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Susan Lee Robilotta Jacobs

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MEDICAL SOCIAL WORK:
WHY IS IT UNDERUTILIZED IN HOME HEALTH CARE?

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A Project
Presented to the
Faculty of
California State University,
San Bernardino

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In Partial Fulfillment
of the Requirements for the Degree
Master of
Social Work

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by
Susan Lee Robilotta Jacobs
June, 1993
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ABSTRACT

The purpose of this study was to determine why the Medical Social Worker is not fully utilized in the Home Health Care field. There are needed services that are not being provided to the population served by the Home Health Care industry. This Post-Positivist study, through interviews, formed rationales for the low usage of the Medical Social Worker. Qualitative data was analyzed from interviews with professionals within various sectors of the industry. The results of this study provide reasons for the underutilization and aid in filling the void with increased Medical Social Work intervention.
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INTRODUCTION

Problem Statement

The number of elderly in our country are growing each decade. It is projected that by the year 2000, the population of persons over 65 years in this country will be approximately 31,000,000. That will be 12% of all citizens of the United States. It is also projected that by 2030 that number will grow to 46,000,000 senior citizens. That will make 17% of the population of our country over 65 years of age. (Ruben, 1990)

As the numbers increase, and the space in acute care hospitals and skilled nursing facilities decreases, there will be greater demand on Home Health Care Agencies. These agencies will be expected to provide for more of the medically ill elderly than ever before. These clients are sent home weak, and unable to manage their own care needs adequately. The result of this causes additional social needs which must be addressed.

Social Work is a growing concern to the Home Health Care field. Field observations within the Ramona Visiting Nurses Association and Hospice in Southern Riverside County have found Medical Social Work to be an under utilized component of Home Health Care services. Within the Social Security Act, which provides for Medi-Care benefits, Social
Work is not considered a primary skilled intervention for Home Health Care. There are two offices of Ramona Visiting Nurses Association and Hospice in Southern Riverside County. In 1991, they had a combined caseload of approximately 4000 clients receiving skilled nursing and/or therapy care. Only approximately 970 of these were given Social Work intervention. The problem is that clients are not being offered Social Work services. As a result, needed services are not provided to a significant number of patients of Home Health Care due to the lack of Medical Social Worker intervention.

Problem Focus

The arena of direct practice is the area being researched in this Post-Positivist research project. The problem affects the population mostly on a client/practitioner level, rather than at the community or administration levels. The Post-Positivist paradigm will offer the qualitative data needed to explore the possible reasons for the deficit of Social Work intervention with Home Health Care clients.

Clients are not connected with needed community resource benefits. They are not being referred to services and programs that might aid them in their situation and aid their recovery. They are not receiving the supportive and
informational intervention that they could be if they had a Medical Social Worker on the Home Health Care team.

LITERATURE REVIEW

It has become evident there is not a consequential accumulation of writing on the subject. Social Work intervention in the Medical field has in the past been limited to inpatient acute care facilities. The Encyclopedia of Social Work does not yet refer to Home Health Care intervention as a Social Work role. Soon, there may be more to read regarding the subject.

Although there is little that deals with the lack of utilization of the Home Health Care Social Worker, there are articles that relate to the topic. A call for more research into Social Work intervention and a look at the quality of current care was the topic of an article in the Journal of Gerontological Social Work. (Levande, 1987)

Social Work intervention in the Home Health Care field in other countries, suggests a possible model from which to build more effective intervention. This is discussed in The Journal of Social Work. (Cox, 1992) Another article found in the Journal of Social Work, dealt with care of the elderly in home and of Social Work intervention, but was not within the health care arena. (Cox, 1988) An additional article, in the same edition of the Journal of Social Work
dealt with the health care field in the acute hospital setting. (Abramson, 1988)

An article appearing in a recent volume of the Journal, Social Work in Health Care, discussed Medical Social Workers working within the medical model to maximize patient's strengths in order to accomplish more effective intervention. (Pray, 1992) This was not an article of research, but rather that of treatment issues for the Medical Social Worker.

The scope of past research, with the exception of the article regarding other countries, dealt only with Social Work intervention in the more established areas of the medical field. The articles dealt mostly with research of and designs for treatment models. Although useful and meaningful, without knowledge of when and why the Medical Social Worker is involved, treatment cannot be employed.

