Investigation of Vocational Qualifications for Social Workers İn The Context of Health Service

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Abstract: The social workers employed in health care, “public health, primary and specialty care and rehabilitation, home health, long-term care.” [1] Social work in health care settings addressing patient needs that include, but may go beyond, immediate medical needs [7].

Objectives: The moving toward these aims of building performance and supporting emerging social worker success in health care settings.

Method: This study guided by experts working in health services. A communication network has been established between the social service departments of a university and the stakeholders in the two health centers. This approach ensured the coordination of universities and hospitals [8].

Results: Participants explained competencies perceived to be required of trainees (a) confidence to work under limited supervision, (b) for multi-disciplinary team work, (c) an understanding of roles, (d) commitment to professional development and learning, (e) reflectiveness on practice, (f) social work in a health care setting, (g) implications for social work, (h) accountability and reflexivity in service delivery.

Discussion and Conclusion: The social workers provide an integral role in health care, including seeking effective care family well-being and given associated struggles that often are imposed on individuals, care needs, and social determinants of health barriers.

Keywords: Hospital, Social work; health care; training

1. Introduction

The social workers employed in health care, “public health, primary and specialty care and rehabilitation, home health, long-term care” [1]. Social work in health care settings addressing patient needs that include, but may go beyond, immediate medical needs; thus, important environmental and contextual impacts on the patients’ health and well-being are considered [9]. Social workers also emphasize the self-determination of patients and their right to agency. Accordingly, social workers within health care serve an important role in supporting and offering advocacy for their client, and in pursuing social reform and practice innovation [1].

2. Literature

2.1. Roles of Workers (Social) in Health Care

On focus groups with a health centre or hospital social workers, [5], identified a range of social work roles in health care, including managing problem behaviors; acting as ‘glue’ to keep the team, family, and care plan together; crisis intervention. Patients and families have described social workers as being able to, “provide information, organize support services for (patients) at home, and... assist them in negotiating the health system” [6].

The tasks of discharge planning include a relocation of patients, coordination of community resources and supports [3], and the provision of support and assistance to caregivers or other family members [7]. Discharge planning roles of social workers are seen as key to decreasing hospital lengths of stay and potentially
preventing patient readmission [5]. Social workers often act as a mediator in facilitating communication with community services, between patients and their family members, and between patients and the health care team [5].

Patients describe social workers as team members with whom they can discuss their concerns related to health and health care. They reportedly talk with social workers about critically important issues such as, “death and dying, grief and loss, sexuality, mental health and relationships” [6]. Social workers identify crisis intervention as an increasing part of their role [5].

Social works research have highlighted requisite skills of social workers in health care settings. These required skills or competencies include problemsolving and health care teams [5]. Social workers further are reported to require strong relationship-building [14] and communication (verbal and nonverbal) competencies [5]. Knowledge about referral processes and community resources are considered essential to effective discharge planning [7]. Skills in providing managed care are needed, meaning that social workers require case management acumen and knowledge about brief treatment models [4].

The very importance of cultural competence, self-evaluation, and self-care for social workers in health care has been identified in the literature [4]. Beyond disciplinary-specific skills, social workers in health care require basic knowledge related to the medical area in which they are practicing. Knowledge related to funding, insurance, and other relevant systems emerges as crucial [12], as does an understanding of navigational gaps in the health delivery system [12], and comfort engaging in conversations associated with loss, grief, and death [4,8].

Finally, social workers bring expertise to their teams in considering health disparities relative to the social determinants of health in order to provide a biopsychosocial-spiritual perspective to health care [12]. In terms of context, social workers within health care settings generally work within interdisciplinary teams, and play a role in managing conflict and communication among the team [3,5]. They are responsible for coordinating team and organizational responses to the social [6], which again often requires communication acumen.

While direct patient care activities tend to be the focus of social work in health care [4], continued leadership and strategic advancement are necessary components both for the individual social worker in the context of their team and employment setting, and the profession as a whole.

Understanding the roles, contributions, and experiences of social workers in health care settings offers insight into competencies required of social workers entering the health care field. Competencies provide guidance for designing practice standards, educational programming and supervisory or mentoring support [2]. More broadly, an understanding of the competencies of a profession ensures that: (a) trainees and novices in practice know what they are expected to learn, (b) practitioners are made aware of the skills they are expected to master, and (c) the public can be made aware of what they can expect from the profession [2]. It has been suggested that increased regulation in social work would help establish equality of social work as a discipline with other regulated health care professions [13]. If that is to happen (and mandatory registration of social workers and continuing competency requirements exist in many jurisdictions), it seems important to ascertain social work competencies in health care [2]. Recognizing this need to develop competencies for social work in health care, national standards have been created in some jurisdictions or organizations such as the [14]. Additionally, social workers reportedly perceive that participation in some of these “additional” roles of advocacy and research requires specialized training [2].

