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Social Workers' Perception of the Negative Effects of Labeled Patients

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SOCIAL WORKERS' PERCEPTION OF THE NEGATIVE

EFFECTS OF LABELED PATIENTS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Jessica Renee Behrman Groth

June 2017

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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor, Social Work

Dr. Janet Chang, Research Coordinator

ABSTRACT

This research explored social worker's perception of the services received among patients labeled with a diagnosis or labeled negatively, such as non-compliant, in comparison to non-labeled patients in a medical setting. Data for this project were gathered through seven in person interviews with social workers. The participants were all social workers in a medical setting at different DaVita Dialysis centers throughout San Bernardino County. The participants experience and education level ranged from master level social work interns to licensed clinical social workers. The findings indicated that the social workers do believe patients with diagnoses do not receive the same level of care as patients without a diagnosis or label.

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I would like to thank my family and friends for the constant love and support throughout these two years. I want to acknowledge my husband and family for valuing the important of education and never letting me give up on myself. Last, I want to thank my cohort for all that we have been through. This degree would not have been possible without the support of all of these people.

DEDICATION

This project is dedicated to my family. I am grateful for strong, supportive parents who put such high values on education and pursuing goals. Thank you for always pushing me to reach my fullest potential. To my husband, I could not have gotten through the endless nights and hardships throughout this program without you by my side. I love you all.

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CHAPTER ONE

INTRODUCTION

Problem Statement

During some point in their career, a social worker will encounter what is known as a "non-compliant" patient. A non-compliant patient (or client) may present differently for everyone. Unfortunately, it is not possible to avoid problematic patients because they can surface in any area of social work. However, the way a social worker chooses to approach those patients will greatly affect their rapport, and the patient's ability to succeed. When a medical professional encounters those challenging patients, they tend to label them as "non-compliant" or diagnosis them. It is common for a practitioner to classify a patient as non-compliant while documenting because it sounds more professional than saying a patient was being problematic or challenging. These labels are affecting social worker's relationships with their patients and trying to manage stigma.

The implications of labeling patients either officially with a psychiatric diagnosis, or unofficially in documentation can be negative. Rabkin (1975) showed that the mental health staff's conceptions and attitudes towards (patients with) mental health, played a more significant role in the patient's experience and outcome of their mental disorder than the disorder itself. Another article that discussed the effects of labeling patients by medical staff stated "Previous studies have demonstrated the negative behavioral effects of stigmatic labeling

among normal subjects" (Farina 1971; Curtis & Miller, 1986). The implications of labeling patients, directly related to social workers are important. If the patient is labeled by someone else, the social worker has to take time and work with the patient to understand they are not their diagnosis. If the social worker is responsible for the labeling, then it can be extremely difficult to build rapport or for the patient to trust the social worker anymore. Social workers are likely to spend more time with the diagnosed/labeled patient more so than the non-labeled patients.

Social workers located in a micro, specifically medical and/or mental health setting probably have the most exposure to this matter, but are not limited to just those areas of social work. If a doctor has instructed a patient to take multiple medications throughout the day and they forget to take a certain prescription, they could be documented as non-compliant. If another staff member opens the patient's chart or file and reads that the patient is difficult, non-compliant, or unpleasant to work with, it can affect the way social workers and other staff approach the patients. The problem with labeling a patient anything, is the self-fulfilling prophecy that follows.

An article written by Link states that "when people enter treatment and are labeled, these beliefs become personally applicable and lead to self-devaluation and/or the fear of rejection by others. Such reactions may have negative effects on both psychological and social functioning." (Link, 1987). The article implies that a patient that is told they are non-compliant multiple times will eventually

view themselves that way, and in turn, act that way. This self-fulfilling prophecy can make treatment with the social worker more difficult. Social workers cannot treat people who do not allow themselves to be treated. Potentially, trust is already damaged because a patient was negatively affected by a professional labeling them. Therefore, they may already distrust the social worker.

Purpose of the Study

The purpose of this study was to assess social worker's perception of labeled patients, and to see if they believe those patients receive the same treatment as non-labeled patients. It was hypothesized that patients with a mental diagnosis or negative label given by staff, do not receive the same level of care that patients without labels receive. Resulting from previous articles, rapport between the clinician and patient is damaged when patients are suffering from labeling theory and acting in a self-fulfilling prophecy. Social workers have to work harder to manage stigma and convince the patients that they are not their diagnosis. From past experiences, there have been patients who shut down and make it more challenging to work with because they view themselves as untreatable. Those patients can be more challenging to work with than patients without labels. In past experience, one patient during an assessment said "I just want you to know, I'm not compliant" and the social worker responded "now what makes you say that?" the patient's response was "well my doctor told me I'm not compliant so I figure I might as well just act that way". Most people value the opinion of a professional, such as a medical professional, and will believe what

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they say. It is important to remember the power clinicians hold and how to use it appropriately. Clinicians should be focusing on treatment for patients, instead of dreading meeting with them. This study aimed to reveal how social workers perceive labeled patients versus non-labeled patients.

