Interprofessional expectations of the medical social worker in home health care

Wendy Marie Schill

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INTERPROFESSIONAL EXPECTATIONS OF THE MEDICAL
SOCIAL WORKER IN HOME HEALTH CARE

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
Wendy Marie Schill
September 1997
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Approved by:

[Redacted text]
ABSTRACT

This research study focuses on perceptions physicians, nurses, rehabilitation therapists, and social workers occupy concerning the role of medical social work in home health care settings. Interprofessionals view social work as a pertinent role in meeting psychosocial needs of home care patients. Social-environmental concerns are seen by all health care disciplines to be distinctive to social work. However, emotional problem areas are judged as an integrated component of care mostly between nurses and social workers.

In contrast to previous studies, the role of social workers was clearly understood by health care professionals. But, similar to other research findings, social work continues to be an underutilized profession in home health care. Health care professionals deem social workers as fundamental in meeting patients psychosocial needs. The medical model of the health care delivery system is assumed to contain social work utilization.
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NATURE AND SCOPE OF THE PROBLEM

Medical social work has been an established profession and an integral component of health care since the early 1900s (Volland, 1996). Most medical social work practice has taken place in the acute care hospital. Social workers have the training, knowledge base, and skill to best understand the psychosocial and economic needs inflicted on a patient by illness, as well as the changes and adjustments demanded of the patient and family (Ross, 1993). The psychosocial component assesses interpersonal and essential resources that are required for optimum health.

Due to attempts to reduce national health care spending, the current trend in health care delivery systems is to decrease hospital care and focus on community based care. Hospitals are closing, downsizing and restructuring. Evidence indicates that social work services in hospitals increasingly are being cut back in response to changes in the funding and provision of health care (Johnson & Berger, 1990; Ross, 1993).

Because of the paradigm shift from hospital to community care, a great deal of hospital based social work is restricted to discharge planning and resource-linkage activities (Cowles & Lefcowitz, 1995). Ross (1993) indicates budget cuts are often causing administrators to replace the professional social worker with nonprofessional staff. Due to hurried patient discharges and untrained staff one could conclude that the psychosocial component of health related problems may be overlooked.

Meeting a patients' psychosocial needs is an inherent component in the
process of recovery. Evidence suggests that psychosocial stress may contribute in the onset, severity, and duration of disease (Ben-Sira & Szyf, 1992). It could be presumed that home health care programs would naturally meet the psychosocial element of patient care. Thus, social work intervention shifts from the acute care hospital setting to community based care. Or does it?

The response to reduced hospitalizations has resulted in the increased demand for all post-acute care services, including home health care (Jette, 1996). Home health care services have expanded considerably. By the mid-1990s there were 8,000 home health agencies nationwide serving over 1.2 million clients (Jette, 1996). The need for services is not only determined by medical problems. Factors in home care also include a patient's functional, cognitive, and socioeconomic status.

Home health care has expanded as a dominant health care delivery system, although the role of medical social work in home care has been and remains a secondary one (Cox, 1992). Medicare requirements for home health care agencies designate the provision of social work services be available to patients, but do not require social work intervention for each patient or require their involvement in patient care planning.

Social work referrals in the home care setting are usually determined by nurses. Research implies that physicians, nurses and social workers possess divergent views concerning the need for social work intervention (Dove, et al., 1993; Cowles & Lefcowitz 1995, 1992; Jacobs, 1993). Psychosocial assessment by others might fail to address problems and service needs of particular concern
to social workers (Ell, 1996).

An ill person confronts many social-environmental and emotional risks, including becoming a passive recipient of service in the medical bureaucracy; losing a sense of self as a vital person in meaningful social networks, community, and work; and social stigmatization due to illness (Glassman, 1991). Older persons, who constitute the majority of home care patients, are often already approached with social-environmental risk factors related to frailties and limitations. Illness may just exacerbate the problems for these individuals. Through psychosocial intervention, patients have the potential to restore self-esteem, enable adaptation, strengthen family connections, and reduce isolation and despair (Glassman, 1991).