There is a noticeable gap in the research published at this time involving the Medical Social Worker in Home Health Care. Social Work is a growing arena within Medical Home Care, as Medical Home Care is a growing concern for the Medical field as well as for Social Work. As a result, there is a need for research to inform and teach all of us in this area.
RESEARCH DESIGN AND METHOD

Purpose of the Study

Home Health Care is growing as a service delivery model of Health Care. The field has grown, but the utilization of Medical Social Workers within Home Health Care has not grown in the same proportion. The intent of the study is to explore reasons for the limited use of Medical Social Work in the Home Health Care field.

Research Question

This is a Post-Positivist study. The post positivist paradigm allows for open ended questions. These permit the respondents to voice their opinions without the bias of predetermined answers from which to select. If there are answers to be found, the data will reveal them.

The question the study began with was: Why is Medical Social Work underutilized in the Home Health Care field? As the study progressed, the question, due to the changing nature of the post positivist paradigm, evolved into: What is the perception of the role of the Medical Social Worker in Home Health Care? How does it affect the utilization of Medical Social Work in Home Health Care cases? The study question evolved through the exploration and the discovery of new data from the respondents.
Sampling

This study is exploratory and therefore qualitative data was collected. A judgmental sample of key informants of Home Health Care Helping Professionals was used. This facilitated collection on a full range of opinions. The sample included, from the Home Health Care Industry: Medical Social Workers, Registered Nurse Case Managers, Registered Nurses, and agency Administrators. Hospital Discharge Planners, and Physicians who utilize Home Health Care also are included in the study. In the industry, Nurses who are Case Managers make most of the referrals to Social Work; therefore, they were the group the study focused on. The study included professionals in for-profit and non-profit agencies and individual practitioners. Of the 53 questionnaires distributed, the rate of return was 94% (50). Of these 41 were from individuals working in non-profit agencies and 9 were from individuals working in for profit agencies or practices.

Data Collection and Instruments

There were two parts to the questionnaire. The first part contained demographic questions. This was short and was used to identify the background of the informants. It also determined what role each informant plays in the Home Health Care industry.
The second part includes open ended exploratory questions. The questions changed as the data collected altered and redefined the focus of the study. The questions initially included:
1) When would a Medical Social Work referral be appropriate for a Home Health Care patient?
2) When would you consider a referral to Medical Social Work not appropriate?
3) What intervention do you perceive a Medical Social Worker can offer Home Health Care patients?

Additional questions were added after the first group of responses were reviewed. It was determined that the initial questions did not produce responses related to whether Medical Social Work was being utilized as fully as desired and why or why not. Two additional questions were added to determine if respondents believe Medical Social Work is fully utilized in Home Health Care. The additional questions are:
4.) Do you feel the discipline of Medical Social Work is fully utilized? Explain.
5.) What interventions would you like to see the Medical Social Worker do with Home Health Care Patients?
Procedure

The ideal situation would have been to conduct each interview individually, in person verbally with each informant. This, however, was not always possible due to distance and time considerations. The majority of information (47 respondents) was gathered through a written version of the survey. Three surveys were collected through interviews. Most of the surveys were distributed in group at staff meetings, to have a greater number participate. The sample consists of 50 participants. Most of them, 38, are from the nursing sector, as they are the care managers of patients in Home Health Care and are more accessible than Medical Doctors. Four Agency Administrators and two Discharge Planners were sampled. Four Medical Social Workers were also asked to participate, to gain an understanding of how they felt they were being utilized in the field.

After the additional questions were added, ten selected participants from the first group were given the opportunity to address these also. This was done in personal interviews and given in written form depending on the availability of the respondent. At this time, these selected participants were also given the opportunity to clarify answers from their previous survey questions. This use of the Delphi
technique aided in clarification of roles assigned to the Medical Social Worker. (Siegal, & et al, 1987)

Protection of Human Subjects

Before the distribution of the surveys, informed consent forms were given to define the nature of the study to the participants. The signed informed consents were removed from the remainder of the surveys, leaving no connection between the consents and the surveys. This was done to ensure the anonymity and confidentiality of the informants.

A short note, debriefing the participants is included in Appendix C. This includes a statement for the participants to know how to obtain further information or the results of the survey.

Data Analysis

Analysis is not an end task in the Post-Positivist research. Qualitative data was continually being analyzed throughout the study. As new data came in, they changed the direction of the study.