The overall research method that was used for this data was qualitative. Data was gathered by interviewing social workers in a medical setting. The research method was selected to aim for genuine and personal experiences from social workers who have seen this first hand. The focus of the study was on the experiences of the social workers and not statistical analysis. Due to the limited time frame, only a small number of social workers were interviewed until sufficient data was collected.

Significance of the Project for Social Work Practice

Changing something as simple as labeling could positively impact social work practice. Patients with mental illnesses are labeled so they can receive the proper medication and resources they need to survive. That is still necessary. However, at one point, labeling people became more of a generic action than a last resort. If social workers (and anyone in the medical setting) could learn to be more mindful and address the patient as a person instead of their illness, patients would probably be more adherent. If medical staff involved patients in their treatment plan, and took a patient centered theory approach instead of a medical model approach, patients might be more compliant.

Social workers need to uphold the same patience with all of their clients, regardless of their mental health. Oates wrote that "the patient centered model allows patients to feel that their treatment was truly about them, they came to a common ground with their physician, and it increased the efficiency of care by reducing diagnostic tests and labeling" (Oates, Weston, & Jordan, 2000). The idea is simple, when patients feel they are being treated like people and not labels, they should be more "compliant" and willing to cooperate. Instead of labeling a person as a definitive term such as "non-compliant", they should instead say a patient is "currently being non-adherent".

Furthermore, it should be explored as to why the patient is being non-adherent and recognize and address the barriers they are facing. Being something in a single moment is much less severe than being that label as a person. Social workers should learn to be more mindful and say that patients are suffering from symptoms instead of being labeled as their symptoms, or that patients are currently being non-adherent versus being a non-compliant person in general. Patients should be able to continue treatment with the social worker because the social worker treats them humane and as less of a nuisance. The goal of this research was to better understand how social workers deal with these patients and see if they are able to receive the same kind of treatment as a patient without a negative connotation would. The results of this study could potentially contribute to social work practice by better understanding the negative effects that labeling patients has on the relationship with the patient and social worker.

The question this study addressed was: What are social worker's perception of labeled patients and do they treat them differently than their non-labeled patients?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a discussion of current literature that is relevant to studying social workers perception of the effects of labeled patients. This chapter is divided into sub-sections which consist of mental health, medical staff, patients with labels, and theories guiding conceptualization. Theoretical perspectives are then used to study how people with psychiatric diagnoses or negative labels from medical staff receive medical care in relation to people without a diagnosis or label, in the perception of medical social workers.

Mental Health

Patients with a mental disorder already face more struggles than that of a person without a diagnosis. Depending on what the diagnosis is, some people struggle with basic everyday tasks such as getting out of bed every day. Some disorders prevent people from maintaining a job or driving a car. Certain diagnoses will allow people to live completely usual lives. However, some diagnoses can be debilitating. People suffering from mental disorders experience similar problems as that of a person with a physiological symptom. They might both suffer from depressive symptoms, shaking, side effects from medication, irritability, psychosomatic pain and more. The difference is, society tends to be more accepting of people with physiological problem (Bennett, 2015). Experiencing psychological and physical damage can be extremely debilitating

and incapacitating. On top of their symptoms, they have to experience fear and looks from people who don't quite understand their disorder. All of which seems hard enough. Then, when they get to a hospital setting (psychiatric or general), it would seem that the most empathetic and understanding people would be the medical staff. Unfortunately, that is not always the case.

Medical Staff

In a general hospital setting, the medical staff is not given an exhaustive mental health training. According to the American Academy of Family Physicians (AAFP) doctors will do a clinical psychiatric rotation of a minimum of just one month, and mental health encounters generated by continuity clinics (AAFP, 1999). The academy believes physicians should be sensitive to mental illness and have some basic knowledge, but nothing more. A quote from their diagnosis and treatment section stated "only family medicine directors felt that their programs were 'optimal to extensive' in terms of adequacy of psychiatric training" (AAFP, 1999). Physicians have admitted to not feeling adequately trained or having an in depth rotation on mental disorders.

When people are experiencing psychosomatic pain, psychosis, or symptoms they have never felt before, they typically make an appointment with their primary care physician first. Studies show that 74% of people will go to their primary doctor for something like depression, instead of a therapist or psychiatrist (Stobbe, 2006). Doctors are the first line of contact for people, and they are not fully equipped to be dealing with their mental health. That lack of knowledge or

training could have a big impact on why doctors label patients and refer them out into the community or to another specialist.

Medical social workers also work in a hospital setting and receive very different training. Social workers in the medical setting are trained to consider unobvious factors such as the person's current living situation, finances, substance use, mental health, their symptoms, and more. They have to conduct what is called a "biopsychosocial" for every patient. The biopsychosocial assessment breaks down all parts of the word itself. They look at the biology (family genetics), their psychology (mood, personality), and social (cultural, socioeconomic, etc.) (Engel, 1980). A person will get admitted for something common like a car accident and a social worker will take into consideration not only the reason they were admitted, but also inquire about how they are coping with the current trauma, their home life, support systems, finances, etc. By doing a full biopsychosocial, they get a better idea of the patient and sometimes unravel more problems that need to be treated. The biopsychosocial allows the social worker to obtain information needed to provide resources and make referrals. Although doctor's jobs are to treat people medically, more behavioral health training could allow them to have a better understanding of mental disorders and how to encounter them.

