

6-2019

**UNDERSTANDING SOCIAL SUPPORT AMONG DIALYSIS
PATIENTS: A STUDY ON MEDICAL SOCIAL WORKERS
ENHANCING SOCIAL SUPPORT FOR PATIENTS**

Brandy Marie Covarrubias
California State University - San Bernardino

Eloisa Cisneros Vizcaya
California State University - San Bernardino

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Covarrubias, Brandy Marie and Cisneros Vizcaya, Eloisa, "UNDERSTANDING SOCIAL SUPPORT AMONG DIALYSIS PATIENTS: A STUDY ON MEDICAL SOCIAL WORKERS ENHANCING SOCIAL SUPPORT FOR PATIENTS" (2019). *Electronic Theses, Projects, and Dissertations*. 871.
<https://scholarworks.lib.csusb.edu/etd/871>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

UNDERSTANDING SOCIAL SUPPORT AMONG DIALYSIS PATIENTS: A
STUDY ON MEDICAL SOCIAL WORKERS ENHANCING SOCIAL SUPPORT
FOR PATIENTS

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
Eloisa Cisneros Vizcaya
Brandy Marie Covarrubias

June 2019

UNDERSTANDING SOCIAL SUPPORT AMONG DIALYSIS PATIENTS: A
STUDY ON MEDICAL SOCIAL WORKERS ENHANCING SOCIAL SUPPORT
FOR PATIENTS

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

by
Eloisa Cisneros Vizcaya
Brandy Marie Covarrubias
June 2019

Approved by:

Dr. Herbert Shon, Faculty Supervisor, Social Work

Dr. Janet Chang, Research Coordinator, Social Work

© 2019 Eloisa Cisneros Vizcaya and Brandy Marie Covarrubias

ABSTRACT

Patients receiving dialysis treatment experience immense changes in their health and well-being, therefore receiving adequate social support services is an integral aspect of their care plan. Thus, the purpose of this study was to gain an understanding about social support services offered by social workers to patients receiving dialysis care. Furthermore, this study sought to develop awareness about additional services need to assist social workers in providing social, emotional, and physical support to patients. This qualitative study used data from a non-probability snowball sample of 10 social workers that work with patients receiving dialysis care. Findings of this study are significant to social work practice as the analysis provided insight that may enhance current practices in dialysis centers. Furthermore, the qualitative analyses gathered through the one-on-one interviews led to the emergence of seven central themes. Themes anticipated by the researchers included the perception about the ability to provide social, emotional, and physical support, as well as to highlight the role of social workers in this healthcare setting. Additional themes identified during this study focused on reasons for patients lacking social support, the scarcity of resources, and recommendations corroborated with first-hand experiences in the field to better serve patients. Recommendations included increased focus on providing therapeutic services within dialysis, additional transportation options for patients, and greater availability of resources to meet the various needs of patients.

ACKNOWLEDGEMENTS

We would like to acknowledge those who have supported us throughout our time at the School of Social Work at California State University, San Bernardino. We would like to express our sincerest gratitude to the professors, faculty, and the many individuals that have contributed to our personal and professional development. The continuous motivation and guidance has been greatly appreciated. Additionally, we would like to thank Dr. Shon for providing us with the feedback and encouragement necessary throughout this process. We would also like to take this opportunity to give a special thanks to our families and the friendships that we formed during our graduate journey. We would like to take the moment to acknowledge that having this strong support system has positively contributed to our well-being and success.

DEDICATION

Eloisa Cisneros Vizcaya:

It is my genuine gratefulness and warmest regard that I dedicate this work to my family. A special dedication is to my mom as you are most appreciated! Thank you for your endless support and guidance not only during my time in graduate school, but throughout all years thus far. I could not have done this and many other endeavors without you. Because of your unconditional love and prayers, I have been able to reach many amazing milestones. I want to take this time to express how much I love you ma, thanks for being my bestest friend and for all that you do for me and everyone around you. You are most admired by us all.

Brandy Marie Covarrubias

I would like to dedicate this to my grandparents and those before them for sacrificing so much to provide me with the stepping-stones needed throughout this journey to break through barriers. I would also like to dedicate this to my parents for providing me with the transcending love and encouragement to follow my aspirations. The support you provided me throughout a multitude of moments has given me the strength necessary to be an advocate for those I wish to serve. Also, to my brother who will always be there for me. Finally, I dedicate this to the women in my life that have helped raise me into the strong Latina woman I am today. I love you all.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
CHAPTER ONE: INTRODUCTION	1
Problem Formulation.....	1
Purpose of the Study	3
Significance of the Project for Social Work Practice	4
CHAPTER TWO: LITERATURE REVIEW.....	7
Introduction.....	7
Exploring Social Support among Dialysis Patients	7
Emotional Support in Dialysis	8
Physical Support in Dialysis	8
Social Support Services Offered by Social Workers in Dialysis Centers	9
Conflicting Findings	9
Potential Insights Provided by Study	10
Theories Guiding Conceptualization	11
Empowerment Approach.....	12
System Theory	13
Summary	14
CHAPTER THREE: METHODS	15
Introduction.....	15
Study Design	15
Sampling.....	16

Data Collection and Instruments	17
Procedures	18
Protection of Human Subjects	19
Data Analysis	19
Summary	20
CHAPTER FOUR: RESULTS	21
Introduction	21
Presentation of Qualitative Findings	21
Sample Demographic Characteristics	21
Qualitative Analysis	22
Summary	34
CHAPTER FIVE: DISCUSSION	36
Introduction	36
Discussion	36
Limitations	42
Sample Size	42
Limited Generalizability	42
Participant and Researcher Bias	43
Measures Utilized to Collect Data	43
Recommendations for Social Work Practice, Policy, and Research	44
Conclusion	46
APPENDIX A: INFORMED CONSENT	48
APPENDIX B: RESEARCH QUESTIONS	50
APPENDIX C: RECRUITMENT FLYER	52

APPENDIX D: INSTITUTIONAL REVIEW BOARD APPROVAL.....	54
REFERENCES.....	56
ASSIGNED RESPONSIBILTIES	59

CHAPTER ONE

INTRODUCTION

Problem Formulation

Studies have shown a correlation between mortality and social support (Untas et al., 2010). Social support, the physical and emotional comfort provided by others - is an integral part of those dealing with chronic illnesses, including Chronic Kidney Disease (CKD) patients. CKD is one of the top 10 causes of death in the United States (American Kidney Fund, 2015). When damage to the kidneys occurs, the kidneys gradually worsen and are unable to function properly. For those who are unable to obtain a kidney transplant, dialysis is a necessary treatment. However, poor social support and poor provider-patient rapport can lead to decreased adherence within CKD patients (Prendergast & Gaston, 2010).

Although dialysis helps prolong life, there are significant challenges associated with requiring this lifelong treatment (Davison, 2010). For instance, the 4 to 10 hour sessions of dialysis can feel burdensome (Kim, 2017). Also, Gerogianni et al. (2014) reveals sleep disorders, anxiety, depression, change in social roles, and feeling overly constrained is commonly experienced. Beder (2008) suggest that the high stress associated with chronic illness can lead to deterioration of social support systems. Thus, dialysis can be difficult for both patients and those around them.

For patients that have exhausted their social support systems, social workers can be one of the only sources of support. However, the increasing caseloads at dialysis centers results in support that averages 15 minutes per week (Beder, 2008). While this amount of time might be sufficient for some patients, others with deficient social support have a more difficult time coping with CKD. Plantinga et al. (2010) asserts that patients lacking social support often do not advocate for themselves and at times miss treatments due to lack of encouragement from others to uphold their well-being. It is vital to examine if social workers are adequately addressing the social support needs of patients that lack that network to ensure that this vulnerable population is empowered (NASW, 2017).

