

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2005

The need for social work intervention for the elderly patients and their family members

Yasuyo Abo

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



Part of the [Gerontology Commons](#), and the [Social Work Commons](#)

Recommended Citation

Abo, Yasuyo, "The need for social work intervention for the elderly patients and their family members" (2005). *Theses Digitization Project*. 2789.

<https://scholarworks.lib.csusb.edu/etd-project/2789>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

THE NEED FOR SOCIAL WORK INTERVENTION FOR THE
ELDERLY PATIENTS AND THEIR FAMILY MEMBERS

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

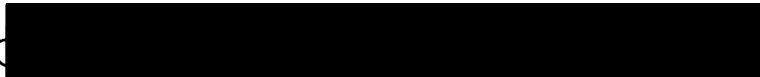
by
Yasuyo Abo
September 2005

THE NEED FOR SOCIAL WORK INTERVENTION FOR THE
ELDERLY PATIENTS AND THEIR FAMILY MEMBERS


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


by
Yasuyo Abo
September 2005

Approved by:


Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

8/16/05
Date


Natalie Moy, Manager of Social Services,
Riverside Community Hospital


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Discharge planning is a crucial thing for elderly patients considering their frailty. However, current hospital structure and trends make it hard to construct quality discharge plans. Also, because of the crisis-oriented referral system to the medical social worker, that elderly patients who needed or could benefit from social work intervention(s) received such services is a myth.

This study explored the sufficiency and accessibility of social work services to hospitalized elderly patients and their family members at Riverside Community Hospital (RCH). It also assessed what kind of community resources the patients and family members would be interested in learning. A mailed survey was employed to collect the data. The sample size was 130 for elderly patients, and 116 for their family members. Twenty-seven patients and 13 family members participated in the study. The result showed that social work services were more accessible to patients than family members. Also, there were more family members who were interested in community resources than patients. Both patients and family members were interested in transportation and medical equipment.

ACKNOWLEDGMENTS

I would like to offer my heartfelt thanks to Riverside Community Hospital for letting me conduct the survey and to Natalie Moy for the information and advice she has given me. I am gratefully to Ms. Rosemary McCaslin, my professor, who taught me the social work research and gave me insummonable advice.

I also would like to thank the patients and family members who participated in the study.

I would not have been able to accomplish the project without all your help and corporation. Thank you very much.

Thank you to Mr. Shigeru Fujita and Ms. Keiko Moriya for their supports, advices and encouragement. I will be forever grateful for everything you have ever done for me.

Also, thank you Henry Fong for being so supportive and being there for me.

I would not be able to accomplish this without you. I am grateful to meet you and share a life together.

DEDICATION

To my family in Japan for their never-ending love and support, who believe in me and gave me the courage and strength to accomplish my never-ending goals.

| | |
|--|----|
| CHAPTER FOUR: RESULTS | |
| Introduction | 24 |
| Presentation of the Findings | 24 |
| Summary | 28 |
| CHAPTER FIVE: DISCUSSION | |
| Introduction | 29 |
| Discussion | 29 |
| Limitations | 35 |
| Recommendations for Social Work Practice, Policy and Research | 36 |
| Conclusions | 37 |
| APPENDIX A: QUESTIONNAIRE | 38 |
| APPENDIX B: INFORMED CONSENT | 43 |
| APPENDIX C: DEBRIEFING STATEMENT | 46 |
| APPENDIX D: COVER LETTER | 49 |
| REFERENCES | 51 |

LIST OF TABLES

| | |
|--|----|
| Table 1. Ranking for Patients' Interests in Community Resources | 32 |
| Table 2. Ranking for Family Members' Interests in Community Resources | 33 |

CHAPTER ONE

INTRODUCTION

This study examined the accessibility and sufficiency of social work services for elderly patients hospitalized at Riverside Community Hospital and their family members. In this chapter, first the problem statement and purpose of the study are discussed. Finally, the significance of the project for social work is presented.

Problem Statement

Discharge planning is crucial to elderly patients because of the number of elderly, the people involved in their care, and the duration and complexity of care (Naylor et al., 1994; Cummings, 1999; Weiner, 2003). For the discharge plan to be successful, it should be comprehensive and effective by involving various professionals. However, whether the elderly population obtains such discharge planning is questionable because of current hospital structures.

Hospitals often are "business" or "market-driven" organizations whose attention is directed to "maximizing" their profit (Levitt, 1999; Redmond, 2001). Therefore, their administrators often determine the workers' productivity by quantity, not by quality; how many

patients the workers see, and how quickly they are discharged from the hospital are their concerns (Redmond, 2001). Quality discharge planning (Naylor et al., 1994) does not call for their attention. Medical social workers whose discipline, technique, and skills are necessary to complete quality discharge planning are often disregarded. In fact, administrators now increasingly try to downsize the medical social worker staff (Levitt et al., 1999; Redmond, 2001).

As a trend of hospitalization in the United States, there has been a significant reduction in patients' length of stay (LOS) in the hospital (Berkman, 1999; Cummings, 1999; Redmond, 2001; Levine, 2002). In 1970s, the average LOS of the elderly was about 13 days. However, in 2001, it was estimated as only six days (National Center for Health Statistics, 2003). There is no doubt that health practitioners do not have enough time to construct an effective discharge plan for their patients and their caregivers or family members.

Social work utilization tends to be crisis oriented (Berkman, Chauncey, Holmes, Daniels, Bonander, Sampson, & Robin, 1999), meaning that only when physician, nurse, or case manager observes a crisis in the patient/family, or patient/family member(s) request social services, are

referrals made to medical social workers. This practice hinders determining the patients' or family members' needs for social work intervention (Berkman et al., 1999). Furthermore, it endangers the social workers' professional autonomy (Peterson, 1987).