Studies Focused on Labeling

In 1988, Fryer and Cohen did a study to see if staff treated mentally ill patients differently. There were patients labeled "psychiatric" and "medical".

Ninety-seven hospital employees completed a questionnaire. The results showed that the labeled psychiatric patients were unfavorable compared to the medical patients. The hospital staff said the psychiatric patients were more irresponsible, not clear-thinking, and less dependable. Despite the medical model, even hospital staff is less accepting of mental health. The results of the study showed that labeling patients "psychiatric" versus "medical" makes the hospital staff like them less (Fryer & Cohen, 1988). The gaps in this research fail to show if they randomly labeled patients as medical and psychiatric, or if they actually chose a sample of psychiatric patients and medical patients. It is possible that if patients were randomly selected and assigned labels, and staff still found psychiatric patients unfavorable, it would be purely out of stigma.

A study done by Rosenfield measured the effects of received services and stigma from labeling people with mental illnesses. There was an excellent quote from the article stating that "The label rather than the behavior per se shapes the fate of mentally ill persons…" (Link, 1982) There was a conflicting portion of her article that discussed how people who criticize the labeling theory believe that mental illness is an individual pathology and the fate of their mental illness depends on the severity of their illness and treatment, rather than outside factors such as labels (Huffine and Clausen 1979; Kirk 1974; Lehman, Possidente, and Hawker 1986; Schwartz, Myers, and Astrachan 1974). The author went on to discuss the importance of stigma and how people with mental illnesses are devalued. The research concluded by finding evidence supporting the fact that

labeling is a factor that increases symptoms (Link et al. 1989). It also found that

patients who experienced less stigma had higher life satisfaction rates and more

access to services than those perceiving more stigma.

Another article studying the effects of labeling took a slightly different

approach. This author showed that the effects of labeling can affect the creation

of deviant behavior, the stabilization of the deviant behavior, and the

consequences from the label in their personal life such as their job, friendships,

family relations, and partner selections. On top of etiology problems as well (Link

1982). The findings from this article showed that when a patient perceives others

to view them negatively due to their label, they do poorly at work and earn less

income. It also showed the opposite, that patients who feel accepted have an

increase in confidence and are more successful. More importantly, the research

put aside etiology concerns and focused on other outcomes. They decided that

professionals must observe how a label influences behaviors that are not present

due to their diagnosis, but as a result of the label (Link, 1982).

In a study done by Ward-Collins, the author aimed to prove the negative

connotations that followed the term "non-compliant" and determined what people

should say instead. She began the article by explaining that in the medical realm,

the term non-compliant means "unwillingness to practice prescribed health-

related behaviors (Ward-Collins, 1998). She explains that the nursing model of

practice is similar to the patient centered model and allows patients to be

autonomous in planning their own care. The article touched on social work

values and said patients have a right to self-determination. The article had a case study of a Master of Social Work student who described a patient as "non-compliant". One of the nurses disagreed with the vocabulary and asked her to not to use that word. That same nurse noticed that when the patient they were referring to was treated as non-compliant, that is how she behaved. When the nurse treated the patient like it was more of a collaborative effort and incorporated her in decision making, her health improved significantly. The patient started taking better care of herself and was more willing to be independent. The article stated "the word 'noncompliance' connotes judgement, should be used cautiously – if at all, and nurse clinicians should avoid its use as a nursing diagnosis" (Ward-Collins, 1998). To build rapport and trust with patients, they should be given autonomy. To truly be given autonomy, they must obtain the right to make decisions in their health care plan. The article suggest replacing the term "noncompliant" with "non-adherent" because that term pertains to a difference in beliefs-which is how many patients probably feel about what their doctor tells them to do.

This leads me back to my problem statement: What are social worker's perception of labeled patients, and do they believe those patients receive the same treatment as non-labeled patients?

Some of this research is dated as far back to the early 1980's and as recent as 2015. There are large gaps in this research topic. Majority of the data supporting this study is dated back before the 2000's. However, the authors

captured the subject well and the articles were still relevant. The methodological

limitations are from the wide spread of medical practitioners experiencing this

problem. Doctors, nurses, social workers, and more healthcare professionals

have published material on the effects of labeling. Possibly due to the fact that

medical social work is a relatively new field, there is the least amount of research

coming from social workers on this matter. There were some conflicting findings

where doctors felt that the effects of labeling are not a real thing, and other

medical workers have written opposing research saying it is real, and significant.

<center>Theories Guiding Conceptualization</center>

The theories used to conceptualize this study were the Patient Centered

Model, the Medical Model, and Labeling Theory.

The Patient Centered Model derives from patient centered care. The

purpose of this model is simply to focus on the patient and their health care

needs. The goal of this model, is to empower patients to become autonomous

and active in their own health. It also means that medical staff working with

patients should become their advocates and provide appropriate care. Patients

typically trust their doctors and assume they are competent in their line of work.