A micro level practice ramification on dialysis centers is the lack of privacy that may contribute to social workers not discussing ongoing symptom management during check-ups thoroughly (Feldman et al., 2010). Since guaranteeing confidentiality among patients can be difficult, this can hinder open communication between patients and social workers. However, there can be potential ramifications if patients do not feel comfortable discussing their health, such as missed treatment, hospitalizations and various challenges that impact different areas of their life. Within the macro level, there have been claims that dialysis centers focus more on continuing dialysis than educating patients about their health options (Kim, 2017). This claim can discredit social workers' role in dialysis centers since their duty is to provide education on alternative modalities

for patients to decide on, education about potential changes in health and emotions, provide resources, and assist patients throughout dialysis (Browne et al., 2014).

Purpose of the Study

The purpose of this research study was to gain a better understanding of how social workers in a healthcare setting meet the social support needs of patients receiving dialysis care. For this study, there was paramount importance in the researchers gaining an understanding of the social support needs of dialysis patients to identify the support services that are needed. In inquiring about the job responsibilities of social workers in dialysis centers and their perception of how effective they are in accomplishing these task, the insight provided the researchers of this study with information to identify strengths and weakness that are present when social workers provide social support services. This information provides insight about how to enhance current practices as it brought awareness to the potential deficiencies in resource utilization to serve this population.

Patients receiving dialysis experience immense changes in their health and well-being, therefore receiving adequate social support services is an integral aspect of their care plan. Thus, social workers are important members of the interdisciplinary team in a dialysis center since they focus on assisting, educating, and supporting patients throughout their treatment to ensure that their emotional, physical, and social needs are met (Beder, 2008). Correspondingly,

findings from Thong, Kaptein, Krediet, Boeschoten, and Dekker (2007) reveal that dialysis patients that perceive they have inadequate social support have a higher mortality risk than those that do not. Through the perspective of social workers, this study highlighted the social support needs of dialysis patients.

The research method that was utilized for this study was a qualitative design. To gather the qualitative data, the data collection method that was used was one-on-one interviews. Through the use of this particular research method researchers of this study had the opportunity to gather personal narratives, comments, and opinions directly from individuals that provide support services to dialysis patients. Due to the nature of semi-structured interviews, the researchers had the ability to ask follow-up questions, which provided richer data. Accordingly, the researchers were able to gain a deeper understanding of social worker's perspective on this topic. Furthermore, this form of data collection provided the ability to assess non-verbal communication.

Significance of the Project for Social Work Practice

This study contributes to social work practice by expanding the understanding of the role of social workers in a healthcare setting that serve dialysis patients. In regards to the generalist model, this research study focused on the exploration phase. This study contributed to social work by exploring the changes or improvement of current practices that are needed to ensure that social workers are able to address the social support needs of all their patients in

a way that is manageable and effective. By exploring how social workers perceive their ability to effectively manage their responsibilities, the gathered insight brought awareness to changes that are needed in order to adequately serve this vulnerable population. In completing this research, perception of the importance of social support in dialysis will have ramifications on the implementation of services by social workers.

The findings from this study have major implications for social work practice. At the micro level, the findings contributed to a greater understanding of the importance of active rapport building with patients, which would facilitate educational discussions associated with CKD and increase the chances of patients seeking out support when needed (Feldman et al., 2010). At the macro level, an overview of present procedures in dialysis centers shows risk of monetary losses. For example, Chan, Lazarus, Wingard, and Hakim (2009) implied that currently when patients return to dialysis from a hospitalization, reassessment is not done promptly, leading to repeat hospitalizations. However, the findings from this study might provide insight into how dialysis centers can prioritize their caseloads to help reduce the number of hospitalizations while also lowering the need for patients to seek outside mental health services.

A potential contribution of this study to social work practice is increased awareness about the positive effects of social support. Past studies solidified the impact social worker's support has on medical adherence and decreased mortality rates (Untas et al., 2010). Also, the perceived availability of the medical

team by patients in dialysis centers had a positive impact on their mental well-being (Swartz, Perry, Brown, Swartz, & Vinokur, 2008). Overall, gaining further insight about increasing quality of life for patients that experience the feeling of loneliness is important. Thus, this study addressed the following question: How do social workers adequately address the social support needs of dialysis patients?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter explores relevant research related to dialysis care. In presenting a synthesis and critical review of literature relating to this topic, there will be an effort to address conflicting findings on the benefits of social support within dialysis. In addition to the information provided, there will be a corresponding section discussing the significance of this study for social work. The final section of this chapter will address Empowerment Approach and Systems Theory as they relate to this overall study.

Exploring Social Support among Dialysis Patients

Social support has been linked to various positive outcomes in medical treatment. Social support needs can be viewed as emotional (e.g. validating feelings), physical (e.g. encouragement to stay active), and assistance (e.g. educational, resources). With social support present, there is an increased commitment to health behaviors (Reblin & Uchino, 2008). However, previous studies have highlighted that undergoing dialysis results in adverse effects such as self-perceived lack of social support, feelings of being a burden, and feelings of isolation from others (Untas et al., 2011).

Emotional Support in Dialysis

Some patients receiving dialysis treatment have had to leave their jobs or their family and subsequently, they are more argumentative and anxious in interactions with their caregivers (Gerogianni et al., 2014). Swartz et al. (2008) concludes that open communication between dialysis patients and care providers improves well-being in regards to decreased depressive symptoms. Hence, providing emotional support decreased the likelihood of hospitalization among dialysis patients (Plantinga et al., 2010). Corresponding to findings of the effects of limited staff availability, reports of larger facilities with fewer staff have issues with adherence among patients due to limited staff-patient interactions (Swartz et al., 2008).

Physical Support in Dialysis

It has been noted that encouraging dialysis patients to maintain an active lifestyle through physical activity improves well-being (Gerogianni et al., 2014). Delgado and Johansen (2011) gathered information that supported the importance of participating in physical activity that included reducing the risk of death from cardiovascular mortality in dialysis patients. However, significant findings of barriers to physical activity include “too many medical problems”, “feelings of helplessness”, and “ulcers on legs and feet.” Therefore, with the assistance of social workers, patients can better overcome those perceived challenges in order to adhere to physical activity recommendations by the medical team.

Social Support Services Offered by Social Workers in Dialysis Centers

In dialysis care, social workers serve many roles. A patient's self-determination to maintain committed to their treatment is greatly influenced by the guidance, assistance, education on symptoms and management, empowerment and social support that they receive from their social work (Feldman et al., 2010). Social workers provide social support through acts of empathy, compassion, validation, and humor. Not to be confused with counseling or psychotherapy provided by licensed professionals since the social support provided by social workers could be in the realm of brief encounters. Gerogianni et al. (2014) asserts that the patients who are prepared with the expectations of dialysis treatment along with understanding their choice of treatment leads to a greater adherence to dialysis care. Subsequently, social workers that provide patients with the substantial knowledge have shown to delay disease progression. Swartz et al. (2008) emphasizes the importance of the perception patients' have of social workers and other caregivers' availability on their overall mental health. However, social workers in dialysis centers commonly have high caseloads and paperwork, which compromises their opportunity to connect with patients and adequately assess quality of life during each visit (Beder, 2008).

Conflicting Findings

While there have been many studies that support the importance of social support in chronic illness, such as chronic kidney disease (CKD), and medical adherence, other studies have shown no association between the two. In fact,

Untas et al. (2011) challenges claims of the benefits of staff support by refuting that there was a connection between staff encouragement and support with adherence. Diverging from Untas et al. (2011) claim, Swartz et al. (2008) affirms that social support in medical settings increase the adherence to their medical regimen.