The same situations have occurred in Riverside Community Hospital (RCH). The number of medical social workers have been downsized from five to three, resulting in their having large caseloads. Nurses have come to be discharge planners whose primary jobs are to set up medical equipment needed by the patients and to arrange nursing home or skilled nursing facility placement. The elderly patients' average LOS is only six days so discharge planners and medical social workers do not have enough time to assess their needs, which requires them to have face-to-face interviewing with the patient and/or family members. Medical social workers are called when a need for psychosocial assessment is observed, elder abuse is observed, patients or family members are upset about the patient's current or post-hospitalization status, patients need community resources, and risk assessment is needed.

Under those circumstances, it is difficult to tell whether the patients receive a comprehensive and

appropriate discharge plan. It is even more doubtful whether all patients or family members who are in need of social work intervention are referred to medical social workers.

This type of referral system can be classified as "secondary" or "tertiary prevention" (Jansson, 2003, p. 188) in that the problem already has taken place but the intervention prevents further problem development. To construct effective discharge plans, and ultimately, to successfully overcome the problems of the aging society "primary prevention" (Jansson, 2003, p. 188) should take place in a healthcare setting.

Purpose of the Study

The purpose of this study was to assess the accessibility and sufficiency of social work services for elderly patients and their family members. Participants in this study were elderly patients who were hospitalized in the orthopedic unit at RCH from January 2005 through May 2005. Also, because many elderly are accompanied by their caregivers or family members who act as the main responsible person for their care due to the diminished ability of the elderly to care for themselves, their caregiver/family members were included in the study.

The research was done by mailed surveys. The questionnaires developed by author were employed to measure experiences with and need for social work services. There are two major sources of referrals to the medical social workers; other professionals, including physicians, nurses, and case managers, or the patients and/or family members. Other professionals' disciplines are different from that of the social work profession. Also, the patients, as well as their caregiver or family member do not always identify their issues by themselves. Therefore, whether appropriate and sufficient referrals are made to the social workers or not is unknown.

Care for the elderly patients usually involves their family members, and the family members will oftentimes take on the decision-making role for the elderly. Therefore, it is important to include family members in the study.

Considering the post-surgical confusion and short LOS of patients, mailing surveys was more effective for the study than interviews. The patients or family members may not be able to identify their issues or difficulties by themselves because of the sequence of events that occurred during the short hospitalization period.

Mailing surveys is an easier way to access a number of people. Besides, a mail survey is more effective than interview to assess the clients' psychosocial needs at the time of the hospitalization.

Significance of the Project for Social Work

Hospitalization may result in increased frailty or dependency of the elderly person (Meier & Cassel, 1986). Effective discharge planning is critical for elderly patients and/or their family members because the elderly often times require long-term care, utilize multiple community resources and have repeated hospitalizations. Also, it is essential to have support from family members if the elder is to remain in the community. Therefore, assessing the patients' and the family members' psychosocial needs is critical.

This study assessed the psychosocial needs of the elderly patients and their family members as an important component of an effective discharge plan. However, currently there is no policy that requires medical social workers to assess the elderly patients' and their family members' psychosocial issues and/or needs in RCH.

The study addressed the assessing phase of the generalist intervention process. By assessing the needs of

the patients and their family members, there may be a shift towards client-centered practice in the hospital. That is, the result may improve awareness of not only medical social workers but also other professionals such as physicians, nurses, and case managers, of the patients' and family members' needs.

The short LOS hinders healthcare practitioners, the patients, and their family members in constructing an effective discharge plan. Also, since not all patients/family members are referred to the social work department there may be more patients/family members who need/may benefit from the medical social work intervention.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, tasks of medical social workers will be discussed. Then, physicians' and nurses' perspectives toward the referral system and caregivers will be presented. Furthermore, certain caregiver characteristics that necessitate social work intervention will be stated. Finally, theories that are important to the study will be introduced.

Physicians

Physicians take a critical and core role in the health care setting, considering the fact that physicians are most likely to be the first professionals that the patients see, and they are the ones who make referrals to other professionals as observed or needed (DeCoster & Egan, 2001). However, physicians tend to value patients' mental health less than their physical health.

It is common that patients and/or their family members become emotional when it comes to hospitalization. Although physicians are said to be the "gate-keeper" or link between mental and physical well-being, their idea of

patients' emotional issues is as an "obstacle" to treatment.

Berkman (1999) stated that elderly people who need community resources are often overlooked by their physicians because their focus is on "physiological issues," not their patients' "overall health." Also, they are often less considerate of the caregivers. Levine (2002) mentioned that caregivers feel "invisible" or "unwelcome" because of the healthcare practitioners' attitudes. She also stated that the caregivers confront difficulty in accessing information about treatment process, test results, and the patient's condition and they do not have enough time to consider these new information.

Jubb and Shanley (2002) studied the satisfaction rate of 12-caregiver/family members in terms of "information and health education, level of involvement in care, and services" in a mental health hospital. Almost half of the caregivers (43%) reported that information given to them was insufficient, unclear, incomplete, and not practical. Also, the majority of them reported that they did not get a thorough explanation about the patients' medication, especially the side effects and long-term effects. Only twenty two percent of respondents reported that they were

involved in care planning. They also reported that they had limited contact time with healthcare providers. Twenty-nine percent of respondents stated that they were "very dissatisfied" with the services in the hospital, mentioning the poor attitudes of the staff. Although the sample size was small in this study, it can be recognized that the healthcare practitioners did their job only from their own perspective. Also, the findings were consistent with what Levine mentioned. This attitude leaves the caregiver frustrated and isolated. As a result, caregivers are less likely to ask for information or further help from the health practitioners.