The data were first broken down and open coded into concepts of phenomenon. Through axial coding, the concepts were grouped together into categories. Finally, these were linked together through validation of relationships to form
the final statements of outcome for the study, in the selective coding process. (Strauss & Corbin, 1990)

It was hoped that the data, as it was coded and linked together, would show statements of under utilizing Medical Social Work for specific reasons. It is the hope of this study to aid utilization of Medical Social Work by demonstrating that its functions are not fully understood.

Data were drawn from the questionnaires and filed according to the concepts they represented. Files were revised and added to as new data changed the direction of the study and the interpretation of previous data obtained. For example, referrals to skilled nursing facilities began in a category of financial assistance, but later were changed to one of long range planning needs as the responses indicated there was need for the safety issues of placement rather than the financial aspects. In addition to files for concepts, there were files for new literature as it became available, about the use of Medical Social Work in the Home Health Care field. (Rubin & Babbie, 1989)

The Glaser & Strauss Constant Comparative Method was used in this study with the open coding process of Strauss & Corbin. The Constant Comparative Method is made up of four stages. They are 1) comparing incidents applicable to each category, 2) integrating categories and their properties, 3)
delimiting the theory, and 4) writing the theory. (Lincoln & Guba, 1985)

The data were open coded by sentences from the responses. Those were written on cards and separated into categories. For example categories include community resources, and county assistance. (Strauss & Corbin, 1990) The data incident, as it is coded for a category was compared with others in the category, to justify assignment and to see how it fits with the other incidents already in that category. This was to build a full range of data together to explain each category. (Lincoln & Guba, 1985)

Integrating categories and their properties is a process of determining relationships within each category and identifying properties of description for each. Limiting and reducing categories was then done. For example, in the first round, concepts derived from the first question were in categories of referrals for help in the home, referrals for safety issues, and referrals for support groups. As these increased it became obvious that they could be conceptualized in one more encompassing category of community resources. Later, issues involving safety needs of patients were moved from this to the category dealing with advocacy and protection of patient. This was to formulate the final theories and explanations for the
phenomenon of underutilization of Medical Social Work in the Home Health Care field. (Lincoln & Guba, 1985)

FINDINGS: DEMOGRAPHICS

There were fifty respondents to this survey. Demographic data from each includes occupation, gender, age, ethnicity, years of education, years spent employed in the Health Care field, and if they were employed in a for profit or not for profit agency. (See Appendix B)

The range of occupations included Medical Doctors(1), Register Nurses(32), Licensed Vocational Nurses(3), other Nurses(2), Social Workers(4), Administrators(6), and Discharge Planners(2). The mode of the occupations is Registered Nurses. There is a strong connection between this and the actual referral sources in the Home Health Care community. Registered Nurses as case managers are the biggest source of referrals to Medical Social Work for homebound patients.

The gender of the respondents was primarily female. This, again, is the norm in the community. The ages range between 26 years and 63 years with four refusing to give their age. Although the largest number of respondents are aged 30-39 years, the medium and mean age is 43. Hispanic, Asian, African American, and Caucasian ethnic groups were
represented in survey respondents. The most common ethnicity was Caucasian; this is representative of the community. Years of education of the respondents ranged from 14-25 years. The mean, mode, and the medium were all approximately 16 years. Six respondents did not answer this question. Three responses indicated educational levels of 20-25 years.

There was quite a range of experience in the Home Health Care field within the study. The number of years the respondents have worked in the Health Care field ranged from under 1 year to 39 years. More than half indicated employment in Health Care of 10 years and under, but the mean was 12 years.

The demographics indicate the average person responding to this survey was a Caucasian female, with 16 years of education, having attained her Registered Nurse licence. She was 43 years old, worked in a Non-Profit Agency and had been employed in the Health Care field for 12 years.

**FINDINGS: SOCIAL WORK UTILIZATION**

Round One

The first round of questionnaires included only the first three questions. The answers that were given were mainly oriented to that of the technical tasks performed by the Medical Social Worker. These did not address the level
of understanding of what the Medical Social Worker does, but rather what tasks the Medical Social Worker can perform. The respondents interpreted that the questions were asking for specific tasks to be completed rather than for situations where the Medical Social Worker could investigate and evaluate the needs of the client.

The responses from the first round of questioning also revealed that the nurses involved had a limited understanding of the Medical Social Worker's scope of practice in the Home Health Care field.

Question #1
When would you consider it appropriate to make a referral to the Medical Social Worker for a Home Health Care patient?