(1) What knowledge, skills, and ‘ways of being’ enable social work trainees to thrive in social work in health care?

(2) What is perceived to help social work personnel/trainees or novice social workers grow and thrive within social work in health care?
What supports are perceived to be needed in supporting novice social workers/trainees as they move into practice within a health care setting?

3. Methods

This study was guided by a community-based participatory research of professional social works entailing establishing partnerships among stakeholders [8], which was evidenced by a collaboration among partners in social work departments in a university and two health care facilities. This approach views the partners as interdependent, and the resulting knowledge gain typically as mutually beneficial. Elements of this capacity building initiative include: building strengths and resources within the community and profession; equitable and collaborative partnership throughout all aspects of the project; and co-learning and capacity building [11]. This initiative entailed a mutual commitment to performance advancement in hospital or health center social work, relative to optimally preparing novice social workers and social work trainees for entry level and sustained practice in health care. The focus of this partnership was upon determining practice competencies for social workers entering social work practice in health care settings.

An important activity of the partnership included a range of activities, as follows:

- Partnership building through sustained, targeted meetings among partners in the health care field and public university.
- Identification of core competencies in which coursework, field training, and supervision could be enhanced.
- Determination of learning strategies across the field and university based on core competencies.

In moving forward relative to these aims and commitments, the team facilitated a large group meeting of hospital social workers in which participants were evenly divided into five discussion groups. They participated in group sessions lasting 45 minutes, overview of the important goals of the initiative, and an invitation to discuss questions related to knowledge, skills, ‘ways of being,’ needed supports, and what helped or would have helped when entering their career in social work in health care. Each group had a facilitator and note taker. Following small group discussions, ideas from the groups could be presented. Further discussion built upon, extended and exemplified the small group findings. An invitation was extended to participants to convey any additional feedback to the confidential e-mail of a team group member unaffiliated with the hospital sites in which the social workers practiced; Discussion group data was subsequently subjected to qualitative data analysis through a process of initial coding, categorization of codes and analysis of codes into core themes.

4. Sample

Twenty four front-line social workers participated in the important groups, all of whom had a minimum bachelor of social work degree, and were registered within the jurisdictional social work regulatory body. Both of them trained social workers in this region provide professional services in health care, yet social workers with an social work regulator bring a higher level of critical thinking and are more likely to be involved in mental health practice such as pediatric, adult and geriatric psychiatry. Social work regulator-trained social workers often participate in mentoring bachelor of social work trained social workers, take on coordinator positions, and development projects. All participating social workers were in direct practice roles and collectively brought center experience from a wide range of care areas with varied patient populations. Relative to health care-based social work experience, they ranged from 2 months to 29 years, with an average of 8.6 years (median = 8 years, C. Alpha = 8.73) in the field. All participants worked in hospital-based social work center within a large, multicultural Istanbul city. They provided services either within an acute care public hospital setting that provides emergency, regional and tertiary services (n = 10 workers), or within a rehabilitation-based hospital that offers service to urban and surrounding rural dwellers (n = 10 social workers) in order to further refine the data and advance themes to on-the-ground recommendations for practice advancement.
5. Results

The workers explained competencies perceived to be required of trainees and novice social workers in health care: (a) ability and confidence to work under limited supervision, (b) interpersonal skills for multi-disciplinary teamwork, (c) an understanding of roles (d) accountability for one's own work/practice and commitment to professional development and learning, (e) reflectiveness on practice, (f) a base of knowledge that is relevant to social work in a health care setting, (g) an understanding of the health care system and implications for social work, and (h) accountability and. Each of these areas of competency are explained below.

5.1. Social Ability

The participants noted the need for incoming social workers to be flexible and confident in working independently. Participants stated that having a strong sense of self and one's performance, helped novice social workers feel comfortable working under minimal supervision, which was described as the norm in hospital-based social work. Workers noted that having the ability to self-direct also meant being able to ask for help. Thinking secure enough to reach out for help was viewed as reflective of, but also facilitative of, confidence as an emerging social worker.

5.2. For Multi-Disciplinary Social Workers

Social workers were seen to require a reasonable understanding of the roles of the various disciplines, how they interact with one another, and the responsibilities and interface of social work relative to other disciplines. Participants mentioned that some departments and disciplines within health care settings may be more or less receptive to social work perspectives and priorities in care. Communication and relational skills were further seen as essential for working effectively with patients and families. Participants commented about their common role of supporting other team members. Overall, it was concluded that social workers play an important role in multidisciplinary teams by “linking all of the pieces together” and enhancing a collaborative effort for optimal patient care.