Caregivers

It is widely known that family caregivers are the key system for care if the elderly are to remain in the community. However, many researchers have noted that caregivers often are distressed by the hospitalization of the elderly patient (Levine, 2002; Jubb & Shanley, 2002; Jackie, 1991). The caregivers are forced to face and deal with the patient's (usually their parent) further physical and/or mental deterioration (Levine, 2002). Moreover, the short LOS policy compels caregivers to handle treatment, discharge, and post-hospitalization in a short period of

time; they are not allowed to have time to arrange their schedule for the care (Jubb & Shanley, 2002), to make critical decisions (Cummings, 1999), and to absorb information and training needed for care (Redmond, 2001; Levine, 2002). Therefore, the elderly patients' hospitalization usually imposes extra burdens on the caregivers both physically and mentally.

Dobrof and Ebenstein (2003) mentioned another important dimension of caregivers. They stated that caregivers do not always identify themselves as caregivers while they are doing many caregiver tasks. Depending on culture and relationship with the care recipient, caregiving is seen differently. One may see caregiving as "familial obligation or role" or "tradition" so the caregiver does not feel or recognize that they are doing caregiver jobs. For some individuals, identifying oneself as a caregiver is not an easy or simple process (Dobrof & Ebenstein, 2003). To recognize oneself as a caregiver entails the realization that they may have to give up their career aspirations due to the long term, demands of care. It also leads them to face changes both in the relationship between her/him and the care recipient, and in the care recipient. It would be hard for them to benefit from community resources and activities that are

helpful for them without such self-identification. If persons are executing many caregiver tasks without self-identification, they are less likely to engage in or to be aware of resources and activities that are helpful.

Tasks and State of the Medical Social Worker

Following reform of health care and restructuring of hospitals, there is a growing concern among medical social workers about their ability to provide services effectively (Auslander, 2000).

There is no universal standardized task description for medical social workers considering that other professionals execute tasks similar to those of medical social workers. For example, nurses are currently known to be discharge planners.

Although many have researched effectiveness of discharge planning, their samples tend to be a mixture of social workers and nurses. Both professions carry out similar tasks, yet their emphasis toward discharge planning is different (Holliman, Dziegielewski, & Teare, 2003). Also, depending on the hospital's funding source, administration, and professions, the tasks of both nurse discharge planners and medical social workers are

different. Therefore, depending on the hospital, the definition and tasks of the medical social worker vary.

In RCH, the tasks related to direct patient care of the medical social workers are consultation, completing psychosocial assessment, linking and utilizing community resources, and counseling (Riverside Community Hospital, 2002). When referrals are made to them, they need to conduct the psychosocial assessment to the patients or family members within 72 hours from the time referrals are made. The length of the assessment is depending on the patients' and/or family members' issue and/or needs. It can take only a few minutes conversation with the patient or family member(s), or it can involve hours of conversation with the patient, family member(s), and few other healthcare professionals to solve the issue or alleviate their concern(s).

Besides these services, medical social workers are assigned to attend various kinds of committees and meetings. Some social workers chair the meeting, which can consume a large amount of time for preparing, such as gathering information, making handouts, and contacting to other members.

Educating and consultation to other healthcare practitioners is one of the indispensable tasks that they

are responsible to. It may occur through e-mail, phone, or face-to-face conversation.

They usually carry dozens of cases each day. They oftentimes need to handle multiple cases and tasks at a time. It is uncommon that these medical social workers stay at the office; they are always on the floor meeting patients and their family members, and other healthcare professionals. When they are in the office, they have telephone calls without a break from various people of both inside and outside of the hospital. These phone calls may be from other healthcare practitioners and social workers from other agencies inquiring referred patients, updating patients' information, asking community resources and other hospital services. They can be former patients and their family members asking community resources, and consulting any issues about the hospitalization.

Theories Guiding Conceptualization

The elderly face frequent and sometimes rapid changes in physical condition, mental and cognitive status, place to stay or live, and social supports. Also, they have to work harder to adapt to the changed status or situation because aging processes and diseases make them vulnerable. This study focuses on Person-Environment theories [P-E

theories] (Hooyman & Kiyak, 2002, p. 330), which stress that the environment is not stable but changes incessantly "as the older person takes from it what she or he needs, controls what can be manipulated, and adjusts to conditions that cannot be changed" (Hooyman & Kiyak, 2002, p. 7). According to P-E theories, whether the elderly is satisfied with their life is dependent on the environment that is "congruent with his /her physical, cognitive, and emotional needs and ability" (Hooyman & Kiyak, 2002, p. 7). Since the hospital is the place where the patients and caregiver face rapid changes, it is essential to focus on the P-E theory in order to investigate and understand what kind of damage they may receive, how they may suffer from hospitalization, and what their needs may be.

Summary

The literature important to the project was presented in Chapter Two. Because of the different discipline and perspective of physicians, it is important that medical social workers intervene into the discharge plan. Hospitalization imposes extra burdens on the caregiver. Also, some caregivers are reluctant to acknowledge themselves as "caregiver." Medical social workers are indispensable to alleviate the burden imposed on the

caregivers. Yet, they are assigned various and multiple tasks and are always busy. P-E theories are vital and useful in understanding the elderly.

CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in developing the project. Specifically, the study design, sampling method, data collection instrument, procedure, and how the data was analyzed are described.

Study Design

This study was to assess the accessibility and efficiency of social work services. It also asked if social work services were beneficial to the patients and family members. Finally, it was designed to assess elderly patients' and their family members' interests and need for community resources.

The limitation of the study, however, was that considering the possibility that the elderly people suffer from cognitive impairment, whether they accurately understood the question is unknown. In addition, although social work services were described on the debriefing statement, whether the patients or family members could understand the function of social worker is unknown, which may affect the response to the question, if they needed social work intervention.