"I feel every patient warrants a Social Work referral since every patient is facing a change/crisis which evolves around their health. A person in ill-health complicates all aspect of their life and those around them which results in stress/frustration thereby hindering progress with their Home Health plan of care." This was not a typical response, but it in effect answers the question more thoroughly than any other given.
Categories

Final groupings of categories fell into three major areas of duties for the Medical Social Worker to perform. These were task oriented duties, clinical duties, and mediation duties. Each of these final categories were made up from smaller groupings and combined through the process discussed earlier in this paper in the Data Analysis section. While each of the final categories has responses from all areas of occupations, the most thorough and encompassing responses came from Medical Social Workers and Discharge Planners. Register Nurses who are case managers were much more superficial in their responses.

The "tasks oriented" category included groupings regarding information gathering and dispensing, and resource referring.

The "clinical duties" categories included grouping of counseling needs for terminal issues, hindrance of treatment plan, and patient or family coping skills. Another small grouping was of psycho/social assessments of patients and home environment. With the exception of one lone response from a Register Nurse/case manager, all of these responses came from Administrators, Discharge Planners, and Medical Social Workers.

The "mediation duties" category is made up of responses regarding duties of the Medical Social Worker as the
intermediary or the advocate. Such duties described were as the intermediary for the agency to aid with the patient's compliance to the treatment plan, or as the advocate for the patient when dealing with abuse, safety, or long range planning issues.

Trends and Typical Responses

Registered Nurses/case managers gave more task oriented responses than others. The nurses replying accounted for 76% of the survey responses. Some typical responses of Register Nurses included "community resources", "if the patient has financial problem", and "help in home inadequate". These responses were more directed to specific tasks than were the responses of Administrators, Medical Social Workers, and Discharge Planners. Typical other responses included "high risk patients-maximum care with limited support systems", and "link with community resources, i.e. Meals on Wheels, senior day care".

The Register Nurses do not refer for Medical Social Work intervention for clinical issues until the situation is at a crisis point. That is illustrated by these responses for intervention: "arrangement for death", "when patient is depressed", "suicidal ideology", "intervene with family crisis", and "patient's families that are having difficulties with diagnosis". These responses are also
directed to specific situations of intervention. The assessment of the psycho/social situation is not for the Medical Social Worker to perform, as the Register Nurse has already assessed the problem and is assigning the management of that problem to the Medical Social Worker.

The "mediation duties" category was well represented by all professionals responding to the survey. Safety issues were most identifies as roles of the Medical Social Worker. Responses such as this were ample in the survey, "referrals when alternative living arrangement needed due to safety reasons, i.e. Board and Care, and Skilled Nursing Facility placement".

Abuse was identified as the intermediary role of the Medical Social Worker with the patients by 14 of the respondents. Thirty-two were Register Nurses/case managers. Assessing the abuse and making the appropriate intervention is what the responses indicate, although most responses were like this, "patient abuse".

The intermediary role was also perceived by respondents of the Medical Social Worker between medical staff and the patient. An example of this is, "MSW is helpful so that other disciplines are able to do their jobs".
Unique Responses

There were a few responses which said basically the same as this, "any new admit to VNA & Hospice". Few gave elaboration to indicate why they felt this to be so, some went on to state psycho/social needs, but others left explanations off. The responses amounted to only 7 of those in the survey with 4 being Registered Nurses/case managers.

One particular response stated what others seemed to omit, but it showed their lack of understanding, "...lots of referral get missed because it is difficult to remember what the MSW actually does. MSW come to mind as a counselor for the acute setting-not for the elderly in a home setting." This was mentioned 25 times in person during the course of the survey, as the survey was being handed in, but was not indicated in the survey itself.

Question #2

What would make you consider a referral to the Medical Social Worker not appropriate?

There were fewer responses to this question than to any of the other questions of the first round. This response may be representative for all that were missing, "I really don't know".
Categories

Groupings from this question show a limited understanding of the roles the Medical Social Worker can perform. The grouping include refusals, support, inappropriate situations for the Medical Social Worker, and appropriate resource utilization.

Trends and Typical Responses

The trend was toward refusals of Medical Social Work intervention. Insurance carrier, Medical Doctor, and patient refusal were all cited as reasons for the Medical Social Worker not to be utilized in Home Health Care cases. A Medical Social Worker responded on this category best, "only when the patient/family flat refuse a visit following a comprehensive description of possible results of Social Work assessment and intervention".