Patients tend to judge their medical staff on observable features such as their

attitude towards the patient, their people skills, if they are polite, on time, and if

the patient feels comfortable (Reynolds, 2009). Another article described this

model as "a quality of personal, professional, and organizational relationships"

and "Training physicians to be more mindful, informative, and empathic

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transforms their role from one characterized by authority to one that has the goals of partnership, solidarity, empathy, and collaboration." (Epstein & Street, 2011). The article concluded by referring to patients and their families as the stakeholders who should be involved in developing their care plan.

The Medical Model has many different definitions. One author who captured it well, suggested that "it is a scientific process involving observation, description and differentiation, which moves from recognizing and treating symptoms to identifying disease etiologies and developing specific treatments" (Clare, 1980). Another author proposed a more contemporary definition of the term. "It is a process whereby, informed by the best available evidence, doctors advise on, coordinate or deliver interventions for health improvement." (Shah & Mountain, 2007). The medical model is constantly changing throughout time. It was originated to be the basis for how all doctors are trained. Now, doctors with specializations and psychiatrists have voiced the need for a new and improved model.

The labeling theory has been explained briefly in previous paragraphs. In sociology, labeling theory is the view of deviance according to which being labeled as a "deviant" leads a person to engage in deviant behavior. Labeling theory explains why people's behavior clashes with social norms. (Becker, 1963). He explained the theory with the example "deviance is not a quality of the act the person commits, but rather a consequence of the application by others or rules and sanctions to an 'offender'. The deviant is one to whom that label has

successfully been applied: deviant behavior is behavior that people so label"

(Becker, 1963). Although the definition was originally created pertaining to crime,

it is easily applicable to the medical and mental health setting as well.

CHAPTER THREE

METHODS

Introduction

This study aimed to describe the perceptions of social workers working with labeled and or diagnosed patients verses non-labeled. The study also aimed to suggest possible solutions to the problem. The goal of this research was to better understand how social workers dealt with these patients and to see if they were able to receive the same kind of treatment as a patient without a negative connotation would. This chapter elicits the details of how this study was carried out. The sections discussed in this chapter will be the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The objective of this study was to further explore social workers perception of working with labeled and non-labeled patients in a medical setting. This was an exploratory research topic, due to the lack of research regarding this issue. Data was gathered through open ended interview questions with social workers in a medical setting, therefore, it was a qualitative study. There was not any interest in gathering data in numerical form or measuring it, which is why it was more appropriate to use qualitative versus quantitative for the study.

A benefit to using an exploratory approach by conducting interviews was that it allowed participants to share their personal experiences. There were not

any closed ended yes/no questions. The aim was to know if medical social workers experienced commonalities with their labeled patients. It was important to hear them as individuals with their own unique experiences. Open-ended questions in an interview should allow participants to speak freely and in depth. Participants were given identification numbers so their identity and work site would remain anonymous for their protection. The open-ended questions allowed participants to answer truthfully without fear of being fired or their names being published. Participants should feel safe throughout the study.

A limitation of the study was the lack of convenience. Many people prefer to do things quickly on line or on the phone. Dates and times were arranged for the interviewer to meet the social workers at their location to make it as easy as possible. However, the participants volunteered time for the interview, when it was time they could be working.

This study aimed to learn about medical social workers perception of the negative effects of labeled patients verses non-labeled patients. What are social worker's perception of labeled patients, and do they believe those patients receive the same treatment as non-labeled patients?

Sampling

The sampling method for this study was purposive sampling. The participants were selected due to the characteristics of the population and the objective of the study. The social workers chosen to participate in this research were employed at DaVita Dialysis in the San Bernardino County. Approval was

granted by the Legal Department at DaVita Dialysis and also by the MSW Supervisor who oversees all of the social workers across the region. The plan was to interview seven social workers. The participants came from various level of education and were master level social workers (MSW), licensed clinical social workers (LCSW), and social workers in their final year of graduate school and internships (MSW) Interns. All of the MSWs that are employed at DaVita have earned a Master's Degree. Some social work employees are even licensed clinical social workers. The lowest level of education was an MSW Intern, who is currently in their master's program. The ages were predicted to be as low as twenty-two and as old as sixty, but was open to any age as long as they possessed a social work background. The participants could have been either male or female.

Data Collection and Instruments

The qualitative data was conducted via in person interviews. The interview began with a description of the study and a disclaimer so participants were aware that the data would remain anonymous. The interview began with demographic questions such as their age, gender, and ethnicity, job title (intern or employee), how long they have worked at DaVita Dialysis, and how long they have been a social worker in general. After the demographic questions, interview questions relevant to the study were asked. An audio recorder was used to tape the interview (with participants consent to do so) and a computer to transcribe the audiotape.

Existing instruments were not used so the validity, reliability, and cultural sensitivity were unknown. Original interview questions were created and did not already exist. Due to this topic being exploratory, there were not any existing interview questions to utilize.