This study was done by a mail survey because it increases honesty and sufficiency of results. The short LOS has resulted in the patients and family members dealing with treatment procedures and various kinds of health practitioners, such as physicians, nurses, and physical therapist, in a short period of time. Also, many elderly patients are confused due to the new and/or unfamiliar and circumstances and medication. Moreover, family members, if they are the decision maker, have come to keep up with the patient's condition, treatment procedure, and discharge plan without having enough time to comprehend. Given the circumstances, it is effective to mail a post-discharge survey, rather than interview them during the turbulent hospitalization, which may lead them to have more confusion or distress.

The hypotheses of this study were that there were elderly patients who did not have access to social work services yet needed social work services, and elderly who lived their own house or apartment could benefit from social work services, elderly who lived their own house or apartment needed access to community resource more than those who live in a long term facility, such as nursing home or assisted living.

Hypotheses for family members were, that there would be family members who did not have access to social work services yet needed social work services, and those whose older family members lived in a long term facility needed social work intervention less than those whose older family members living in a house or apartment.

Sampling

The samples for the study were elderly patients, who were hospitalized in the orthopedic unit at RCH for orthopedic surgery from January 1st, 2005 through May 31st, 2005, and their family members. The most common conditions of these elderly patients were hip fracture following fall, and knee replacement due to arthritis. These patients usually need long-term care, which would need to be coordinated by various professionals and family members.

The patient lists kept in the Medical Record Department at RCH was used to access the samples' information, such as names and addresses. All elderly patients under the conditions described above and their family members were chosen to be in the samples. The total number of patients hospitalized in the orthopedic unit from January 1st, 2005 through May 31st, 2005 was 185. Of

these, 55 patients could not be reached. In addition, 24 patients did not have family member, or RCH did not have the family member's address. Therefore, the patients' sample size was 130, and the family members' sample size was 116.

RCH has its own service satisfaction survey conducted by an institution outside the hospital. Since the purpose of this study was different from that of their survey, the author conducted this survey separately.

Data Collection and Instruments

The study instruments or questionnaires were developed by the author. For the patients, it was designed to assess demographic data, i.e., age, gender, and living conditions, and if they lived with family members, and if they lived in a home, apartment, nursing home, Board & Care, assisted living, or other. Also, reason(s) for hospitalization was asked. It was also intended to assess their experiences with social work services, such as, if they received social work intervention, if they did how its quality was, if they had knowledge about it, and if they would utilize the services. Then, what kind of services they needed was assessed. They were asked that if they needed financial consultation and/or counseling, as

they are two major social work services. The ten major community resources were listed to judge if they needed community resources. The ten subjects were as follows; homemaker services, transportation, Emergency Response Services, Medi-Cal and Medi-Caid, long-term facility, medical equipment, senior center, adult/elderly abuse, advance directives, and other. Finally, they are asked to write down any comments if they have (see Appendix A).

For the family members, the questionnaire asked their age, gender, relationship with the patient, and patients' reason(s) for hospitalization. It asked their living arrangement, i.e., if they live with the patient, and if not, what the patient's living arrangement is. It assessed the accessibility of social work services. It asked them to evaluate the quality of social work service(s). They were also asked to answer if they had knowledge about social work services. If they did not, whether they would request it or not. Moreover, if they needed financial consultation and/or counseling was asked. Then, it assessed their interests in community resource(s). The items of the community resources were the same as its patients' except for adding resources for caregiver (see Appendix A).

Strengths of the mail survey were that it could access a large number of participants at a time. Also, because this survey was anonymous, it was expected to have honest responses to the questions. The deficits of the mail survey were, however, the lower response rate and the higher chance of getting incomplete questions. A cover letter, community resource list, and self-stamped envelope were sent to reduce the deficits in addition to the debriefing statement, informed consent form, and questionnaire. These materials were sent with envelopes on RCH letterhead to enhance the credibility of the survey thereby increasing the response rate. Self-stamped envelopes would help them to return the survey in that they do not need to pay for it.

Procedures

A cover letter, debriefing statement, informed consent, questionnaire, self-stamped envelope, and community resource list were sent to the participants, using envelopes with hospital letterhead. The data were collected from the middle of May to the middle of July.

Protection of Human Subjects

This survey was anonymous. Self-stamped envelopes were used without having them need to identify their name

and address. The informed consent form, on which the participants do not need to write a name or signature, were used (see Appendix B).

Data Analysis

In this survey, participants were asked if they got social work services. Also, the patients and family members were interested in what kind of resources was assessed. Mean, median, and standard deviation were analyzed. Frequencies of each category were analyzed. Bivariate analysis was used. By using t-test, the mean differences of each gender about interests in community resources were compared.

Summary

This study was done by mailing a survey. All accessible patients hospitalized in orthopedic unit from January 1st, to may 31st, and their family members were chosen to be in the sample. The questionnaire was developed by the author to assess accessibility and need for social work services, and need for community resources. The data collection occurred from middle of May 2005 through middle of July 2005. Survey was anonymous. The data was analyzed by bivariate analysis.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four was a presentation of the results. The chapter concludes with a summary of the results retrieved by the survey.

Presentation of the Findings

Questionnaires were sent out to 130 patients, and 29 were returned. Two respondents were deceased. The response rate was 21%. Of the 27 respondents 18 were female (66.7%) and eight were male (29.6%). Their age range was 66 through 90, and their mean age was 74.78. Twelve lived alone (44.4%), 11 lived with spouse (40.7%), one lived with adult children (3.7%), and three reported that they lived with other person(s) (11.1%). Twenty-one respondents lived in their home (77.8%), four lived in an apartment (14.8%), and two marked as "other" (7.4%).