The remaining categories of support appropriateness, inappropriate situations for the Medical Social Worker to intervene, and appropriate resource utilization all show a limited understanding on the part of the Registered Nurses/case managers.

Statements such as "very difficult to pick up on patient's problems when they seem alright on the surface", "does not appear to have psycho-social problems which would delay dealing/recovery from illness", and "clearly no
issues" show that the medical staff may not recognize or assess for psycho/social needs of patients.

**Question #3**

What interventions do you perceive a Medical Social Worker can offer Home Health Care Patients?

A Medical Social Worker's intervention must include a, "complete home assessment-visual assessment of what is actually being done". This response from a Discharge Planner explains the need for the Medical Social Worker's psycho/social assessment, as the Discharge Planner is unable to verify patient's home needs and the Registered Nurse/case manager is not trained to recognize them.

**Categories**

The major categories which developed from responses to this question were the same as to the first question. The roles of "task oriented duties", "clinical duties", and "mediation duties" were identified by respondents as interventions they perceived a Medical Social Worker could offer. Here, as in the first question, the majority of responses were in the task oriented duties.

**Trends and Typical Responses**

One participant, a Medical Social Worker, offered this
response, "The ultimate goal is for patient to remain at home safely, improve their quality of life, nutrition, transportation, increased the knowledge of community resources. Also, decrease depression, anxiety, improve coping and compliance with the treatment plan, decrease family conflict, and stress."

Intervention based on this goal statement is outlined by the Public Health volume of the Code of Federal Regulations of Federal Health Insurance regarding the Medical Social Worker. It states the Medical Social Worker "...assists...other team members in understanding the significant social and emotional factors related to the health problems, participates in the development of the treatment plan, prepares clinical and progress notes, works with the family, utilizes appropriate community resources, participates in discharge planning and inservice programs and acts as a consultant to other agency personnel." (Blanchard, 1991) This is the condition of participation as outlined and is utilized by Medi-Care.

Most Registered Nurses, 31 of 38, indicated that they perceived the Medical Social Worker to provide chiefly task oriented duties than any other kind. One startling example was, "cut through the red tape for welfare system".

There were fourteen responses indicating Medical Social Work intervention for psycho/social assessments. However,
the majority of these were again from Administrators, Medical Social Workers, and Discharge Planners. Few were offered from Registered Nurses/case managers. Those that were, were directed to specific situations. An example of this is offered by a Medical Social Worker, "identify dysfunctional grieving and indicate appropriate intervention", as compared to a more open "complete and through psycho/social assessment".

Unique Responses

The clinical category evidence found a new area for this question, that of education. Although the education was suggested for community resources, it seemed an interesting remark regarding the role of the Medical Social Worker. It stated, "to educate patient/caregiver on community resources appropriate for patient".

Round Two

The last two questions were added because of the lack of understanding on the part of the respondents as to the use of Medical Social Work, in an attempt to reveal and comprehend the industry's view of the use of the Medical Social Worker.

The majority of the respondents to question #4 indicated Medical Social Work is underutilized, and why, but
the responses to question #5 do not develop subsequently as was hoped when these were added.

Question #4
Do you feel the discipline of Medical Social Work is fully utilized? Explain!

"No...Staff at times will only refer to Medical Social Worker only in a crisis situation. Do not utilize Medical Social Worker as a preventative measure." This is only too true in observations made while working in the field as mentioned verbally by each of the 4 Medical Social Workers responding to this survey.

Categories
There were 15 responses to this question. Of that 11 respondents answered: no, Medical Social Work is not fully utilized, while 4 respondents answered: yes, Medical Social Work is fully utilized.

The responses that asserted full utilization were all from Registered Nurses/case managers. The responses assert full utilization within limitations.

There were many explanations for not fully utilizing Medical Social Work in Home Health Care. Most fell into categories of stigma, lack of understanding, and control issues of Registered Nurses/case managers.
Trends and Typical Responses

There did not seem to be any typical response except to the extent of responses of nurses' need for control. There were 5 respondents who identified the Registered Nurses' control over what services the patient receives. "Some nurses resent the fact that they need someone else in to help them". "Many times registered Nurses want to do what a Social Worker does with out having full knowledge of our role."