Potential Insights Provided by Study

In social work, continuous improvement of professional knowledge and skills is needed to effectively help individuals in need (National Association of Social Work, 2017). Previous studies reveal that patients without a support system experience significant challenges and tend to have shorter life expectancies when compared to other dialysis patients; it is necessary to address this disparity (Gerogianni et al., 2014; Plantinga et al., 2010). Since CKD is so prevalent, it is important to learn how social workers can improve healthcare quality in dialysis centers (American Kidney Fund, 2015). Taking into account prior studies can help in the development of understanding what additional support services dialysis centers need to ensure social, emotional, and physical comfort.

Since dialysis is a difficult process to go through, adequate emotional support is needed. Thus, it is important to be aware of any impactful barriers that may be present, which constrain provider-patient relationship (Prendergast & Gaston, 2010). For instance, it is necessary to be aware of barriers that prevent patients from openly communicating their needs, otherwise the social workers

will be unable to effectively guide and assist patients in managing their emotions (Feldman et al., 2010). This study differs from previous research because it sought insight directly from social workers in various dialysis centers in order to better understand their perspective on factors that are assisting and/or constraining their ability to connect with patients. With this information, this study has the potential to bring awareness of any practice changes that are needed, which may then help improve medical adherence and the well-being of patients receiving dialysis care.

In regards to physical support, there is not enough insight into how social workers can more effectively empower their patients. Although dialysis can be physically exhausting, patients that are aware, educated, and empowered to increase their physical activity will be able to have a better quality of life with less effort since they will have the strength and energy to do everyday activities and ensure that they do not miss their dialysis treatment (Gerogianni et al., 2014). Thus, the findings presented in this study demonstrate the need to implement additional support services to ensure dialysis patient keep up their physical well-being.

Theories Guiding Conceptualization

This study will be guided by two theoretical orientations: Empowerment Approach and Systems Theory.

Empowerment Approach

Empowerment Approach to social work practice developed in the 19th century in response to the growing oppressed populations and is defined as the process which fosters power in people to develop a positive sense of self, gain knowledge about resources, and take control of issues (Turner, 2011). While this theoretical orientation asserts that individuals are fully capable of overcoming their own challenges, it also highlights the importance of social support (Zastrow & Kirst-Ashman, 2016). Turner (2011) addresses that being motivated, learning skills, managing emotions, having high self-esteem, and setting goals are a key to empowerment, however, once people feel helpless in their environment this can be difficult to overcome alone. Therefore, it is important to connect with others, such as social workers, to gain the hope and motivation to move forward.

Empowerment Approach is appropriate in guiding this study since dialysis patients have the ability to maintain a good quality of life, but may require the guidance, assistance, and education from others (Untas et al., 2010). There are great disadvantages for individuals that lack social support; therefore this vulnerable population requires empowerment-oriented services. Social workers in the dialysis center may be the only individuals that provide the resources and support that a patient may need to feel empowered, which is why it is necessary to recognize any social work practices that require improvement.

System Theory

System Theory saw its beginnings in the 1950s when the biologist Ludwig von Bertalanffy (1950) outlined the General System Theory. In order to expand on the implications of System Theory, Forder (1976) examined the application of this theory on Social Work. Forder (1976) asserts that System Theory looks into the growth and development of the individual. With this in mind, Forder (1976) emphasizes the integration of different systems acting upon a condition of a person, such immediate systems (e.g. significant others, children) and medical systems (e.g. insurance companies). System Theory pushes for a view of interconnected structures impacting a person, which can lead to potential growth and changes in different systems affecting an individual (Turner, 2011).

In order to have a comprehensive view of a person, System Theory helps in conceptualizing the different systems affecting an individual. Due to possible changes in systems of dialysis patients, there needs to be an in-depth examination of different factors leading to medical adherence. In losing or not having an important support system, social workers can cross barriers by understanding the effects these losses have within the patient. It is imperative for social workers to understand the systems interacting within one person that might negatively affect the medical equilibrium a dialysis patient might need to maintain. Once a social worker understands every aspect and system a patient is part of, or lacks, it is expected that the social worker will have a full understanding of patients' situations. It will also facilitate rapport building and

subsequently providing necessary social support by the nephrology social worker.

Summary

This chapter addressed the research question: How do social workers adequately address the social support needs of dialysis patients. The literature review examined research related to social support and the role of social workers in dialysis centers. The significance of this study revealed potential contributions that this study may bring to the practice of social work. Lastly, Empowerment Approach and Systems Theory were identified as two theoretical orientations that helped guide this study.

CHAPTER THREE

METHODS

Introduction

The objective of this study was to gain a better understanding of how social workers in a healthcare setting meet the social support needs of patients receiving dialysis care. This study explored how adequately social support services are provided to patients - specifically to patients that do not have a social support system outside of the dialysis healthcare setting. This chapter provides information regarding the process of how this study was conducted. The sections that will be covered in this chapter include study design, sampling, data collection and instruments, procedures, and protection of human subjects.

Study Design

This study explored how social workers address the social support needs of dialysis patients. Since this study aimed to bring an understanding to the topic and not provide a solution to an existing problem, this study took on an exploratory approach. An exploratory study is one intended to bring more awareness to a topic that has not been studied clearly in order to provide a definite understanding of issues pertaining to the field (Grinnell & Unrau, 2013).

The best data source for this study was social workers at various dialysis centers. This study utilized a qualitative approach to have the opportunity to gather personal narratives, comments, and opinions directly from individuals that

provide support services to dialysis patients. To gather the qualitative data, the data collection method that was used was one-on-one interviews. The interviews were semi-structured. Thus, some questions had additional furthering questions to have the opportunity to gather more in-depth information.

Qualitative research method has both limitations and strengths. Limitations can be seen in the lack of generalizability of findings. Additionally, conducting interviews, transcribing data, and analyzing results is time-consuming. Another limitation is that data can be influenced by perceptions of participants or social desirability bias. However, one-on-one interviews with participants provide the ability to gain direct insight. Having the ability to ask furthering questions is a great strength, as it will allow researchers to explore concepts further and gather rich data. Additionally, this method provides the ability to assess non-verbal data. Overall, a qualitative research method has flexibility due to its non-rigid structure.

Sampling

A non-probability sample was utilized in this study; more specifically a snowball sampling technique was utilized to gather data. The reason for selecting this sampling technique was due to the fact that researchers of this study had accessibility to individuals working in the nephrology social work field. To gather the sample, the researchers provided a recruitment flyer, as presented in Appendix C, to their supervisors and all interviewed participants for them to pass onto other potential participants. In total, researchers of this study recruited 10

medical social workers to interview. The selection criteria for this sample sought social workers that had experience working in a dialysis center for more than one year. This selection criterion provided the opportunity to gather reliable data about the social support role that is taken in dialysis centers by social workers.

Data Collection and Instruments

Being that this is a qualitative study, questions were created for the interviews to elicit responses on social support. These questions were thought out, assessed, and improved as needed prior and after conducting the interviews. To test the validity of the instrument, the researchers piloted the questions before finalization.

Questions for this study covered various topics. To assess the social work population in this study, demographic data such as age, gender, ethnicity, and time working with dialysis patients were asked. General questions that were asked involved social worker's perception of social support, how they assess if a patient is in need of more social support, and how they provide social support. Throughout the interviews, the researchers asked furthering questions to further explore concepts being discussed.

Strengths for using a new instrument included tailoring the questions to the population and obtaining knowledge to further the understanding of social workers providing support. Questions the researchers posed during the one-on-one interviews for this qualitative study are available in Appendix B.