One barrier and limitation to this instrument was the coordinating. It required a lot of planning and coordinating to drive to multiple DaVita Dialysis centers to conduct interviews. The interview method was not as convenient as an online survey or focus group. The social workers had varying schedules that made it difficult to meet them. Another barrier was the time constraint. DaVita only allows a thirty minute lunch break but the questions and answers needed to remain genuine.

The first question asked was in regards to what the social workers clientele was like. It was possible that some social workers experienced patients with psychiatric illnesses, substance abuse, or other physiological health problems more so than other social workers at different DaVita Dialysis clinics. That question was important because higher caseloads can typically lead to burnout or prevent social workers from meeting with their patients as often as they would like. The follow up question was how often they met with their patients and conducted assessments. The main question was focused on their experience with patients who have been labeled either with a mental illness or something negative such as "non-compliant" by a doctor or medical staff member. That question had follow up questions pertaining to how to how the

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social worker felt before and after having to meet with their labeled patients, their level of difficulty working with those patients, how they felt staff treated patients, and if they saw a difference working with those patients versus the non-labeled ones.

Procedures

An email was sent out to DaVita Dialysis social work employees in the San Bernardino County area. Due to the fact there are many DaVita Dialysis facilities in almost every city, it would be too many to send to the entire region. A few facilities in the Inland Empire were the main focus. The social workers received an email explaining what the study was about and how volunteers would be greatly appreciated. It was emphasized that if they chose to participate it would be voluntary and anonymous as to protect their identity.

Data collection took place from the comfort of the participant's office and/or break room in their place of work. A request was submitted for participants to DaVita Dialysis emails only. The interviews were conducted at their convenience since they had limited availability. It was also stated that if they were uncomfortable participating at their place of work for fear of being overheard, it would be possible to meet at a nearby location of their choosing.

The interviews were conducted one by one with each individual at their site. They were also informed how long the interview should take them, that way they could allocate the appropriate amount of time. The interviewer was the only person viewing the data.

Protection of Human Subjects

The protection and level of comfort that participants should feel was extremely important, and was taken seriously. None of the participants were required to write/state their name anywhere during the interview. It was completely anonymous. It was not relevant who the specific person was for the study, so their names were not collected or written anywhere. A list of employee emails was used to send information asking for their participation, but when data was collected and transcribed, their names were left out of the study. Participants were identified with an identification number randomly generated. Employee emails have been deleted from the computer and the audio recordings were deleted after the study was over.

The very first thing given to a participant was an informed consent. There were no intentions of deceiving any participants, but rather to inform them of exactly what was being looked for. Once data had been received, it was stored on a password protected file. Participants were recognized by an identification code instead of their names to keep confidential.

Data Analysis

This was purely a qualitative study that only used qualitative techniques. Once the data was gathered, the answers provided were reviewed based on: common themes/responses, unique answers that were not similar to the others, if answers suggested that additional data needed to be gathered, and if the data supported the hypothesis. The data was categorized into groups regarding

common themes found in the responses. One theme that was anticipated to find were social workers who experienced burnout and felt some of their patients were non-compliant or difficult to work with. Another common theme that was anticipated was the social workers feeling the rest of the staff did not understand/know how to approach a patient due to their diagnosis or label.

Summary

This study aimed to describe the perceptions of social workers working with labeled patients. Labels were defined as being a psychiatric diagnosis or being negatively labeled non-compliant by medical staff. The data was collected through an in person interview with seven different people. Two participants were licensed clinical social workers, two were master level social workers, and three were master level social work interns. The questions allowed participants to answer open ended questions freely and at their most convenient time. This study was conducted using qualitative data.

CHAPTER FOUR

RESULTS

Introduction

This chapter will review the findings of the current study exploring social

worker's perception of the effects of labeled patients versus non-labeled patients.

The interview was designed to be exploratory and qualitative. The chapter first

discusses the demographic characteristics of the participants. Additionally, it

presents the results of the qualitative data collected, details used to analyze the

data, and presents the beliefs about social workers perceptions of patients with

psychiatric diagnoses and negative labels versus patients without labels. The

findings are interpreted according to the opinions of Social Workers.

Presentation of the Findings

The study included seven participants. Two participants were licensed

clinical social workers, two were master level social workers in the process of

becoming licensed, and three were Master of Social Work interns. The interview

began by asking demographic questions. Demographics included in this study

were: gender, age, ethnicity, job title, highest level of education, and years of

experience as a social worker. This approach was used to better understand the

level of experience social workers may have in working with labeled patients.

The demographic questions are as follows: gender, age, ethnicity, job title,

highest level of education, and years of experience. All seven participants were

female. There were seven females that ranged between 23 years of age and 42,

with the average age being 33.1. Four participants identified as being

Hispanic/Latina, two Caucasian, and one Asian/pacific islander. The three

intern's title was nephrology social work intern. The other four titles were

renal/nephrology social worker. Three of the participants are current master of

social work students that will be graduating in a few months. The other four

participants had a master's degree as the highest level of education. Two of the

interns stated they had two years of experience as a social worker. The third

intern stated she had five years of experience. The two master level participants

had five and eight years of experience. The two licensed clinical social workers

had 15 and 20 years of experience.