"Yes...I believe our Medical Social Worker is fully utilized within her limitations. She/he has limitations just as a Skilled Nurse has his/hers regarding patient's safety, well being in unsafe home environment." That was typical of the responses indicating full utilization. It shows a lack of utilization because all that is expected of the Medical Social Worker less than what a Medical Social Worker can provide.

"No,...the stigma attached to MSW is that you must have mental problems to need one. Therefore, many patients refuse thinking that there must be something wrong with them. Sometimes I will explain what the function is and they may accept-usually they do not." This Registered Nurse/case manager blames stigma and patient refusal for the underutilization of the Medical Social Worker. Was she
really explaining the complete function of the Medical Social Worker or only the parts she understands or uses?

That lack of understanding seems to underscore the responses for this question, as 6 of the 15 respondents made statements regarding this. This Registered Nurse/case manager gave this response, "nurses do not understand the role of the Medical Social Worker in home care."

Unique Responses

One Medical Social Worker came directly to the point by stating, "many times Registered Nurses want to do what a Social Worker does without having the full knowledge of our role". Another Medical Social Worker stated, "the nurses are not trained to do psycho/social assessments". The Registered Nurses/case managers, with a limited understanding attempt to take on a role for which they are not trained. This can never be to the patient's best interest.

Question #5

What interventions would you like to see the Medical Social Worker do with Home Health Care Patients?

The responses here were, again, specific to definite functions. It was hoped that overall philosophy of use would be identified. The Medical Social Workers,
Administrators, and Discharge Planners along with the Registered Nurses were identifying a narrow scope, rather than a whole outlook on intervention.

Categories

Task oriented duties, clinical duties, and intermediary duties here, again, become the obvious categories identified. A major part of the clinical category for this question was for psycho/social assessments. These responses came from Medical Social Workers, and Discharge Planners.

Trends and Typical Responses

The intermediary category included desires for more interagency interaction by the Medical Social Worker on behalf of the patient. An example of those responses is "more interaction with other agencies that can help with family".

The responses indicating task oriented duties seemed to be denoting a need for more in-depth tasks to be performed. Examples include, "more in-depth community services for patients who are financially able to pay for personal care, but who are unable to locate, screen, and evaluate prospective employees", and "set them up in Board and Care or Extended Care Facilities if appropriate, i.e. assist with placement". 26.
Unique Responses

"Medical Social Worker should be informed of needs prior to the end of treatment plan and discharge." This thought was offered by a Medical Social Worker, who in later conversations reported frustration with being called in near the end of the treatment plan when there is little time to accomplish any intervention for the patient's good. This is similar to the responses earlier regarding referrals for the Medical Social Worker when the situation had progressed to a crisis point. That was also identified as a time when the best work could not be done, and was not the most appropriate time to being in the Medical Social Worker.

This response, "case management", may at first sound like a ridiculous notion. However, with the exception of a need for knowledge of medical technique, the Medical Social Worker has the training to coordinate patient treatment care intervention. The Registered Nurse would probably take exception to the Medical Social Worker as case manager, as discussed earlier due to control needs.

DISCUSSION

Interpretations

Throughout the survey, Registered Nurses/case managers, gave brief task oriented responses to the questions. Medical Social Workers, Administrators, and Discharge
Planners gave responses that constructed a closer description of the role of the Medical Social Worker as a member of the Home Health Care team. Still, there seemed to be a lack of consideration of the Medical Social Worker as a full member of the Home Health Care team. Perhaps the wording of the questions did not suggest discussing the entire role of the Medical Social Worker. As it was the nurses who responded more with specific tasks. It showed a similar viewpoint from them that perhaps the Medical Social Worker is not a full member of the team.

The responses to the survey suggest that the Registered Nurses/case managers feel a need to control the cases, the patients, and what other services are offered to their patients and families. Though the Registered Nurses are not trained to provide a psycho/social assessment of the patient's situation, they still make interpretations and expect the Medical Social Worker to follow through on their opinion of the needs. "The Social Worker has training in mental health assessment and services and is qualified to assist the health care team in the management of patients with emotional problems that often interfere with treatment." (McCaleb, 1992)

The job description as defined by the Ramona Visiting Nurses and Hospice, states in summary the Medical Social Worker is "...to perform social work assessment and
intervention for patients and families whose ability to comply with a medical plan of treatment is adversely affected by psycho/social problems." The functions stated are that the Medical Social Worker "performs skilled social work assessment for development of the treatment plan" and "based on the skilled assessment, prepares a social work plan of care...". (RVNA, 1992)

Within the duty category of technical tasks, an identified area of Medical Social Work intervention was for abuse. The intervention identified by the respondents was for managing the already perceived abuse in the home of the patient. If the Medical Social Worker cannot provide intervention until there is an acute need identified by the Registered Nurse/case manager, there is no way for the Medical Social Worker to practice preventive intervention. The Medical Social Worker will always be practicing crisis intervention. By not using the Medical Social Worker as preventative measure at the beginning of service, the Registered Nurses/case manager, are sentencing patients to endure tremendous stress from the crisis later.