Six reported they received social work services (22.2%) while 18 did not (66.7%). All the respondents who received social work services rated its quality as above good; three marked it as "excellent" (11.1%), one was "very good" (3.7%), two were "good" (7.4%). Eleven respondents had knowledge about social work services

(40.7%), while 15 did not (55.6%). There were only three respondents who answered that they would request social work services (11.1%).

Over half of the respondents reported no need for social work services, such as financial consultation (51.9%) and counseling (48.1%). Similarly, over half of the patients showed no interest in learning most of the community resources listed on the questionnaire; 17 (63%) were not interested in learning about in-home support services, 15 (55.6%) about transportation, 13 (48.1%) about emergency response service (ERS), 17 (63%) about Medi-Cal, 15 (55.6%) about medical equipment, 16 (59.3%) about senior center, and 18 (66.7%) about elderly abuse and advance directives. Finally, no respondents indicated an interest in long-term facilities.

There was significant difference between females and males in their interests in community resources. The mean number of services that females (N = 18) were interested in was 1.9444, and that for males (N = 8) was 0.1250. This result can infer that females were more interested in community resources than males ($t = -3.038$, $df = 18.491$, $p < 0.05$).

In sum, there were a few respondents who did not have access to social work services yet needed social work

services. Because there were no patients who lived in either a nursing home, Board and Care, or Assisted Living facility prior to hospitalization [? See next paragraph], the hypothesis that elderly who live in their own home or apartment needed access to community resources more than those who live in a long-term facility could not be tested.

For the family members, a total of 116 questionnaires were sent out, and 13 were returned. The response rate was 12%. Of the 13 family members 7 were female (53.8%), 5 were male (38.5%), and one did not respond to the question (7.7%). Their age range is 48 through 84, and the mean age was 65. Six were patients' spouses (46.2%), four were adult children (30.8%), and three marked other (23.1%). Seven lived with the patients (53.8%) while six reported they did not live with the patient (46.2%). Three responded that the patient lived in their own home (23.1%), one each in an apartment (7.7%) Board & Care (7.7%), and Assisted Living facility (7.7%). Seven of them did not respond to the question (53.8%).

Five reported they received social work services (38.5%) while seven did not (53.8%). Those who received social work services rated its quality as above good. One of them marked "excellent," three "very good," and one

"good." Only two family members had knowledge about social work services in the hospital (15.4%). Over a half of the family members reported they would request social work services (61.5%) while only one family member answered that he or she would not (9.1%) and three did not respond to the question (27.3%).

Over a half of the family members thought financial consultation and/or supportive counseling would be helpful to them (61.5% and 76.9% respectively). Correspondingly, seven of them were interested in learning about in-home support services (53.8%). Nine were interested in transportation (69.2%), four in ERS (30.8%), six in Medi-Cal (46.2%), six in long-term facilities (46.2%), six in medical equipment (46.2%), four (30.8%) in senior centers, three in adult abuse and advance directives (23.1%), and eight in caregiver resources (61.5%).

The results imply that there were family members who did not receive social work services yet needed social work services. Because of the low response rate and missing data, the hypothesis that those whose older family members lived in a long-term facility needed social work intervention less than those whose older family members living in a house or apartment could not be tested.

Summary

Chapter Four reviewed the results of the project. The response rate for patients was 21% and for family members was 12%. The majority of respondents who expressed an interest in requesting social work services were not interested in learning about community resources. There were only a few family members who knew about social work services. They also were interested in community resources.

CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions gleaned as a result of completing the project. Further, the recommendations extracted from the project are presented. Last, the Chapter concludes with a summary.

Discussion

Although the response rate was low, some interesting results emerged. Overall, there were more family members who were interested in learning about community resources than patients. Specifically, only three patients (11.1%) responded they would request social work services while eight or more than half of the family members answered that they would do so (61.5%). Similarly, many family members manifested an interest in community resources, yet over half of the patients reported no need for social work services and community resources.

Comparing differences between females and males about interests in community resources, all male patients answered they either did not have an interest in them or did not answer the question, except for one male who was interested in ERS.

While nearly half of the family members were interested in learning about long-term facilities (46.2%), such as nursing homes, Board & Care, and Assisted Living facilities, none of the respondents were interested in these facilities. As it is broadly known, elders prefer to live at home rather than in nursing homes or other long-term facilities (Healy, 1999). The fact that no patients were interested in the facilities might be a manifestation of the elderly patients' desire to stay in the community.

Looking at the ranking for both patients and family members about their interests in community resources, transportation and medical equipment occupy the same ranking for both of them (see Table 1 & 2).

Many elderly people experience many negative changes, and losing their drivers' license is one of the losses that the patients experience, which agonizes them. A feeling of losing control of their lives may be experienced. Family members often times are unable to provide transportation to the patients because of their conflicting schedule or financial difficulties. These factors may be one of the reasons for the ranking.

Although both patients and family members had the same first and second ranking, the rest of the ranking

showed different interests or needs toward community resources. It seems that patients were interested in community resources that help their independent living practically, i.e., ERS, senior centers, and homemaker services. They did not have interest in or need for other community resources that would not directly help their independency, such as advance directives or long-term facilities. Family members' interests in community resources, however, were different from that of patients. Their high interests or needs toward community resources placed on those that may reduce caregiver burden both physically and mentally, such as caregiver resources, homemaker services, and Medi-Cal. Also, their interests included long-term facilities, which none of the patients were interested in or needed.