Table 1. Demographic Variables

Variable	Frequency (n)	Percentage (%)
Gender (N=7)		
Female	7	100
Age (N=7)		
18-25	1	14.28
26-35	3	42.85
36-45	3	42.85
Ethnicity (N=7)		
Caucasian	2	28.57

Hispanic/Latino	4	57.14
Asian/Pacific islander	1	14.28
Job title (N=7)		
Nephrology Social Work Intern	3	42.85
Renal/Nephrology Social Worker	4	57.14
Education (N=7)		
Bachelor Degree	3	42.85
Master Degree	4	57.14
Years of Experience (N=7)		
1-4	2	28.57
5-10	3	42.85
11-15	1	14.28
16-20	1	14.28

The participant's level of experience in working with diagnoses and labeled patients varied. As previously stated, the criteria to be involved in this study was to be social worker in a medical setting, and have had experience in working with patients with negative labels or diagnoses. For this reason, open ended questions were asked in an interview to understand the social worker's perception in how patients with negative labels or diagnoses are treated, versus patients without a label.

Data Analysis

Before data could be collected, approval from the Institutional Review Board (IRB) needed to be granted. Once the IRB approved the proposed research, data could be collected as early as January 2017. Interviews were conducted and data was collected from January to March 2017.

Data was collected via in person interviews. Data was recorded using an audio recorder and then transcribed on the computer. The transcription allowed coding for common themes and responses. The audio recordings were deleted immediately after the data was transcribed.

Findings

A major theme from the study conducted was that social workers did not believe that patients with a diagnosis or label received the same level of care as patients without a label.

Caseload

The first two questions of the interview pertained to the social worker's caseload. The purpose of inquiring about caseload was to understand the amount of time social workers have to offer patients and their quality of care. If social workers had higher caseloads, they may not be able to meet with patients as often. It is common for social workers to experience burnout due to high caseloads which lead to higher levels of stress. Burnout is more likely to happen when working with populations that are vulnerable or suffering, (Pines and Aronson, 1998) such as a medical setting. When asked about caseload,

participants responded with a wide range of answers. Participant One is a full time, licensed clinical social worker who reported having a caseload of 132 patients that she meets with weekly. Participant Two is an intern that works three days a week and maintains a caseload of 13-15 patients that she meets with quarterly, and follows up as needed. Participant Three is a master level social worker that reported having 108 patients that she meets with weekly if certain patients need it, but otherwise she meets with them quarterly. Participant Four is a part time master level employee with a caseload of 83 patients she meets with weekly if needed, otherwise quarterly. Participant Five is a full time, licensed clinical social worker with 125 patients she meets with weekly and as needed. Participant Six is an intern that has 12 patients she meets with weekly and biweekly. Participant Seven is an intern that has 69 patients she meets with weekly.

<u>Labels</u>

The next set of questions revolved around labels and social worker's opinions of their patients with labels and diagnoses. The first question regarding labels was asking if social workers felt a label or diagnosis affected the patient's treatment. Participant One answered no and stated "it is not clearly documented in patient's charts if they have a diagnosis. Therefore, staff would be unaware of their diagnosis, and not treat them differently" (Personal interview, 2017). Participant Two also did not believe patient's labels or diagnosis affected their treatment at their facility. Participant Three felt that patients with labels were

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indeed treated differently due to the fact that staff has to be more accommodating to meet their needs. Participant Four also believed patients with labels were treated differently. She said "sometimes their mental health impacts how they're acting during treatment. Sometimes they're complaining, have special needs, requests, etc." (Personal interview, 2017). Participant Five responded similarly and stated "Sometimes patient's mental health would impact their adherence to treatment. Staff would verbalize being frustrated and it would affect their rapport with the patient" (Personal interview, 2017). Participant Six also answered yes. Participant Seven reported "Yes, sometimes, mental health diagnosis, infection diagnosis, or communicable disease can come with a stigma which may influence patient treatment" (Personal interview, 2017).

The follow up questions were asking the social workers if they believed their patients were ever neglected by medical staff, and able to receive adequate help. Five of the participants stated they did not feel their patients were neglected, and that they were able to receive adequate care. However, two participants did believe patients were neglected due to their labels. Participant Five stated that "staff does their best, but sometimes their body language and treatment towards patients doesn't give positive reinforcement. Staff will talk down to patients about missing treatment and make patients defensive, which effects how they treat them" (Personal Interview, 2017). Participant Six mentioned that "once staff becomes aware of a patient's diagnosis, they

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automatically treat them differently and try to avoid them" (Personal Interview, 2017).