Even the Medical Social Workers involved in this study did not relate a full understanding of their role with the Home Health Care patient and medical team. The responses from the Medical Social Workers, while more comprehensive,
still focused on specific duties, not a complete role within the Home Health Care team.

Data were examined with respect to the differences of age, ethnicity, years of experience, years of education, and gender. There were no noticeable trends within any of these demographic domains. The only trend differences were those already examined of the Registered Nurses/case managers versus the Medical Social Workers.

Limitations

The responses did not seem to actually answer to the initial question. Rather they answered role definition and extent of those roles in the Home Health Care medical treatment plan. The wording of the questions seemed to have been understood differently by the respondents than had been originally anticipated. Otherwise, the responses could be indicating a lack of feeling that the Medical Social Worker has a full role in the team. The overall indication could be that the Medical Social Worker is merely a secondary assistant, brought in for use when needed. The open ended style of questions may have been a hindrance for some. The alternative to this would have been to make it multiple choice and that may well have biased the respondents towards the explanations desired.
This was a small survey of local Home Health Care Agencies. On a larger scale, there could be an entirely different view of the use of the Medical Social Worker.

Recommendations

Education of those in the Home Health Care field, especially those utilizing the Medical Social Worker, is a necessity. The results of this project have shown that there is a limited understanding of the role of the Medical Social Worker. Where there is less than full understanding, there cannot be full or appropriate use. Periodic inservice trainings are important to teach and reteach the role, not just the duties of the Medical Social Worker, within the team of Home Health Care providers.

Each new Registered Nurse/case manager should also during training spend at least half a day with the Medical Social Worker to observe the assessments and interventions done. This would give the Registered Nurse a greater awareness of the entire process of the psycho/social assessment and Social Work intervention.

Currently, in the Ramona Visiting Nurses and Hospice, when a case is opened, the Registered Nurse/case manager is sent out to see the patient. An assessment is done to determine what needs the patient has. The Registered Nurse/case manager assigns disciplines and duties that she
feels will meet those needs. The Medical Social Worker is sometimes brought in at this time, but usually is not. When the Registered Nurse/case manager identifies a psycho/social need the patient or family is experiencing, then a referral is made for Medical Social Worker to intervene.

As a practice, all qualifying cases should have a Medical Social Work assessment within the first weeks of service. This would introduce the patient and family to the Medical Social Worker early in the medical treatment plan. If there are difficulties, the Medical Social Worker will discover them in the assessment and can work with the patient and family before the problem becomes a crisis. A relationship can be built between the patient and the Medical Social Worker somewhat like the relationship between the patient and the Registered Nurse/case manager.

This practice will provide someone for the patient and family to connect with throughout the treatment plan who is not a medical person. Patients often feel barraged by medical personnel who are constantly doing something to them. The relationship with the Medical Social Worker would be one that the patient knows is not intrusive, but supportive.

Team conference meetings, within the Ramona Visiting Nurses Association and Hospice, have very little structure. Different members of the team, such as Physical Therapists,
Home Health Aides, and Medical Social Workers, meet with the Registered Nurses/case managers as they find her available. Each in turn will report on only the patients they have seen and progress made to date. Only occasionally, more than one component will meet together with the Registered Nurse/case manager. This proves to be disjointed at best, but mostly confusing.

In contrast, the Hospice team conferences are held with all team members in attendance together. All patients are discussed with reports from appropriate disciplines. This gives opportunity for all to be involved, and intervention suggestions to be made and considered. This has been suggested before as a model for the medical patient team conference, but has not been seriously attempted. Formalized team conferences would serve to improve patient care and treatment plans as the Registered Nurses/case managers would gain the benefit of all disciplines offering interventions to problems experienced with each patient.

Further Research Suggestions

The role of the Medical Social Worker is just beginning to become important in the Health Care Industry. As Home Health Care grows and gains in importance, then the Medical Social Worker's role will expand. There will be need for
more research regarding Medical Social Workers' interaction with patients and Home Health Care Agencies.