Procedures

Prior to the start of the research project, the researchers gathered the support of the Regional Lead Licensed Social Worker of the agency. In order to maintain anonymity, the letter of approval was omitted from the paper, but is in a secure location to be destroyed a year after completion of the study. After Institutional Review Board (IRB) approval (see Appendix D), the researchers of this study solicited participation from social workers in various dialysis clinics in the Inland Empire to ensure a broad range of data by providing a recruitment flyer to their internship field instructors who forwarded it via email to other social workers in the area (see Appendix C). Researchers then scheduled interview appointments according to the availability of each voluntary participant. Each interview conducted was expected to last approximately 60 minutes. Interviews were conducted one-on-one, with each researcher interviewing five participants individually. Data collection took place in the social workers' respective clinic to ensure a comfortable setting and to receive ample data. The interviewed participants were provided an informed consent sheet to sign (see Appendix A) and a copy of the established interview questions (see Appendix B) for their convenience. The researchers explained confidentiality, briefly explained the study verbally, and collected the signed consent form. The interviewed participants were informed when the audio recording device was turned on to begin the interview. The researchers turned off the audio recording once the interview concluded. Afterwards the interviewed participants were given a copy of

the recruitment flyer for them to pass onto other potential participants and were thanked for their participation.

Protection of Human Subjects

While the qualitative nature of the study requires gathering data directly from participants, their confidentiality was protected. Prior to conducting the interview, researchers provided all participants with an informed consent to read and sign with an "X". To maintain confidentiality of the interviewed participants, the researchers assigned pseudonyms. While the interviews were recorded with a digital audio device, the audio files were downloaded and stored in a password-encrypted computer. Researchers then transcribed these audio recordings in a confidential setting by utilizing a password protected transcription service. After transcription, all data was kept in a secured location to then be deleted one year after completion of this research study.

Data Analysis

As a qualitative study, the researchers analyzed transcribed data. By utilizing a password protected transcription service, audio recording of individual interviews were transcribed by the researchers into a word document. Each interviewed participant was assigned a unique pseudonym to identify the difference in data. The researchers each transcribed five interviews. Filler words such as "like," "um," and "uh" were incorporated in the transcription as well. Non-Verbal cues were also noted in the final transcription.

Qualitative data gathered during the interviews were analyzed through the identification of themes in an excel document. In order to have comprehensive data, all the transcriptions were read and coded individually by each researcher to identify code words and common themes. Furthermore, statements were anticipated to be sorted into three different categories: social support, emotional support, and physical support, but during the coding phase further categories were identified: patient's lacking social support, resources, and recommendations. To increase reliability of the findings, the researchers verified that the rating was understood between each other.

Summary

This chapter reviews that this study will be an exploratory and qualitative design. Snowball sampling was the non-probability sampling technique used to obtain data. This data was gathered through one-on-one interviews conducted by the researchers of this study. With a sample size of approximately 10 social workers that have a minimum of one-year experience working in a dialysis center, researchers were provided with direct insight and valuable data. Finally, researchers will take the appropriate steps to maintain the confidentiality of all participants.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results obtained in this study. To start, this chapter highlights the demographic information of the interviewed participants. In addition, themes related to social workers' perceptions of social support and their role in providing social support services to patients will be identified. The themes that will be presented include: Social Support, Emotional Support, Physical Support, Social Worker Role, Patient's Lacking Social Support, Resources, and Recommendations.

Presentation of Qualitative Findings

Sample Demographic Characteristics

This study gathered qualitative information from 10 participants who are social workers that serve patients receiving dialysis care Southern California. The sample of participants consisted of only females. Participants ranged in age from 29 to 65 years old. Participants were of different ethnic and racial backgrounds including Caucasian, African American, Hispanic, Native American, and Biracial. These participants' graduated from an MSW program between the years 1998 and 2017. Half of the interviewed participants are Licensed Clinical Social Workers. While two participants had an average of 13 years experience working with this population, the remaining participants have an average of three and a

half years working as a dialysis social worker, with one participant having one and a half years and another having six years of experience in this field. Two participants were social work interns for dialysis centers prior to becoming an employee.

Qualitative Analysis

Interview transcriptions were utilized to identify significant themes from the participants. The seven following themes were discovered by researchers: Social Support, Emotional Support, Physical Support, Social Worker Role, Patient's Lacking Social Support, Resources, and Recommendations.

Social Support. When prompted to define their own perception of social support, participants identified a total of four different types of social support: emotional, social, financial, and physical support. Seven of the participants defined social support through an emotional lens. This included providing or receiving emotional support from external agencies, active listening, and behavioral health services such as therapeutic interventions. Eight participants identified social support as interpersonal relationships, such as family, friends, and church members. Furthermore, six of the participants also identified social support as financial support. Participants conceptualized this support as linking people to community resources, providing food assistance, and providing transportation. Two participants classified physical support as a form of social support, such as providing physical assistance around the house.

“People in one’s life that you have an emotional connection with...and that you rely on one another for um emotional needs...” (Participant “B1”).

“Social Support, I would define it as um, how you perceive your support network as far as family, friends, colleagues, church family...” (Participant “B2”).

“This will be people who are available just to listen, um sometimes it goes beyond listening. Uh, there’s a lot of needs. Sometimes they need a ride, sometimes they need food, sometimes they need a little money here and there” (Participant “E4”).

“People that you’re connected with, uh and that you rely on one another for um emotional needs or social companionship or um physical needs sometimes too. Help with Activities of Independent Living (ADL’s)” (Participant “B1”).

Emotional Support. This theme addresses how participants provide emotional support to patients receiving dialysis care. To start, several participants stressed the importance of acknowledgment. By frequently having brief interactions with patients, this provided a way for patients to be acknowledged as a person, not simply a patient. Furthermore, a few participants noted that they seek out the interdisciplinary team to also provide these interactions. Half of the interviewed participants emphasized the importance of validation and empathy when providing emotional support. While more than half of the participants noted that they provide emotional support, there were a few

participants that expressed their belief that emotional support should be provided by an external source due to a lack of time to effectively address emotional needs in this medical setting. Moreover, all participants did assert that providing resources and referrals is the most common approach to addressing emotional needs due to a lack of time and privacy for them to effectively do so on the treatment floor.

“I think that our function is to provide patients with the means or empower them to do for themselves” (Participant “E1”).

“...we try to spend, you know, that extra time and, you know, oh, yeah. How's your...? You know, how's your daughter doing? How is this going, you know, just really talking to them” (Participant “E2”).

“...just asking them like hey, how was your day, just to have that acknowledgment of, hey I'm a human being, I'm a person. I'm here I want to be noticed. So that definitely does help” (Participant “B3”).

Physical Support. This theme emerged to highlight how participants address the physical support needs of patients. Several participants noted that patients often have limited to no knowledge about their health; thus, an important aspect of addressing physical support is to provide ongoing information and education. All 10 participants reported that they directly discuss health and modality options with patients. However, some participants indicated that this topic is outside of their scope of practice or felt that patients are not receptive to what they have discussed. Thus, these participants highlighted that they felt

more comfortable encouraging patients to discuss this topic with their doctors and provided patients with resources about programs that provide more in-depth information and education. Five of the interviewed participants disclosed that this topic is discussed when administering the annual Kidney Disease and Quality of Life survey, which asks questions about how patients perceive their health and well-being. Furthermore, this topic is discussed when completing assessments as they often ask patients about their physical health and physical abilities. This insight provides the opportunity to assess barriers, encourage exercise, and follow up with health changes.

“...they get overwhelmed, or they're just um, you know, not feeling well, and they're not absorbing it. But most of the doctors do educate on the resources, um, going to a kidney smart class...[dialysis center] provides the kidney smart classes and recommends that they go to get more resources” (Participant “B2”).