Table 1. Ranking for Patients' Interests in Community Resources

| | Community resources | No. of patients |
|---|---------------------------|-----------------|
| 1 | Transportation | 7 |
| 2 | Medical Equipment | 6 |
| 3 | Emergency Response System | 5 |
| 4 | Senior centers | 5 |
| 5 | Homemaker service | 4 |
| 6 | Medi-Cal | 3 |
| 7 | Adult/Elderly Abuse | 1 |
| 8 | Advance directives | 1 |
| 9 | Long term facilities | 0 |

Table 2. Ranking for Family Members' Interests in
Community Resources

| | Community resources | No. of family members |
|----|---------------------------|-----------------------|
| 1 | Transportation | 9 |
| 2 | Medical Equipment | 9 |
| 3 | Resources for caregivers | 8 |
| 4 | Homemaker service | 7 |
| 5 | Medi-Cal | 6 |
| 6 | Long-term facilities | 6 |
| 7 | Emergency Response System | 4 |
| 8 | Senior centers | 4 |
| 9 | Advance directives | 3 |
| 10 | Adult/Elderly Abuse | 3 |

As it can be seen in the data, 11 patients (40.7%) knew the existence of the social work services in the hospital, and 11 family members or almost all family members (84.6%) did not know about social work services. From the result, the implication is that social work services were little known to family members. Whether they were involved in the care of the patient is the key to access to social work services. In other words, whether they visited the patient and have contacts with hospital staff(s) might be a vital factor in their accessing social

work services. It is important to note, however, that some family members had difficulties accessing services.

A 67 years old female family member whose older family member (patient) was deceased commented, "No information is given voluntarily. You have to ask anyone who has time to talk to you, if you have questions." Also, she stated she would have needed certain community resources if the patient were alive. A similar response was received from another family member, an 86 years old male caregiver of the patient. He commented, "I needed this (social work service) when my wife was still alive but could not get it, now it is too late."

A 65-year-old female family member was very dissatisfied with the hospital services her mother received when she broke her hip and was brought to the emergency room. She stated her mother "did not get the help she really needed at the time," explaining the fact that the patient waited for total of 8 hours in the room without getting any treatment or help.

From these statements it is obvious that they needed social work services for their spouse or older family member.

Limitations

The following limitations apply to the project. Several limitations derived from the deficits of self-administered questionnaires. One of the social workers' jobs was to find out what the patients or family members problems, concerns, and needs were by completing a psychosocial assessment, which involves engaging in brief or often times lengthy conversations. Therefore, it is difficult to find out their problem(s) by having them fill out self-administered questionnaires.

Another limitation was the inability to assess the participants' cognitive ability. It is not known if the patients or family members suffer from cognitive impairment, such as dementia or Alzheimer's disease, or mental illness, such as schizophrenic or depression. Hancock (2003) and his colleagues researched the needs of older people with mental illness. He reported that older people with mental illness reported fewer needs than their caregivers and healthcare staff members. The fact that there were few patients who were interested in community resources or would request social work services might have a relationship with patients' cognitive impairment.

Considering the research population and response rate, the questionnaire was made as short as possible. It,

however, was an obstacle to assessing patients' and family members' critical conditions, such as patients' ADL functional status, which might have an implication for a need for community resources.

Yet another limitation is that patients and family members may have limited sources to learn about social workers' functions. Although social workers' functions were described in the debriefing statement, it is not known if they clearly understood the statement or not.

Recommendations for Social Work Practice, Policy and Research

All respondents and family members who received social work services rated its quality as above "good," which verifies the quality of the medical social workers' skills, and their consideration and dedication to their patients.

Since transportation is the number one resource both patients and family members needed or are interested in, searching and introducing options on transportation issues might be helpful for the patients and their family members.

There are many patients and family members who do not know about the possibility that insurance may be able to cover medical equipment, such as wheelchair or walker.

Explaining or researching medical equipment along with insurance coverage might be a good intervention that is helpful for both patients and family members.

Because family members have less opportunity to communicate with the hospital staff than patients, contacting family members may help in reducing deficiency about accessibility to social work services.

Conclusions

The conclusions extracted from the project follows. There were more family members who were interested in social work services and community resources than patients. In this study, it was verified that there were more female patients who were interested in community resources than male patients. Social work service is more accessible for patients than family members. In fact, several family members reported difficulty in accessing services or insufficiency of the information about services. Patients and family members were interested in transportation and medical equipment. Searching and providing options about these two community resources may be helpful for them. Also, contacting family members may be a solution to reduce the insufficiency for social work services.

APPENDIX A
QUESTIONNAIRE

Questionnaires for Patient

Age _____ ___ Male ___ Female

Reason(s) for hospitalization

Do you live with

___ Alone ___ Spouse ___ Adult child (ren) ___ Other

Do you live in

___ Home ___ Apartment ___ Nursing Home

___ Board & Care ___ Assisted Living ___ Other

1. Did you receive social work service(s) while you were in the hospital? Yes No

 2. If yes, how would you evaluate the quality of the service(s) you received?

 Excellent Very Good Good Poor Very Poor

 3. Any suggestion to improve the quality?
-

4. Did you know that, as you needed, you could request a social work service(s) at any time of the hospitalization? Yes No

5. If no, do you think you would request for social work service(s)? Yes No

- | | | |
|---|-----|----|
| 1. Would financial consultation about medical expenses be helpful or useful to you? | Yes | No |
| 2. Would supportive counseling be helpful or useful to you to cope with your illness or injury? | Yes | No |
| 3. Would you be interested in learning about community resources such as, | | |
| a. Homemaker services? | Yes | No |
| b. Transportation? | Yes | No |
| c. Emergency Response Services (also known as Lifeline)? | Yes | No |
| d. Medi-Cal / Medi-Caid? | Yes | No |
| e. Nursing home/Board & Care/Assisted Living? | Yes | No |
| f. Medical equipment (such as wheelchair, walker)? | Yes | No |
| g. Senior centers? | Yes | No |
| h. Adult/Elderly Abuse? | Yes | No |
| i. Advance Directives? | Yes | No |
| j. Other resources? | Yes | No |