5.3. Understanding Roles and Power Dynamics in Health Care Teams

The participants suggested that social workers must be able to recognize the challenges of, and strategies for, working within a team and the broader system. Accordingly, participants described the need for a nuanced understanding of power dynamics and for periodically finding ways to effectively convey and advocate for the role of social workers. At the same time, means of interprofessional collaboration and effective work on common initiatives were thought to be needed and reflective of practitioner acumen. Participants reported that it is important for social workers to recognize the gaps and complexities that exist within the larger system while discerning proactive ways to navigate within the system. They suggested that it is thus important for social workers to be able to live in relative uncertainty – to “live in the grey.” They defined “living in the grey” as recognizing the limitations and challenges of social work in health care and as such being reconciled to what the individual social worker in health care can (and perhaps cannot) accomplish within their practice. Social workers were advised to recognize and appreciate the contribution that diverse disciplines mutually bring to overall care, yet strongly understand and articulate their unique contribution. Moreover, finding a ‘fit’ within one’s team was recommended and viewed to foster heightened professional satisfaction in the social work role.

5.4. For One’s Own Accountability Social Work

Participants conveyed the need for social workers to find a balance between being confident in working independently and knowing when to ask for support. Knowing when to ask for support or guidance was viewed as making a commitment to ongoing professional development and learning. It was generally thought that social work students initially should be made aware of supports that are available to them during their studies and practicum placements need was identified for social workers to have a strong sense of their “professional
self”, including awareness of their ‘triggers’, biases, and values, and how these may impact upon their practice. Finally, participants felt that social workers need to take initiative in furthering their own learning.

5.5. Constructive Career Advancement

The participants noted that social workers need to recognize the value of reaching out for support and guidance was thought to reflect social work competencies of self-reflection and self-awareness, with vicarious benefits of capacity building and self-care [2]. Participants identified the benefits of supervision, noting that social workers should know how to effectively receive and use supervisory feedback. They conveyed the responsibility of their organization to provide such professional support, including structured time to engage with and receive feedback from a supervisor. Participants also noted that organizations/units offering resource information and practice development, support, and training, would likely rapidly advance the practice of novice (and all) social workers in an organization.

5.6. Application of social work skills, and implications for health care practice

The participants noted that incoming social workers require a broad base of knowledge to work within health care settings. They felt that acquiring this knowledge is an ongoing process, but this is particularly needed upon entry into a substantive health area/patient population. It was recognized that there are various avenues by which this learning can advance throughout an individual’s career; however, orientation and career development were strongly recommended and desired.

In order to effectively communicate and work within their area, participants stated that social workers require basic understanding of medical terms and concepts relative to their area of practice. This was seen as critical to communication efficiency with their team as well as their ability to support families in understanding relevant notions and jargon. Novice social workers were deemed to require awareness of documentation standards for the health care team/setting in effectively communicating with other professions as well as demonstrating and documenting practice accountability. Social workers were viewed to require an ability to critically reflect on their own role in health care so that they can assert a social work perspective into the team and organization. Participants felt that the unpredictable and shifting environment of health care means that social workers inherently must bring flexibility to their practice, and have a diverse body of knowledge and generalist training. And social workers were viewed to require knowledge about social justice, strategies that can redress these issues at individual and population levels. In order to advocate for patients within and outside of health care settings, eligibility requirements, including supports available to patients and their families within the broader system and community. It was noted that social workers must work to remain current about changes in resources and relevant legislation to optimally support patients and their families, both in and out of the hospital. Given the complexity of the health care setting and the broad range of knowledge that social workers require, it would be beneficial for social work students to have the opportunity to be exposed to a range of health care settings in the course of their practicum placements. This would allow students to be introduced to various roles, practices, and disciplines, and to receive an overview of diverse program areas and specialties. Practicums could also provide social work students with introductory frontline experience.

5.6. Understanding The Health Care With Implications for Social Work

Participants reported suggested that social workers become aware of gaps within health care and broader systems, and how these gaps affect care for patients. For example, participants noted that at the hospital level, there may be practices and policies related to patient discharge and access to home-based care, but these resources variably may or may not sufficiently address the breadth and depth of individual patient needs.

