suspect child abuse or that a patient with AIDS poses a threat to a third party.

Healthcare social workers are also involved in discussion and formulation of the ethical aspects of healthcare policy and administration. This may take several forms. Social workers may participate as members of institutional ethics committees (IECs) that discuss ethically complex cases and policies. They may have a particularly valuable perspective because of their extensive contact with patients and

their families and can, therefore, contribute to discussions about, for example, resuscitation guidelines, patients' right to refuse treatment, advance directives, organ transplantation, treatment of severely impaired infants, and the privacy rights of AIDS patients. Similarly, social workers are active participants on institutional review boards (IRBs) that examine a variety of ethical issues in research on human subjects.

In addition, social workers may be involved in discussions about the ethical aspects of healthcare financing mechanisms and cost-containment measures. They may also propose ways to advocate on patients' behalf or to advocate for policy reform that may provide a more just allocation of scarce healthcare resources at the local, national, or international level. An example is social workers' participation on a hospital committee to assess the pressure to limit care provided to, and hasten discharge of, psychiatric patients covered under managed care programs operated by private insurers. In these instances, social workers may help identify the psychosocial consequences of various strategies to allocate limited healthcare resources.

As a profession, social work has its formal origins in nineteenth-century concern about the poor, and is an out-growth of the pioneering work of charity organization societies and settlement houses, primarily in England and the United States (Brieland; Leiby). Thus, social workers are inclined to be attentive to the needs of low-income, culturally diverse, and oppressed patients and families.

Although contemporary social workers provide services to individuals and families at all points on the socioeconomic spectrum, the profession continues to have an abiding concern for the disadvantaged. As a result, social workers in healthcare settings are alert to ethical issues that involve such populations as low-income patients, abused children and elders, women, refugees and immigrants, substance abusers, ethnic minorities, and gay or lesbian individuals. Concern about such vulnerable groups—for example, with respect to their access to healthcare, their privacy rights, or discrimination against them by healthcare providers—is one of social work's principal hallmarks. Social workers may advocate for individual patients and families whose rights are threatened or who are victims of institutional abuse or discrimination. They also may advocate for public policy that will enhance protection of the rights of these populations.

Like all healthcare professionals, in order to participate fully in discussions of bioethical issues and dilemmas, social workers need specialized

knowledge and training. First, they need to be familiar with the history, language, concepts, and theories of bioethics, particularly as they have evolved since the early 1970s. Second, social workers should be knowledgeable about formal mechanisms that can help healthcare professionals monitor and address bioethical issues. These include phenomena such as IECs, IRBs, utilization review and quality assurance committees, informed consent procedures, and advance directives. It is also useful for social workers to be acquainted with relevant codes of ethics and legal considerations (statutes and case law) related to patients' rights and healthcare professionals' obligations.

Finally, social workers should be familiar with the various schools of thought that pertain to ethical decision making and ethical theory. This can be particularly useful when social workers are involved in discussion of cases with professional ethicists, for example, when a decision must be made about when and how to tell a fragile, terminally ill patient the truth about his or her diagnosis, or to disclose confidential information, against a patient's wishes, in order to protect a third party. This training may be offered as part of agency-based in-service education, professional conferences, or undergraduate and graduate social work education.

Especially since the early 1970s, social workers have been aware of the diverse and complex bioethical issues involved in healthcare, whether it involves acute or chronic, inpatient or outpatient, or medical, rehabilitative, nursing, or psychiatric care. Social workers' growing awareness of, and enhanced expertise in addressing, bioethical issues helps to ensure the protection of patients' and families' rights and the soundness of ethical decisions made in healthcare settings.

Social workers in hospitals help patients and their families understand certain illnesses – as well as emotions related to it, and the diagnostic process. They provide advice on the decision to be made. Social workers are an integral part of a multidisciplinary team – and working in a team with doctors, nurses, and other medical staff – sensitize health care providers to the social but also emotional aspects of a patient's illness.

Healthcare and social work share many common values – helping people in need, and approaching people with respect, dignity, and trust. However, the focus of social work is on the social relationship – while the goal of health care is on health.

Social work is focused on personal and social changes that have occurred as a result of the disease, and

affect the patient, his family, social network, and community. At the end of life, it is important to help people use the remaining time in the best way for themselves and their family, and a social worker will help establish stability in the family.

Activities Of Social Workers In Health Care

Social work in health care institutions can be divided into three phases:

- Work on the admission and adaptation of patients to hospital conditions.
- Social work during hospital treatment.
- Social work on patient discharge, as well as follow-up after discharge.

During treatment at different levels of health care, methods such as working with the individual, family, group, and local community are applied.

Jobs in which they participate may include: an initial interview with the patient and family, as well as psychosocial assessment of the patient, support the patient in understanding the disease and the different options for medical treatment of the disease. Then, they are also helping the patient and family to adjust to hospital admission, but also to adapt to changes in roles that occur with the onset of illness.

According to corewellceu, social workers in health care are also involved in researching the emotional and social response to illness and treatment. Their work includes educating the patient about the roles of individual members of the medical team – as well as support in communicating with members of the medical team and providing professional support in making decisions of the patient and family, etc.

he Role of Social Worker In Health Care?

Among many things, an educated social worker also does systemic family therapy. The special significance in their work is reflected in the skills they apply in the process of recovery and helping patients, sick people, to return to a normal life course – and to return it to its original environment, family, friends.

Activities carried out by social workers, either as a team or individually, are especially pronounced in places where people and their environment interact. The basis or basis of work is the principles of human rights and social justice. The social worker acts exclusively in the direction that is directed towards all those interventions that imply a supportive, developmental, protective, preventive, or therapeutic purpose.

Assessing or collecting patient data

Assessing or collecting data on the patient and his social environment, are done to compile a social

history – which according to indicators from practice, is the most common activity of a social worker. Based on these data, the treatments that are used to help the patient are determined – to understand the problems solved. Solving these problems is also one of the activities of social workers. Such jobs are done within therapeutic techniques. Certainly, these treatments and the application of various interventions take place in health care institutions.

Research

Research is one of the most common activities of a social worker. These tasks are performed to prevent disorders, until the assessment of professional forms of intervention – as well as research into the effect of insufficiently professional helpers. Some of the social workers spend part of their working time in education, that is, mentoring other people. Mentoring – work with students who, according to the curriculum, are required to spend a certain number of hours on practice in institutions – where the activity of social work is represented.

The Cooperation of Social Workers and experts from other areas

In some institutions, social workers are involved, along with other experts, in analyzing social problems – or assessing the effectiveness of social policy and social protection measures that seek to alleviate or solve these problems.

They also participate in the planning of social policy and protection measures. Social workers also work in many social welfare institutions for children, adults, and the elderly, and penitentiary institutions. There they take care of the protégés' family contacts, monitor circumstances related to parental care or custody issues.

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