“I would say that they're not fully educated because they, the majority of them haven't been attending to their medical needs... like in the center, I feel like when I'm educating patients on their different modality options... they don't necessarily know what it really means...” (Participant “B5”).

“No, I I don't feel um educated or comfortable enough to do that. Um especially with um hemodialysis patients because they're more limited with their um like fistula or graft. I don't want to give them inappropriate information. Or like, if a lot of, especially in the center, a lot of the patients

are elderly, so then I don't feel... I feel like it's outside of my scope”

(Participant “E5”).

Social Worker Role. The caseload range of the social workers at these dialysis units ranged from 102-150 patients. All but three of the participants noted that this caseload was manageable, while one was in between. The participants that stated it was not manageable gave reasons such as having more than one clinic to attend to and having several new patient admissions. Additionally, two participants that mentioned the caseload was manageable noted that having an intern assisted in completing tasks.

“Um, you know, (laugh) I think that it's... I mean it's manageable in the sense that I do get to meet with all of my patients but unfortunately, as is, you know, with social work in general, you're kind of put to the maximum that you're going to have the ability to sort of assist without adjusting your work-life balance...” (Participant “E1”).

“Yes. Yeah, I definitely think it is manageable. I do carry a lot of um extra um duties. So that's when it becomes a little rough. I'm lucky that I do have an intern this um year. So she's definitely been able to help me” (Participant “B3”).

“This is a unique caseload because that's 22 admits in one month, so no. (Laugh) If it was 120 stable that were staggered getting in, then yes, I'd be manageable. But for right now, no” (Participant “E4”).

“No, because I work at three different um clinics, it would be manageable if I were in one clinic, um but I am constantly left out of the loop of what's going on at one clinic while I'm at another one and two of the clinics I'm only at two days or like one day per week” (Participant “B5”).

In terms of frequency, all social workers are required to meet with patients quarterly. Many of the participating social workers noted that they see their patients more regularly than required, ranging from weekly to one time per month, depending on whether they are part of in-center hemodialysis, home dialysis center, and/or as needed by their patients. Six of the participants that stated the caseload was manageable also stated that they met with patients more often than is required depending on the patients' personal needs. Of the three participants that stated the caseload was not manageable due to the aforementioned reasons, all reported seeing patients more frequently than required, but also mentioned that this frequency did not feel sufficient. The participant that indicated the caseload being between manageable and unmanageable reported seeing patients more than required and it being sufficient.

“I'm going to meet with every patient at least on a weekly basis, if not even more.” In terms of if frequency is sufficient, “ I do and, you know, like I said, most of the patients are pretty self-sufficient, and will uh seek you out if there's something they need” (Participant “E1”).

“So, I meet with them minimally quarterly, so um every three months, but if I don’t feel that’s sufficient for the patient, so if the patient is not stable, from my perspective, for some reason, I’ll meet them... with them more frequently, depending on what their need is... other than that, though, quarterly, I do think is sufficient if they don't have really any issues” (Participant “B4”).

In terms of in-center hemodialysis patients, “I would say I probably meet with them about one time a month too because I'm spread really thin. I'm only there eight hours a day. But I need to meet with 50 patients. That's not possible... And no that's not sufficient, because um they're... there are things that go on in their lives, like I said, I don't always know about because I'm not there in the clinic. And so um if I were there more often, or be able to have more face to face time with them then those matters could get addressed appropriately” (Participant “B5”).

The perceived role of a dialysis social worker falls in the realm of providing emotional, financial, and physical support. More than half categorized emotional support as providing elements such as therapeutic services, depression screenings, empowering patients, and referring to external mental health resources. More than half of the interviewed participants maintained their role is to provide financial resources in the form of referrals, financial education, housing referrals, and providing assistance through the American Kidney Fund (AKF), to name a few. Less than half of the social workers identified physical support as

part of their role in dialysis. The participants that did identify physical support as a form of their role stated they provide limited physical assistance, such as pushing a wheelchair or providing assistance in obtaining durable medical equipment (DME) in order to encourage physical movement.

“Well, the emotional support, I think is key. I think that our patients...already feel like a burden to their families. So even when they're having a challenging time, or they're depressed or anxious, they don't like to burden their families with what they're going through. So I think as a social worker in the clinical setting, um having that rapport with that patient is important so that... they know that they can come to you whenever they need that emotional support” (Participant “E3”).

“Financially, um I think the biggest one that we do, like at this dialysis center, is the American Kidney Fund... then there's also like different routes we provide them with financial support too like with doing vocational rehabilitation, or even helping them like in-home support services” (Participant “B5”).

“...Then there's also like the actual physical part where we help to um, you know, link them to resources to get durable medical equipment, go to doctor's appointments, things like that [laugh]” (Participant “B5”).

Several of the participants noted that their role involves assessing the social support of patients and working with the patients to improve their social support network. The majority of the participants noted that they have to be very

observant and frequently check in with patients that are more guarded in order to build rapport, which leads to a better understanding of their specific needs. The majority of the participants further stressed that patients with limited social support often require extra attention as these patients may be experiencing depression and loneliness. Thus, case management skills, emotional support, and providing ongoing resources and referrals are often the best approach to helping patients.

“I always assess for social support and... um try to help them explore alternat- alternatives. If they,.. I help them identify supportive people in their lives” (Participant “B1”).

“...it's sort of the thing that you know, 20% of your patients take up 80% of your time and those are the patients that don't have support systems externally you typically find. Um, so with them I would say that that's where the greatest amount of social support resources and referrals and kind of case management skills are utilized” (Participant “E1”).

“...we try to assess, you know, what their needs are, and um programs that can help. So, yes, that and try to check in with them more often, and provide that emotional support” (Participant “B2”).

“...talk to them about options for how they might be able to get some social support or um look into like their hobbies and their goals and see like, what kind of things they can do to expand that. So they're not so isolated” (Participant “B4”).

Patients Lacking Social Support. All interviewed participants reported that they have encountered patients with a lack of social support. The majority of the participants noted that several of these patients often perceive other patients and medical staff as their only social support. Participants commented that several of these patients struggle with maintaining social support outside of the medical setting as a result of emotional distress, having poor quality relationships with others in their lives, homelessness, and isolation. A few participants highlighted that there are patients that have struggled with drug addiction, which has negatively impacted their social support. Furthermore, there are patients that lack social support due to a lack of means and access to others.

“You know, it - it's interesting because these patients have a family but they don't have like, they have limited support and these are also the patients that tend to be more guarded” (Participant “E3”).

“...for my clinic, we um, it's very common. I don't know why, but it's a lot of... a lot of patients here there's just them... and there's no one around to help them and you can tell because they want to come to treatment. Um. This is they say, this is the only place that they can get social” (Participant “E4”).

“Yeah, we do have a couple of patients who are...that are um homeless, that... I mean, they have some support, but really, we're it, um particularly dialysis patients, in particular, become quite dependent on their dialysis

facility um and you know, they refer to us as a family... individuals that are homeless, um they don't have anything outside of us" (Participant "E5").

Resources. All interviewed participants reported that the existing resources available for patients are not sufficient. While there might be a variety of transportation services, at times the cost or eligibility requirements results in patients being unable to utilize this resource, which is a major issue as patients need transportation to get to and from their treatments as well as for other medical or personal needs. Additionally, food insecurity is another major issue. While some geographical areas might have limited food resources, these resources at times are not adequate due to the dietary restrictions of dialysis patients. Also, several participants noted that there is a lack of support services in their areas. Lastly, participants highlighted that there is a great need for more financial resources. The majority of the participants noted that they struggle to find resources for various needs and when they do find resources, at times they are no longer available or adequate.