If yes, please specify

4. If you have any comments, please write down.

Questionnaires for Family Member

Age _____ Male ___ Female

Relationship with the patient

___ Spouse ___ Adult child ___ Other

The patient's reason(s) for hospitalization

Do you live with patient? Yes No

If no, the patient lives in

___ Home ___ Apartment ___ Nursing Home
___ Board & Care ___ Assisted Living ___ Other

1. Did you receive social work service(s) while you were in the hospital? Yes No

2. If yes, how would you evaluate the quality of the service(s) you or the patient received?

Excellent Very Good Good Poor Very Poor

3. Any suggestion to improve the quality?

4. Did you know that, as you needed, you could request a social work service(s) at any time of the hospitalization? Yes No

5. If no, do you think you would request for social work service(s)? Yes No

- | | | |
|---|-----|----|
| 1. Would financial consultation about medical expenses be helpful or useful to you? | Yes | No |
| 2. Would supportive counseling be helpful or useful to you to cope with your illness or injury? | Yes | No |
| 3. Would you be interested in learning about community resources such as, | | |
| a. Homemaker services? | Yes | No |
| b. Transportation? | Yes | No |
| c. Emergency Response Services (also known as Lifeline)? | Yes | No |
| d. Medi-Cal / Medi-Caid? | Yes | No |
| e. Nursing home/Board & Care/Assisted Living? | Yes | No |
| f. Medical equipment (such as wheelchair, walker)? | Yes | No |
| g. Senior centers? | Yes | No |
| h. Adult/Elderly Abuse? | Yes | No |
| i. Resources for caregivers (such as support group or educational class)? | Yes | No |
| j. Advance directives | Yes | No |
| k. Other resources? | Yes | No |

If yes, please specify

4. If you have any comments, please write down.

APPENDIX B
INFORMED CONSENT

PATIENT INFORMED CONSENT

The study in which you are being asked to participate is designed to understand your experience with social work assistance for older patients. This study is being conducted by Yasuyo Abo under the supervision of Dr. McCaslin, Professor of Social Work at California State University, San Bernardino. This study has been reviewed and approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University San Bernardino. If you have any questions about the study, please contact Dr. McCaslin (909-880-5507).

In this study you will answer questions regarding 1) social work service experiences in Riverside Community Hospital, 2) community resources that you may need/ be interested in. It will take you about 10 minutes to complete.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. All data will be reported in group form only.

Please understand that your participation in this research is totally voluntary and will not affect your relationship with the hospital in any way.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

Participant's mark

_____ Date

FAMILY MEMBER INFORMED CONSENT

The study in which you are being asked to participate is designed to understand your experience with social work assistance for older patients. This study is being conducted by Yasuyo Abo under the supervision of Dr. McCaslin, Professor of Social Work at California State University, San Bernardino. This study has been reviewed and approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University San Bernardino. If you have any questions about the study, please contact Dr. McCaslin (909-880-5507)

In this study you will answer questions regarding 1) social work service experiences in Riverside Community Hospital, 2) community resources that you may need/ be interested in. It will take you about 10 minutes to complete.

Please be assured that any information you provide will be held in strict confidence by the researcher. At no time will your name be reported along with your responses. All data will be reported in group form only.

Please understand that your participation in this research is totally voluntary and will not affect your relationship with the hospital in any way.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

Participant's mark

_____ Date

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

Purpose of the Study:

The study in which you participated is designed to gather information about your social work service experience while you were in Riverside Community Hospital as an inpatient. The goal of this research is to understand your experience with social work services to elderly patients and/or their family members. This study also will address what kind of community services you need/may be interested in. The research would help improve social work services.

Role of the Social Workers:

Medical social workers provide services, such as financial consultation, supportive counseling and/or community resources, to patients and their family members to help the patients' recovery. Patient and/or their family member can request social work services at any time of the hospitalization.

Procedure:

The participants were selected randomly from the hospital patient lists kept in Medical Record Department. This study is anonymous. Therefore your name and responses to the study will not be disclosed to anybody at any occasion.

If you have any questions about the study or need further supports from community resource(s) you are interested in, please do not hesitate to contact to me at 951-784-2406, or, Natalie Moy, Manager of Social Service Department at 951-788-3357. If you have any question about the study, please contact Dr. McCaslin (909-880-5507). If you are interested in the result of the study, they will be available after September 2005, at library at California State University, San Bernardino, and at Social Service Department at the hospital.

Thank you for your assistance.

Sincerely,

Yasuyo Abo.

Patients' Debriefing Statement

Purpose of the Study:

The study in which you participated is designed to gather information about your social work service experience while your (older) family member was in Riverside Community Hospital as an inpatient. The goal of this research is to understand your experience with social work services to elderly patients and/or their family members. This study also will address what kind of community services you need/may be interested in. The research would help improve social work services.

Role of the Social Workers:

Medical social workers provide services, such as financial consultation, supportive counseling and/or community resources, to patients and their family members to help the patients' recovery. Patient and/or their family member can request social work services at any time of the hospitalization.

Procedure:

The participants were selected randomly from the hospital patient lists kept in Medical Record Department. This study is anonymous. Therefore your name and responses to the study will not be disclosed to anybody at any occasion.

If you have any questions about the study or need further supports from community resource(s) you are interested in, please do not hesitate to contact to me at 951-784-2406, or, Natalie Moy, Manager of Social Service Department at 951-788-3357. If you have any question about the study, please contact Dr. McCaslin (909-880-5507). If you are interested in the result of the study, they will be available after September, 2005, at library at California State University, San Bernardino, and at Social Service Department at the hospital.