<u>Non-Compliance</u>

One question asked to the participants was if they felt their staff had a good understanding of the term noncompliant. This was important to understand, because if people do not understand the term noncompliant, they should not be using it. Noncompliance is used quite often in the medical and mental health setting. One thought was that if staff believed a patient to be noncompliant, they might try to avoid the patient and not give them as much care as the more compliant patients. When asked if the social workers believed their staff understood the term noncompliance, they all said no. A common response from participants was that staff used the word loosely and would label a patient as noncompliant when the patient didn't do exactly as the staff ordered. An article that examines noncompliance amongst hemodialysis and peritoneal dialysis patients states that "The association of emotional, psychological, and social factors with dialysis non-compliance is complex. In studies of HD patients, depression, perception of illness, and perceived mental health are variables that have been suggested as important mechanisms contributing to patient non-compliance (Kutner et al, 2002). People in the medical setting may label a patient for being noncompliant due to them not abiding by their rules. However, noncompliance is defined as "refusal to 'submit' to the prescriptions of doctors and take their medicine, or follow their advice" (Vermeire 2001). Social workers

and staff in general need to not only understand compliance, but also consider the factors as to why a patient may be acting noncompliant.

<u>Labeled Patients versus Non-Labeled</u>

The next set of questions are the most important to this research. Next, participants were assessed to see if they believe patients with a label and/or diagnosis receive the same treatment as patients without a label/diagnosis. They were also asked how they felt their time with a patient(s) with a label/diagnosis compared to time spent with patients without labels. Two participants responded no, they do not believe patients are treated differently regardless of any labels. The other five participants answered yes, and shared why they feel that way. Participant Three had a similar response to a previous question and said that she believes "staff treats patients with a diagnosis differently because they require more attention. We are more accommodating because they typically require more than our healthier patients. I spend much more time with my mentally ill patients than others" (Personal Interview, 2017). Participant Four had a more negative approach to the question and said "patients with labels receive different treatment. I feel much more exhausted and drained after meeting with a patient with a diagnosis or who is deemed noncompliant." (Personal Interview, 2017). Participant Five also believe the patients are treated differently. She stated "Yes, staff gets frustrated with those patients and refers them to social work to 'fix' the patient and 'make them compliant' because they do not want to deal with them" (Personal Interview, 2017). Participant Six believes that "other professionals are

not educated on mental health within my current setting, and they do indeed treat those patients that are labeled differently and negatively" (Personal Interview, 2017). Lastly, Participant Seven "these patients sometimes receive a minimal level of interaction rather than a maximum level of interaction. Basic needs are met, but they may not have the same rapport or relationship building that other patients may receive because staff avoids them" (Personal Interview 2017).

<div align="center">Summary</div>

Social workers perception of the effects of labels and diagnoses on patients versus patients without labels became apparent. Five out seven participants vocalized believing that patients with labels and diagnoses do not receive the same level of care in a medical setting as patients without labels and diagnoses. Participants were able to support their beliefs by sharing personal experiences that pertain to the research topic. Another theme that emerged from this study was that the social workers felt professionals of other disciplines do not have an appropriate understanding of the term noncompliance and use it negatively towards their patients.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the beliefs social workers have in regards to patients with a label or diagnosis and if they receive the same treatment in a medical setting as patients without a label or diagnosis. This chapter discusses the results of the data collected, limitations of the current study, recommendations for future social work practice and research, and a summary.

Discussion

This research was done to gain insight into social worker's perspective of the effects of labeled and/or diagnosed patients versus not labeled patients. There were seven participants, all with various levels of experience and education. Two participants were licensed clinical social workers, two participants were master level social workers in the process of becoming licensed and the remaining three participants were current master of social work interns in their final year of school and internship.

The research found that five out of the seven participants believed that patients with labels do not receive the same level of care as patients without. The participants drew these conclusions from their own experience in the medical field, and also their experience in what they have witnessed their patients go through with other medical staff. Majority of the participants were able to identify numerous occasions in which they observed patients with a mental illness or

label of noncompliance be ignored or not provided the same level of care as other patients. These results provide support to the research question previously stated: what are social worker's perception of labeled patients, and do they believe those patients receive the same treatment as non-labeled patients?

Limitations

Due to the fact this research was exploratory, there were a number of limitations. As previously mentioned in chapter three, one limitation to this study was the lack of convenience for participants. Many studies are now conducted using online surveys and questionnaires for participants and researcher's convenience. However, this research aimed to capture social worker's experience and wanted in depth answers. In depth responses can be difficult to capture from an online survey. The interviewer attempted to make the interviews as convenient as possible for participants, but they still volunteered thirty minutes of their day to participate in interviews and there was no compensation provided for them. This is important to factor in when considering the time it takes to transcribe and code data. Also, it might be easier to gain participants if they only have to answer a link or survey online.

Another limitation was sample size. A medical social worker typically has an unpredictable work schedule and is not always sure when they have availability. Therefore, it was hard to gain more medical social workers to be involved in the research. Ten to fifteen participants would have been more ideal

and potentially beneficial to the research outcome. More participants would have been preferred to further support or reject the research question.

An additional limitation was the lack of prior research on the subject matter. This limitation is important to consider when gathering materials for a literature review and also to gauge the progress the subject has made in the field over time.