THEORETICAL PERSPECTIVE

Home health care programs in the United States are based on a medical model of care that requires specific diagnosis and physician's orders as a prerequisite for services. The "biomedical model of illness" argues that psychologic and social variables are of secondary importance in illness and physician's efforts are primarily towards the biologic aspects of physical illness (Stoudemire, 1990). Many physicians endorse this theoretical model of care. However, many other physicians integrate a "biopsychosocial model of illness." This approach to the practice of medicine recognizes that illness and illness outcomes are determined by multiple biologic, psychologic, and social variables (Stoudemire, 1990).
It is hopeful that present day health care integrates a biopsychosocial model of care, but research implies that social variables are often overlooked by physicians. Cox (1992) indicated that the medical emphasis of Medicare and Medicaid programs ignores the fact that many of the problems and needs of home care recipients are varied, expanding beyond the purely medical sphere. Current literature indicates many physicians attempt treating psychosocial problems themselves, but often fail to identify mental health problems in general and substance abuse in particular (Gross, et al., 1996).

Nurses are more apt to utilize a biopsychosocial model of care, as they acknowledge the need for psychosocial intervention to enhance the process of recovery (Ben-Sira & Szyf, 1992). Nurses, like social workers, recognize that meeting patients' psychosocial needs is essential in patient care. However, nurses and social workers disagree as to who is expected, competent, or who has the authority to render the psychosocial component of care (Ben-Sira & Szyf, 1992).

Social workers using an ecological perspective concentrate on the interaction of the individual with the environment (Cox, 1992). The central ecological concept is adaptation (Germaine, 1991). Thus, social work practice focuses on enhancing adaptive capacities within one's environment to gain the best person-in-environment "fit." Medical social work attempts to increase the patient's coping skills and independence, therefore maximizing quality of life, or goodness of "fit" with the environment. Social work intervention is directed toward a whole ecological unit (Cox, 1992). Ultimately, social workers function
collaboratively with nurses and physicians.

LITERATURE REVIEW

Current studies examining social work practice in health care mainly apply to social work in the hospital setting. Much of this research remains helpful in examining interprofessional views of the social work role in home health care, as there have been abundant studies regarding perceptions of social work in hospitals. Dove, et al. (1985) examined areas of agreement and disagreement between hospital interdisciplinary team members concerning identifying needs for social work referrals. Social workers, nurses, and physicians showed considerable variation in judgements on which patients needed social work intervention.

Screening criteria for social service involvement have since been developed as a way to assist hospital staff members in making social work referrals. These "high-social-risk" screening systems have been beneficial in identifying patients who need social work intervention, but research implies persistent diverse role perceptions between social workers and other medical professionals. Cowles and Lefcowitz (1992) examined interdisciplinary expectations of the medical social worker in the hospital setting. Social workers themselves, based on the person-in-environment theory, expect their direct services role to be equal to both emotional and social-environmental problems; to both the primary client and his or her family; and to assessment, treatment, referrals, or resource-gathering activities as needed (Cowles & Lefcowitz, 1992).
Physicians and nurses similarly agreed with social work involvement in social-environmental problems and referral to resources for emotional problems and conceived these tasks to be shared among the medical team, not the sole responsibility of social workers. The disagreement existed in the area of assessing emotional problems of patients. Physicians and nurses did not view this as part of the social work domain.

The impact of changing health care delivery systems as a way to control spending has curtailed hospital social work. Most studies indicate social work referrals are increasingly restricted to discharge planning and associated resource-linkage activities, often neglecting the psychosocial component of health problems (Cowles & Lefcowitz, 1995). Again, Cowles and Lefcowitz (1995) examined the division of responsibility among the interdisciplinary hospital team. The 1995 study detected that hospital social workers were no longer exclusively responsible in discharge planning of patients as traditionally expected. In fact many tasks, including social-environmental and emotional problem areas, were thought to be more equally shared among medical staff versus by a single professional. The only area that appeared to be outstanding consisted of patient noncompliance, which generally excluded social workers.

Cowles and Lefcowitz (1995) did however find some consistency to findings from their 1992 study. Social-environmental problems of patients were easily identifiable in expecting social work intervention. And the area of counseling patient family members due to emotional problems was readily perceived as predominately a social worker’s job. But counseling the patient was
not specific to the social work role. It was noted that other groups did not exclude social workers from counseling patients or addressing psychosocial problems; they just did not see these activities as distinctive to social work (Cowles & Lefcowitz, 1995).