Thank you for your assistance.

Sincerely,

Yasuyo Abo.

APPENDIX D
COVER LETTER

To Whom It May Concern:

Hello. My name is Yasuyo Abo, a Master of Social Work student in California State University, San Bernardino. I am also an intern currently serving for Social Service Department in Riverside Community Hospital.

As a team member of the department, I am interested in your experience with social work services to the patients and their family members. I am enthusiastic in learning both the patient and his/her family members experience. Therefore, I have sent a questionnaire to patient and his/her family member separately.

I would really appreciate if you take time to complete the survey. The questionnaire will take you approximately 10 minutes to complete. The result of the study will help improve the quality of social work services at the hospital. It also helps social workers build knowledge about patients' and/or their family members' needs and interest in community resources.

Enclosed are 1) cover letter, 2) Debriefing Statement, 3) Informed Consent Form, 4) Questionnaire, 5) a self-stamped envelope, and 6) a community resource list. Please mark the informed consent form, fill out the questionnaire, and send them back to the hospital by using the self-stamped envelope. The community resource list is for you to keep. Please feel free to call these community resources if you think you need them.

If you have any question or concern about the survey or community resources, please do not hesitate to contact me at 951-784-2406, or Natalie Moy, Manager of Social Service Department, at 951-788-3357. We would be more than happy to answer your questions.

Sincerely,

Yasuyo Abo.
Social Work Intern.

REFERENCES

- Aarón, Louis L. (1999). Defending Social and Health Services under Threat: Questions and Strategies. *Journal of Social Work Practice*, Vol. 13, No. 1
- Berkman, Barbara et al. (1999). Standardized screening of elderly Patients' Needs for Social Work Assessment in Primary Care: Use of the SF-36. *Health & Social Work*; Feb99, Vol. 24 Issue 1, p9, 8p
- Bronstein, Laura R. (2002). Index of Interdisciplinary Collaboration. *Social Work Research*; Jun2002, Vol. 26 Issue 2, p113.
- Bronstein, Laura R. (2003). A Model for Interdisciplinary Collaboration. *Social Work*; Jul2003, Vol. 48 Issue 3, p297
- Cummings, Sherry M. (1999). Adequacy of Discharge Plans and Rehospitalization among Hospitalized Dementia Patients. *Health & Social Work*; Nov99, Vol. 24 Issue 4, p249.
- DeCoster, Vaughn A & Egan, Marcia. (2001). Physicians' Perceptions and Responses to Patient Emotion: Implications for Social Work Practice in Health Care. *Social Work in Health Care*, Vol. 32(3), 2001
- Dobrof, Judith & Ebenstein, Helen (2003/2004). Family Caregiver Self-Identification: Implications for Healthcare and Social Service Professionals. *Generations*. Winter 2003/2004. Vol.27 Issue 4, p33
- Grimmer, Karen A et al. (2001). Discharge Planning Quality from the Carer Perspective. *Quality of Life Research*; Sep2000, Vol. 9 Issue 9, p1005, 9p
- Hancock, Gereldine A et al. (2003). The Needs of Older People with Mental Health Problems according to the User, the Carer, and the Staff. *International Journal of Geriatric Psychiatry*. Vol. 18 p803.
- Healy, Tera C. (1999). Community-Dwelling Cognitively Impaired Frail Elders: An Analysis of Social Workers' Decisions Concerning Support for Autonomy. *Social work in Health Care*, Vol. 30(2), p27.

- Holliman, Diane et al. (2003). Differences and Similarities between Social Work and Nurse Discharge Planners. *Health & Social Work*, Vol. 28, November 3
- Hooyman, Nancy R & Kiyak, Asuman H. (2002). Social Gerontology
- Irvine, Rob et al. (2002) Interprofessionalism and Ethics: Consensus or Clash of Cultures?. *Journal of Interprofessional Care*, Vol. 16, No.3
- Jubb, Maureen & Shanley, Eamon. (2002). Family Involvement: The Key to Opening Locked Wards and Closed Minds. *International Journal of Mental Health Nursing 2002*, Issue 11. p 47.
- Kaplan, Mark S. et al. (2001). Confidence of Primary Care Physicians in Assessing the Suicidality of Geriatric Patients. *International Journal of Geriatric Psychiatry*; Jul2001, Vol. 16 Issue 7, p728, 7p,
- Levine, Carol. (2001). Hospital-Based Family Caregiver Programs: Building Institutional Resources and Community Ties. *Journal of Palliative Medicine*. Vol. 5, Number 1
- National Center for Health Statistics (2003). Average Length of Stay and Days for Hospital Discharges by First-Listed Diagnosis, Age, Sex, and Race. United States, 1970-2000.
http://www.cdc.gov/nchs/data/hdasd/sr13_156t1.pdf
- Naylor, Mary et al. (1994). Comprehensive Discharge Planning for the Hospitalized Elderly: A Randomized Clinical Trial. *Annual of Internal Medicine*. 6/15/94, Vol. 120 Issue 12, p999, 8p.
- Peterson, Jean K. (1987). Changing Needs of Patients and Families in the Acute Hospital: Implications for Social Work Practice. *Social Work in Health Care*, Vol. 13(2). 1987.
- Redmond, Helen. (2001). The health Care Crisis in the United States: A Call to Action. *Health & Social work*; Feb 2001, Vol. 26 Issue 1, p54

Riverside Community Hospital. (2002). Position Description
Medical Social Worker.

Tanaka, Makoto. (2003). Multidisciplinary Team Approach
for Elderly Patients. *Geriatrics and Gerontology
International* 2003. Vol. 3, p69