"The reality is just the availability of resources because resources and funding sources are the biggest problems. There's not a lot of programs that are open and available on a consistent basis so you can tap out every program that has availability, but you still have patients with needs,"... "... whenever I look for resources, uh there's not a lot out there or they're hard to figure out. Like um if someone needs supportive care" (Participant "E1").

“...transportation is always an issue if you don't qualify for Medical with no share of costs. And then there's dial a ride, which isn't that great. Um, It's very challenging for them to to get on it. Because you have to get a picture taken of you. And a lot of people, they need it right away. And it's like a long process...”(Participant “B2”).

“I feel like there aren't enough dialysis specific type of things for dialysis patients like if you look there aren't a whole lot of dialysis support groups. They have some at Loma Linda but that's a far drive for a lot of the patients. They don't have a lot of those, um just specific social supports specific financial support specific, you know,...” (Participant “E2”).

Recommendations. When participants were asked what services they thought could be added to assist them in providing social support to their patients, several similar responses were given. All but one of the interviewed participants reported a need for more financial support. Participants suggested that patients would greatly benefit from programs that provided funds for medical expenses and various living expenses. Furthermore, a few participants noted a need for grant writing or other funding sources for the agency itself to have the ability to fund more services to provide to patients. Participants noted that if their agency provided transportation or housing services, this would be a great help. Moreover, the majority of participants recommended that a greater focus be placed on emotional and mental health. For instance, half of the participants reported a need for social support groups and therapy.

“I just think the development of maybe more grant programs that are not for profit, I think [dialysis center] itself doesn't tap into grant programs...I think that that could be really important for [patients] so I think, [dialysis center] could benefit from trying to access some of those resources” (Participant “E1”).

“...I do wish we had like a psychiatrist here. Um, that could assess or diagnose or if we had that piece of it here that we would have somebody in the house that can do therapy chair side with them...”(Participant “B3”).

“I think that it would be helpful if like the dialysis clinic had their own transportation in house like, you know, [dialysis center] transportation or whatever, you know, because um I feel like that's a huge obstacle and barrier.”... “... if we had like a more uniform, um like on our homepage or something, to be able to access the same resources and be able to share them like more uniformly with other social workers. I feel like that um would really help our patients...” (Participant “B5”).

Summary

This chapter provided the results of the qualitative analyses. An overview of the participants' demographic characteristics was presented. The seven themes that emerged from the qualitative interviews were introduced. These significant themes included the original type of social support provided by social workers: social support, emotional support, and physical support. It was also anticipated that another theme would be exploring the role of the social workers

to identify factors that affected the provision of social support. The remaining themes were discovered during the coding phase of the research project, which include the following: lacking social support, resources, and recommendations. Furthermore, direct quotations from interviewed participants were provided to support the themes.

CHAPTER FIVE

DISCUSSION

Introduction

The final chapter of this work discusses the major findings that were presented in the previous chapter. The limitations of the study are also discussed in this chapter. Lastly, recommendations and implications of the current findings for social work practice, policy, and future research is provided.

Discussion

Previous studies have identified a correlation between mortality and social support. Thus, this research study sought to gain a better understanding of how social workers in a healthcare setting meet the social support needs of patients receiving dialysis care by interviewing 10 medical social workers. The findings from this study provided the opportunity of increasing awareness and understanding of this area of social work. The qualitative data collected from one-on-one interviews with social workers in this field revealed significant information that can provide insight that may enhance current practices by bringing awareness to potential barriers currently present in dialysis centers.

To start, in order to understand what the participants identified as social support, the researchers inquired about their interpretation of the subject matter. This research study found that participants perceived social support in terms of the following categories: social support, emotional support, financial support, and

physical support. Over half of the participants mentioned that social support included social support, emotional support, and financial support, while only three participants reported physical support. In terms of emotional, financial, and physical support, participants identified the different aspects they offer in each category. For example, more than half of the participants reported they offered patients with therapeutic services, patient empowerment, and referrals to external mental health resources. A majority of the participants also provided financial services, such as financial education and housing referrals. Finally, the physical support that was identified by less than half of the participants included obtaining DMEs and encouraging physical activity.

In regards to the second research questions, findings from the qualitative interviews affirmed that all the participants have worked with patients that lack social support. Thus, patients often rely on the social support and emotional support they receive while in the healthcare setting. Since many of these patients struggle to sustain social support systems as a result of homelessness, drug addiction, and emotional distress, these findings support the idea that these patients are in need of extra services to address these challenges. The brief interactions and emotional support that is provided by the participants relates to an Empowerment Approach because the responses highlight how guidance, support, and encouragement provided is helpful in empowering patients to identify their strengths and abilities to cope with their challenges. However, it is important to note that the additional responsibilities in the social worker role limit

their ability to meet the emotional needs of their patients, thus the responses given highlights the need for effective and accessible external services for this population. Moreover, social workers that encourage their interdisciplinary team to engage with patients have found that despite their own limited ability to interact with patients, this assistance provided by the team assisted in patients feeling more social support while in the healthcare setting.

The third question looked into the caseload carried by the social workers that were interviewed to determine the ability of the participants to provide social support. The findings found that the caseload for these social workers varied from 102 to 150 patients for one social worker. It was important to code whether the respective social workers found their caseload manageable to assess their ability to provide effective services to patients lacking social support. When coding whether the social workers identified the manageability of the caseload, the researchers discovered that all the participants, excluding three, believed their caseload was manageable. Those that believed it was not manageable included reasons such as having more than one clinic to attend to and having several new patient admittances. It is important to note that two participants that reported their caseload was manageable identified the assistance of a master level social work intern.

The fourth question delved into the frequency in which the participants met with their patients to determine the possibility of providing recurrent social support, as well as inquiring whether they thought this frequency was sufficient.

In asking this question, it was important to understand the level of care social workers are required to provide by the company and how much they can provide to high need patients. In terms of frequency, all social workers at these dialysis centers are required to meet with patients quarterly, essentially once every three months. All participating social workers reported they go beyond the requirements and meet with their patients more frequently depending on their level of needs, ranging from weekly to one time per month. In order to provide a better understanding of the ability to provide extra social support to patients that lack social support, it is important to note that more than half of the participants that mentioned the caseload was manageable/semi-manageable increased the frequency in which they met with patients that needed extra support and noted that it was sufficient. The remaining participants that noted the caseload was not currently manageable stated that the frequency they met with patients was not enough since they were not situated in one clinic, but belonged to two or more.

When participants were asked if they believed patient's social support needs were adequately met, this prompt mixed opinions. Social workers are compelled to provide adequate services to patients, therefore, the continuous identification of services that can be provided to meet the needs of the patients is highly salient (NASW, 2017). The findings identified that seven of the participants do think patient needs are adequately met, however four of these participants appeared hesitant in providing this "yes" response as they proclaimed that more could be done to better meet patients' needs. Two of the interviewed participants

stressed that needs are not adequately met. Although several participants stated patients' needs were adequately met, nine of the participants reported there are hardships. For instance, one participant mentioned hardships with providing physical support. Additionally, six participants reported experiencing difficulties with providing financial support. There were also three participants that reported barriers with providing social support. Lastly, three participants reported hardships in patients adequately meeting their emotional support needs met. Several participants went on to disclose their thoughts about the limited resources in their area as a presenting barrier, which impacts their ability to help patients meet their own needs.