Study of early and frequent intervention of the Medical Social Worker as a deterrent for recurring hospitalizations, and ease of treatment plan realization as opposed to current intervention techniques is one suggestion for future research. If the Medical Social Worker were involved with cases from the beginning, with continued contact and intervention throughout the extent of the treatment plan, what benefits would the patient and family experience as opposed to the benefits of current intervention? In what ways would these intervention changes affect the treatment plan and the smooth running of its course? This type of study could be a beginning for a more expanded role for the Medical Social Worker in the Home Health Care field.

Case management, as discussed earlier, would make for an interesting research project. Test cases where the Medical Social Worker acts as case manager assigning medical personnel as needed for the patient's care and well being, would show if the Medical Social Worker could facilitate the treatment plan as effectively as the Registered Nurse.

The issue of abuse was raised often in the project. A topic for study might look at how abuse is defined by the Registered Nurses/case managers. Included within this study might be at what point the Registered
Nurses/case managers feel Medical Social Work intervention is necessary and what intervention they call for.

One final approach for a future research project might be to examine the use of various treatment techniques to find the most effective approach for situations found in the Home Health Care patients' lives. This could facilitate care and intervention effectiveness. This could also be used to form a model for appropriate intervention for specific patient needs.
Appendix A

INFORMED CONSENT

I consent to serve as a participant in the research investigation entitled, "Why is Social Work Underutilized in Home Health Care?". I understand that the general purpose of this study is to determine, through the opinions of Health Care Professionals such as myself, why Social Work is not a more highly used aspect of Home Health Care. This has been explained to me by Susan Jacobs from the Graduate Program for Social Work.

I understand the research procedures involve answering questions requesting my opinion. These questions can be requested of me in writing or verbally. There are no potential risks to participants that are anticipated. The potential benefits are an increased understanding of the role the Medical Social Worker with Home Care patients.

I understand that my participation is voluntary and that all information is confidential and that my identity will not be revealed. I am free to withdraw consent and to discontinue participation at any time. Any questions I have regarding the project will be answered by the researcher named below or by an authorized representative.

California State University, San Bernardino, and the investigator named below have responsibility for insuring
that participants in research projects conducted under University auspices are safeguarded from injury or harm resulting from participation.

On the basis of the above statements, I agree to participate in this project.

SIGNATURE ________________________  RESEARCHER SIGNATURE ________________________

DATE ____________________________
Appendix B- Survey

WHY IS MEDICAL SOCIAL WORK UNDERUTILIZED IN HOME HEALTH CARE?

DEMOGRAPHICS

1) What is your occupation? ___Medical Doctor  ___Registered Nurse  ___Licensed Vocational Nurse  ___Other Nurse
___Medical Social Worker  ___Administrator  ___Discharge Planner

2) What is your Gender?  ___Male  ___Female

3) What is your age?  ____

4) What is your ethnicity?  ___Caucasian  ___Hispanic  ___Asian  ___African American  ___Other

5) How many years of education have you had?  ____

6) How many years have you been employed in the Health Care field?  ____

7) Is the agency you are employed with ___for profit or ___not for profit?
QUESTION #1

SURVEY QUESTIONS

1) When would you consider it appropriate to make a referral to the Medical Social Worker for a Home Health Care patient?
QUESTION #2

2) What would make you consider a referral to the Medical Social Worker not appropriate?
QUESTION #3

3) What interventions do you perceive a Medical Social Worker can offer Home Health Care patients?
QUESTION #4

4.) Do you feel the discipline of Medical Social Work is fully utilized? Explain!

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42.
QUESTION #5

5.) What interventions would like to see the Medical Social Worker do with Home Health Care Patients?

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Thank you for your assistance! If you need more space, please add pages. Please return this questionnaire as directed.
Appendix C
DEBRIEFING STATEMENT

Thank you for your participation in this study. Any questions you may have in connection with this study, the methodology used or the outcome of the data collection can be answered by the researcher named below, the faculty advisor named below, or by an authorized representative. They may be reached by the telephone numbers listed.

Researcher: Susan L.R. Jacobs

Ramona Visiting Nurses Association and Hospice
(714) 672-4829

Faculty Advisor: Dr. Nancy Mary

California State University, San Bernardino
(714) 880-5501
REFERENCES