Lastly, method used felt like a partial limitation. Asking more questions in the interview, or adding more follow up questions could have aided in making the interview more in depth and longer. If more of the medical social worker's facilities were near each other, a focus group could have been initiated. One focus group with all seven participants could have made organizing and conducting interviews easier on the interviewer/researcher. It would also give participants more of a chance to contribute and speak freely.

Recommendations for Social Work Practice, Policy, and Research

This research provided a foundation for further studies to be conducted regarding social workers and their labeled patients. The literature review shows that often labeled patients create a self-fulfilling prophecy and act out on behalf of their diagnosis or label. If a patient is called noncompliant, they begin to act noncompliant. This phenomenon allows for future research to study ways to prevent that from happening.

Recommendations for social workers are to be more mindful of their interactions with labeled patients versus not labeled patients. They should be

approaching all patients with the same level of patience, empathy (if needed), and overall mindset. Another recommendation is to educate other staff members on how to appropriately engage with these patients. As previously mentioned, staff in the medical field use the term noncompliant very loosely, sometimes without fully understanding what it means. Staff should be well informed on technical jargon and also have mental health trainings to show them how to better understand and interact with patients with labels and diagnoses.

It is important for social workers to understand the power and implications their role has on patients. If they have compassion fatigue or dread seeing certain patients, they may end up not helping that patient in the end due to their own transference they are experiencing. This research can potentially encourage social workers to be more mindful in how they approach patients. It can also encourage them to give the same level of care to patients with and without labels and diagnoses.

This research topic could benefit from more in depth qualitative studies with a larger sample size. Ideally, this research subject could benefit from interviewing patients with diagnoses and patients without. Interviewing patients would allow insight to their experiences with social workers and medical staff, and allow researchers the chance to better understand and provide better assistance.

Conclusion

This research was conducted to explore and better understand social worker's perception of the effects of labeled patients versus non-labeled patients. Data for this study was collected through in person interviews with seven medical social workers. The sampling method for this study was purposive sampling. The social workers chosen to participate in this research are employed at DaVita Dialysis in the San Bernardino County.

The participants were first asked demographic questions, and then in depth interview questions. The questions were revolved around their experiences working with patients with labels and diagnoses, and how they feel those patient's treatment compares to non-labeled patients. The results supported the research topic that patients with labels do not receive the same treatment and level of care as non-labeled patients.

The results of this study suggests that there are stigmas associated with mental illnesses and negative labels. Despite the fact that all seven of the social workers work in a medical setting with other healthcare professionals, mental illness still comes with a stigma. The findings also suggests that staff in a medical/mental health setting are not actually getting trained on mental health and how to address it.

This research has the potential to allow for further exploratory and qualitative studies to be conducted. It also allows professionals to be well

informed about the damages a label and diagnosis can do when given

negatively.

APPENDIX A

PARTICIPANT DEMOGRAPHICS

Demographics

1. Male or Female?

2. What is your age?

3. Please specify your ethnicity

4. What is your job title? (Intern/MSW/LCSW)

5. What is your highest level of education?

6. How many years of experience do you have as a social worker?

Developed by: Jessica Renee Behrman Groth

APPENDIX B

INTERVIEW QUESTIONS

Interview

1. What is your caseload like?

2. How often do you meet with your patients?

3. Do you believe a label or diagnosis affects patient's treatment?

4. Do you believe those patients get neglected?

5. Are patients with labels able to receive adequate help?

6. Do patients with labels receive different treatment than patients without labels?

7. Tell me about a time when you worked with a difficult patient.

8. How exactly was the patient being difficult?

9. What is your definition of a difficult patient?

10. How did you feel before you had to meet with that patient?

11. How does your time with a difficult patient compare to time spent with other patients?

12. Does this patient have a psychiatric diagnosis that you are aware of?

Developed by: Jessica Renee Behrman Groth

APPENDIX C

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the social worker's perception of patients with negative labels. The study is being conducted by Jessica Groth, a graduate student, under the supervision of Dr. McCaslin, a professor emerita in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine if patients with labels receive the same level of care as patients without labels according to the social worker's perception.

DESCRIPTION: Participants will be asked of a few questions on their experience with labeled patients and some demographics.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be destroyed after study complete.

DURATION: It will take anywhere from 30 minutes to an hour to complete the interview depending on the length of open ended answers.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to email Dr. Rosemary McCaslin at rmccaslin@csusb.edu or contact her at (909) 537-5507.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

_____   _____Yes   _____ No
I agree to be audiotaped

APPENDIX D

IRB APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) _____ Jessie Behrman Groth _____

Proposal Title _____ Social Workers Perception of the Negative _____
_____ Effects of Labeled Patients _____

_____ SW1733 _____

Your proposal has been reviewed by the School of Social Work Sub-Committee of the

Institutional Review Board. The decisions and advice of those faculty are given below.

- -

Proposal is:

__✓__ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____

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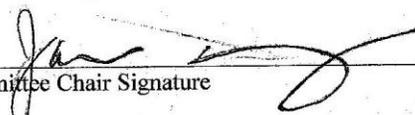
_____   2/13/2017
Committee Chair Signature   Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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