While physical support was highlighted as being vital to a patient's well-being by several studies (Delgado & Johansen, 2011; Gerogianni et al., 2014), findings from this study reveal that the participant's comfort and knowledge about the subject matter must be enhanced to be able to effectively meet the needs of the patients. While social workers do briefly inquire about this topic during assessments and health questionnaires, it is vital for social workers to address this topic more in-depth as it impacts patients' quality of life since many patients receiving dialysis care experience daily physical limitations, which reduces their physical activity. Since many patients lack the means to access external services to receive education and information, it would be beneficial for social workers to obtain further education about this topic to increase confidence in their ability to provide it to their patients. Although social workers do assist some patients in

obtaining DMEs, there are patients that are reluctant to openly accept that they need it, which results in the patient's physical needs often going unaddressed. However, if a social worker is confident in their ability to engage in this topic, they could more effectively engage with patients about their needs and the benefits of receiving such services. Furthermore, social workers that encourage exercise and follow up with their patients have witnessed that this physical support has empowered their patients to develop the motivation and willingness to improve their physical activity, which in turn can improve patient health outcomes and emotional well-being.

Furthermore, the qualitative results magnify the need for additional support services to better assist social workers and the patients themselves. This addresses the final question participants were asked during the interview and supports the perception that there is several barriers currently present which need to be addressed to better serve patients with limited social support. For instance, all participants highlighted that there is a need for more financial support. Often times patients receiving dialysis care are unable to work and may face financial burdens. Thus, a great need is to have services to assist patients with housing, transportation, groceries, medical expenses, and any other arising expense, especially if they have limited social support. Since there are patients that experience unstable housing or homelessness, it is vital to have more lower income housing resources as well. Furthermore, patients require food that meets their dietary needs, thus it is vital to have food resources specific to dialysis

patients. Additionally, having more opportunities to obtain therapeutic services such as social groups or short-term therapy would greatly benefit the mental and emotional stability of patients. Should agencies have the ability to do so, it would be of great benefit for dialysis centers to provide these various support services directly to patients rather than having to outsource to different agencies.

Limitations

Limitations of this study included: sample size, limited generalizability, participant and researcher bias, and measures utilized to collect data.

Sample Size

For this study, the researchers were only able to interview 10 participants. While there are several social workers that fit the criteria to be participants in this study, their availability was limited. This made it difficult to collect a larger sample in a short time. As a result, this small sample size is a limitation of this study since it decreases the validity of the results. However, the validity of the research may be increased if more time is given to be able to involve a larger number of participants.

Limited Generalizability

The participants interviewed for this study were selected through a snowball sampling technique; which is a non-random sampling technique. Thus, these findings may not be representative of all social workers serving this population. Furthermore, the participants were all female social workers serving patients in Riverside County. Thus, the results of this study may not be

representative of male social workers in the field and of social workers serving this population in other geographical areas.

Participant and Researcher Bias

A limitation in qualitative interviews can be present in the biases formed by both the participants and the researchers. In regards to the participants, a bias that had the potential to skew data collected is social desirability bias.

Participants could have answered questions to appear in the best possible light in order to provide socially acceptable answers. This bias was accounted for by stressing confidentiality to the participants. On the other spectrum, potential research bias can appear in the form of the halo effect. Since both researchers intern at a dialysis centers, the social workers interviewed are seen in a more favorable light because of the personal experiences the researchers have had working with social workers in the same company and region. This bias was accounted for and actively avoided throughout the collection process and analysis of the data by being objective.

Measures Utilized to Collect Data

Another limitation of this study is the measures utilized to collect data. After the conclusion of the interviews and interpretation of the findings, the researchers acknowledged the need to inquire further in regards to social support by asking additional questions. Therefore, additional inquiries will provide richer data. Furthermore, incorporating a quantitative survey to obtain concrete data would also be beneficial to the future findings of further research. In integrating a

quantitative survey, a mixed methods research approach has the potential of bringing more comprehensive data, can broaden the perspective of the overall issue, and increase the validity of the study by merging both observational and statistical analysis.

Recommendations for Social Work Practice, Policy, and Research

Based on this research, a recommendation for social work practice when working with this vulnerable population would be for more focus to be placed on specialized social work clinical interventions, such as short-term psychotherapy, social support groups, and an Empowerment Approach, as this holds the potential for improving patient's well-being. Furthermore, it is vital for social workers to employ a Systems Theory view of their patients and expand the services they provide to them to address the various challenges and needs that arise. While social workers in this healthcare setting do complete biopsychosocial assessments and do utilize some social work interventions, it would be a great benefit to the patients if social workers had the ability to further employ more of the skills they have obtained in the educational setting as well as their practice over the years. Thus, it is vital to address the barriers that prevent social workers from being unable to do so.

In order to provide adequate services on a micro level, agencies can implement a number of initiatives to be proactive in patient care, especially to better serve patients with limited social support systems. Based on this research, a recommendation is to expand the social worker presence in this healthcare

setting to have the ability to focus on providing in-center therapeutic services as this was seen to be a great need. Moreover, having a structured opportunity for social workers of various dialysis centers to easily collaborate either in meetings or online can provide the ability to share information about external services and resources to provide to patients. Additionally, since participants of this study revealed that they face unique challenges in regards to providing physical support, on a macro level, it is recommended that agencies implement enhanced trainings and education opportunities for social workers to be able to provide knowledgeable recommendations through a psychosocial lens to their patients, as increasing focus on patient physical support can potentially increase patient's quality of life. In addition, some of the participants noted that their caseload and clinic volume hindered their ability to provide services they believe are appropriate. In order to effectively combat this issue, it is recommended that policies be enacted to provide a caseload deemed manageable by all the stakeholders working in a social work capacity.

As this study was exploratory in nature, future research is required about this topic. This research topic could benefit from a more in-depth qualitative or mixed approach study with a larger sample size. Also, the effectiveness of current practices needs to be further evaluated. It is also recommended that additional studies be conducted to determine what specific social support services should and could be added to better assist social workers serving this population. Additionally, future studies can seek to assess how master level

social work interns alleviate the workload responsibilities of social workers in this healthcare setting. Furthermore, studies can also benefit from focusing on interviewing patients to gain direct insight into their perception of their social support and their needs.

Conclusion

This study was conducted to explore and better understand the social workers' perceptions of interventions utilized on patients with a limited social support system. A qualitative study designed using one-on-one interviews was conducted with an Empowerment Approach and System Theory theoretical lens. The researchers interviewed 10 social workers that provide direct services to patients receiving dialysis care in various dialysis clinics in Southern California.

The findings of this study suggest that these social workers are able to provide some level of social support to patients, but are faced with barrier. Some of the barriers included the manageability of high caseloads when social workers were spread across different clinics and the additional responsibilities handed to them. Though this was the case, the study found that social workers go above standard requirements to meet with patients, though a few felt that this was still not sufficient. Patients that are in need of extra support have a higher chance of getting their needs met by social workers who check in regularly. Findings from this study suggest that it is of paramount importance to have the time and ability to provide short-term emotional support through the medium of therapeutic services and additional resources. Also, it is vital to have the resources and time

to assist patients with their financial support needs by providing financial referrals to alleviate some financial stress, such as housing and food resources, and by assisting patients with applications, such as American Kidney Fund.

Furthermore, this study revealed that physical support is provided by giving information and education, providing the needed resources and referrals, and through the encouragement and accessibility of durable medical equipment to promote physical movement provided by the social workers, yet there is room for improvement.

Though some social support services are facilitated by the social workers experience in psychotherapy and case management, it is important to acknowledge the increased need of education provided to social workers in order to build confidence in providing physical support through a psychosocial lens. The study also found that in order to provide better services to patients with a limited social support, and dialysis patients in general, it is important to acknowledge the needs of the patients by encouraging the increase in the accessibility of resources by tackling barriers in the macro level in order to provide financial resources and transportation, to name a few. Additionally, the importance of having a Licensed Clinical Social Worker presence in the dialysis world that exclusively deals with therapeutic services can prove beneficial for patients that would otherwise refuse therapeutic referrals due to potential perceived intrinsic and extrinsic barriers. The findings of this research allow for further studies to be conducted expanding on the topic of social support.