As an example, it was noted that home visits generally are not conducted within contemporary hospital-based social work (in the sampled region). Notwithstanding these considerations, it was determined that social workers need to understand and apply a patient and family-centered model of care. It was felt that this model of care nurtures an understanding of patients’ and families’ priorities and needs. Gaining such an
understanding was thought to allow social workers to effectively advocate for patients and families both as inpatients and outpatients. Incoming social workers also were advised to understand the role of social work within hospital care and the hierarchy that exists within hospital-based care. Working within a medical model yet employing advocacy in addressing issues within the context of the system, was thought to invite savvy skills in working “with and within the system” while proactively supporting patients and families.

5.7. Enhancing Service Delivery

Participants spoke about the need for organizations to enhance service delivery. Participants also thought that organizations should take responsibility for disseminating up-to-date information to support professional development and optimal care. They recommended that organizations assume a more active role in helping employees understand how they can navigate the system and determine colleagues with whom to liaise in particular situations. It was further believed that social workers would benefit from increased training and supervision about processes and tasks relative to particular populations, as well as education that links theory and practice.

5.8. Discussion

In the aim of optimizing social worker preparedness and orientation to practice in health care, cross-sectoral participatory engagement has occurred across social work teams in hospitals and university-based faculty members. Identifying these competencies yields important insights for informing and advancing potential standards and training priorities for social work in health care [10]. It further offers integral elements guiding health care orientation, mentoring, and supervision in practice settings. These area and support seemingly are important in establishing practice patterns and introducing professional development; they reflect ongoing practice needs of health care social workers. Furthermore, some of these competencies are consistent with broader generalist social work practice. As an example, ongoing professional development is integral to advancing practice across a range of areas [5], and sectors of social work although in this case, it was identified as salient within the context of health-based social work. Yet, the relevance of the competencies in health care does not preclude their potential applicability in other areas of social work; in fact, considering their relevance for generalist social work practice is encouraged. On the other hand, these findings encourage and guide greater focus and specialization for trainees interested in social work in health care.

To that end, center a professional community of social work in health care invites further commitment from stakeholders in this partner to the following incremental steps for advancing health care-based social work:

1. Competencies are being applied relative to the trajectory of ‘social work in health care’ Professional training and early practice, with an aim of optimizing learning outcomes and establishing a strong entry in social work in health care practice.

2. The health care field orientation are being refined to offer improved basic knowledge for social work engagement in, and preparedness for, a health care field place or employment.

3. Hospital and university partners are offering a targeted initiative in which advanced curricular, field, and supervisory/mentoring pathways are being developed, trialed, and evaluated relative to professional development and practice outcomes.

4. Based on findings and integration with the literature, the systematic development of orientation and professional development opportunities are being advanced for novice as well as experienced social workers in health care.

5. Integrated data collection and analysis are being implemented based on this partnership to ensure interactive reflection, as a community of practice and learning, in the aim of education/capacity building in nurturing optimal professional development and practice outcomes for social workers in health care.
5.8. Limitations

This study is limited by its retrospective data collection design in which we invited reflective accounts from social workers who already were established within health care practice. Further engagement of social work trainees would have enhanced knowledge about their experiences, needs, and trajectories in moving toward a career in health care.

Accordingly, this sub-group of the larger sample offered valuable reflection on both their training and orientation processes. However, it is acknowledged that data from this sub-group was not analyzed separately, and further elicitation of the perspectives of recent social work graduates and trainees would more fully identify elements salient to early professional education and field entry.

As such, this project is considered exploratory in initially ascertaining perceptions and preliminarily highlighting what is to date largely absent from the social work in health care literature; that is, the early learning and professional development needs and requisite competencies of novice social workers in the health care sector. In moving forward, further inquiry with more robust research methodologies is recommended in addressing pressing questions and advancing professional advancement aims.

6. Conclusion

Social workers provide an integral role in health care, including seeking effective care and patient and family well-being. Given the associated struggles that often are imposed on individuals and families by illness, care needs, and social determinants of health barriers, supporting and advancing the role of social work in health care emerges as a critically important endeavor. In this era of health care retrenchment and varying levels of disciplinary scrutiny and structural change, finding effective ways to advance social work practice and support professional social workers seems particularly timely and integral to our profession. To do so, there seems to be a need to ascertain social work capacities and ensure sufficient professional support which seemingly invites disciplinary reflection, strategic area, and the amplification and celebration of the role of social work in interdisciplinary discourses. These areas of disciplinary reflection and professional resources, including training, leadership, and ongoing professional development.

References


Data Availability

Readers may access sent with my mail (dresrasipahi@gmail.com) the data underlying the findings of the study.

Conflicts of Interest

There is no conflict of interest.

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