APPENDIX A
INFORMED CONSENT



WE DEFINE THE *Future*

Academic Affairs
School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<https://csbs.csusb.edu/social-work>

INFORMED CONSENT

The study in which you are asked to participate in is designed to gain a better understanding of the social support role of social workers in a healthcare setting that serve dialysis patient. The study is being conducted by Eloisa Cisneros Vizcaya and Brandy Marie Covarrubias, MSW graduate students, under the supervision of Herbert Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino. This study has been approved from Institutional Review Board Social Work Subcommittee at CSUSB.

Purpose: The purpose of the research study is to gain a better understanding of how social workers in a healthcare setting meet the social support needs of patients receiving dialysis care. For this research study, it is of paramount importance that the researchers gain an understanding of the social support needs of dialysis patients to identify the support services that are needed.

Description: To assess the social work population in this study, demographic data such as age, gender, ethnicity, and time working with dialysis patients will be asked. Participants will be asked interview questions regarding social worker's perception of social support, how they assess if a patient is in need of more social support, and how they provide social support.

Participation: Your participation in this study is completely voluntary. You can refuse to participate in the interview or withdraw your participation at any time without any consequences.

Confidentiality or Anonymity: Your responses will remain anonymous and all data will be destroyed one year after completion of this study.

Duration: It will take approximately 60 minutes to complete the interview.

Risks: There are no foreseeable immediate or long-term risks to participants who participate in the study. A minor risk to the participants could be some discomfort in answering some of the questions. Participants are free to refuse to answer those questions or to withdraw any time without any consequences.

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

Contact: If you have any questions about this study, please feel free to contact Dr. Shon at (909) 537 - 5532.

Results: Results of this study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2019.

I agree to be taped recorded: YES NO

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

Place an X mark here

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/22/2019 VOID AFTER 1/24/2020
IRB# SW 1921 CHAIR James Cl...

APPENDIX B
RESEARCH QUESTIONS

RESEARCH QUESTIONS

Demographics

1. What is your Gender?
2. What is your age?
3. What is your Ethnicity?
4. When did you graduate from an MSW program?
5. Are you a Licensed Clinical Social Worker (LCSW)?
6. How many years have you worked as a dialysis social worker?
7. Did you intern at a dialysis center before becoming an employee?

Interview Questions

1. How do you define social support?
2. Do you know of patients that do not have a support system outside of the healthcare setting?
3. What is your current caseload?
4. How often do you meet with your patients? Do you feel this frequency is sufficient?
5. Do you believe patient needs are adequately met?
6. Do you believe patients have a general understanding of health options available to them in regards to CKD?
7. What services do you think could be added to help assist you in providing more social support to patients?

As developed by Eloisa Cisneros Vizcaya and Brandy Marie Covarrubias

APPENDIX C
RECRUITMENT FLYER



Volunteer for a Research Study

Date: January 7 – March 15

Participation is needed for the Master in Social Work Research Study on Social Support in Dialysis Clinics.

Participation Includes:

Up to **60-minute interview** on social support from the perspective of social workers.
Need to have worked in Dialysis for **1+ years**

If interested please contact: Brandy Covarubias at 005920274@coyote.csusb.edu or (714) 673-7614 or Balsa Clineas Vizcaya at 004540717@coyote.csusb.edu or (951) 796-1484 or to schedule an interview

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

REFERENCES

- American Kidney Fund. (2015). Kidney disease statistics. Retrieved from <http://www.kidneyfund.org/assets/pdf/kidney-disease-statistics.pdf>
- Beder, J. (2008). Evaluation research on social work interventions: A study on the impact of social worker staffing. *Social Work in Health Care, 47*(1), 1-14.
- Browne, T., Peace, L., & Perry, D. (2014). *Standards of practice for nephrology social work* (6th ed.). New York, NY: National Kidney Foundation.
- Davison, S. (2010). End-of-life care preferences and needs: Perceptions of patients with chronic kidney disease. *Clinical Journal of the American Society of Nephrology, 5*(2), 195- 204.
- Delgado, C., & Johansen, K. L. (2011). Barriers to exercise participation among dialysis patients. *Nephrology Dialysis Transplantation, 27*(3), 1152-1157.
- Feldman, R., Berman, N., Reid, M. C., Roberts, J., Shengelia, R., Christianer, K., & Adelman, R. D. (2013). Improving symptom management in hemodialysis patients: Identifying barriers and future directions. *Journal Of Palliative Medicine, 16*(12), 1528-1533.
- Forder, A. (1976). Social work and system theory. *The British Journal of Social Work, 6*(1), 23–42.
- Gerogianni, S., Babatsikou, F., Gerogianni, G., Grapsa, E., Vasilopoulos, G., Zyga, S., & Koutis, C. (2014). Concerns of patients on dialysis: A research study. *Health Science Journal, 8*(4), 423-437.

- Grinnell, R. M., & Unrau, Y. A. (2013). *Social work research and evaluation: Foundations of evidence-based practice* (10th ed.). New York, NY: Oxford University Press.
- Kim, A. (2017). The dialysis machine. *Washington Monthly*, 49(11/12), 35-41.
- National Association of Social Workers. (2017). *Read the Code of Ethics*. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- National Kidney Foundation (2015). *Dialysis*. Retrieved from <https://www.kidney.org/atoz/content/dialysisinfo>
- Plantinga, L. C., Fink, N. E., Harrington-Levey, R., Finkelstein, F. O., Hebah, N., Powe, N. R., & Jaar, B. G. (2010). Association of social support with outcomes in incident dialysis patients. *Clinical Journal of the American Society of Nephrology*, 5(8), 1480-1488.
- Prendergast, M. B., & Gaston, R. S. (2010). Optimizing medication adherence: An ongoing opportunity to improve outcomes after kidney transplantation. *Clinical Journal of the American Society of Nephrology*, 5, 1305 -1311.
- Reblin, M., & Uchino, B. N. (2008). Social and emotional support and its implication for health. *Current Opinion in Psychiatry*, 21(2), 201–205.
- Swartz, R. D., Perry, E., Brown, S., Swartz, J., & Vinokur, A. (2008). Patient-staff interactions and mental health in chronic dialysis patients. *Health & Social Work*, 33(2), 87-92.

- Thong, M., Kaptein, A., Krediet, R., Boeschoten, E., & Dekker, F. (2007). Social support predicts survival in dialysis patients. *Nephrology Dialysis Transplantation*, 22(3), 845-850.
- Turner, F. J. (2011). *Social work treatment: Interlocking theoretical approaches* (5th ed.). New York, NY: Oxford University Press.
- Untas, A., Thumma, J., Rascole, N., Rayner, H., Mapes, D., Lopes, A.A., Fukuhara, S., Akizawa, T., Morgenstern, H., Robinson, B.M., Pisoni, R.L., & Combe, C. (2010). The association of social support and other psychosocial factors with mortality and quality of life in the dialysis outcomes and practice patterns study. *Clinical Journal of the American Society of Nephrology*, 6(1): 142-152.
- Von Bertalanffy, L. (2008). An outline of general system theory. *Emergence: Complexity and Organization*, 10(2), 103-124.
- Zastrow, C., & Kirst-Ashman, K. K. (2016). *Understanding human behavior and the social environment* (10th ed.). Boston, MA: Cengage.

ASSIGNED RESPONSIBILTIES

This research project, to meet partial fulfillment of the requirements for the Master of Social Work degree in the School of Social Work, was completed as a joint endeavor by Eloisa Cisneros Vizcaya and Brandy Marie Covarrubias. The introduction, literature review, methods, results, and discussion sections of the project were completed collaboratively. The final submission was reviewed and accepted by both researchers.