Jacobs (1993) research was the only study found that was exclusive to social work in the home health care setting. The study explored the utilization of social workers by examining factors for referrals. Social work referrals primarily come from nurses. However, it was discovered that many nurse respondents had limited knowledge of the social work role.

Jacobs (1993) findings were comparable to that of the previous research discussed in regards to hospital based social worker role expectations. Nurses referred social workers to patients who required community resource linkage due to financial concerns or inadequate home assistance on a fairly consistent basis. Specific situations that involved social work services included; “family crisis”, family difficulty in adjustment to diagnosis, and patient depression. Jacobs (1993) indicates that social workers usually are not referred until a situation is at a crisis point. Assessing emotional problems usually is under the domain of nursing.

Underutilizing social workers in home health care is largely due to the lack of understanding by nurses and sometimes social workers themselves, in regards to the medical social work role. Other findings consisted of the nurses’ reluctance to request assistance from other professionals, “need for control of their cases” (Jacobs, 1993). It should be noted that nurses may request social work intervention, yet insurance carriers, physicians and patients themselves
refuse the nursing recommendation.

It is expected that medical social work remains an underutilized service in home health care. Federal and state licensing guidelines continue to designate social work as an ancillary service. Nurses are the main source of social work referrals under the provision that physicians agree services are needed with approved orders. The current literature implies unclear and diverse role perceptions and expectations between medical professionals are a causal factor in the minimal usage of medical social workers in home health care. The result of limited social work services may be that patients' psychosocial needs are not clearly addressed.

RESEARCH DESIGN AND METHOD

Purpose of the Study

Interprofessional perceptions of the role of medical social workers in the home health care settings are expected to be as diverse as that of the interdisciplinary medical teams in hospitals settings. The paradigm shift from acute hospital care to community based care impacts the quality of patient care if all care needs are not addressed. Identifying social and emotional problem areas related to illness, may be prevalent in the home care setting as brief hospitalizations often neglect psychosocial assessment.

Psychosocial assessment is often considered to be under the social work domain. However, social work services in home care are only provided at the request of a primary care service facilitator. This study explored, evaluated, and
analyzed interdisciplinary views in regards to utilizing social workers to enhance a patient's recovery.

**Hypothesis**

Medical social work continues to be an underutilized component of home health care, because health care professionals do not have a clear understanding or perception of the role social work has in these settings.

**Sampling**

Participants included a sample of health care professionals who were currently working in a licensed home care agency. Three local home health care agencies were contacted to obtain permission for their staff to participate. Physicians, nurses, social workers, social work assistants, physical therapists, occupational therapists and speech therapists all participated in the study. Of the 200 questionnaires distributed, the rate of return was 33% (65).

Respondents were separated into categories according to profession. The group of nurses include the registered nurses and the licensed vocational nurses. All nurses in home health care can request social work intervention via a physician's order. It was this reason the researcher classified registered nurses and licensed vocational nurses as one.

According to California health facilities licensing regulations, a "social worker" is defined as a person with a Master of Social Work degree (Barclays, 1990). A "social work assistant" means a person with a baccalaureate degree in the social science or related fields and works under the supervision of the social
worker (Barclays, 1990). Social workers and assistants were classified into one
category. This also include the chaplain. The researcher viewed the chaplain to
fit best in this grouping due to the similarities of each professions response to the
psychosocial component of care.

Instrument and Data Collection

Respondents completed a self-administered questionnaire adapted for this
research from studies by Cowles and Lefcowitz (1995 & 1992). Modifications of
questions were made specific to health care professionals employed in home
care settings. Participants were to address social-environmental concerns and
emotional problem areas. The options were physician, nurse, social worker, and
other.

Questions regarding social-environmental concerns involved assessing,
educating, and linking patients and their families to community resources which
would enhance their home situation. Community resources include formal
services, such as meals-on-wheels, transportation agencies, and public
assistance programs. Informal services consist of friends, neighbors, and family
members who are able to assist the patient in his or her recovery by assisting
with activities of daily living.

Questions pertaining to emotional problems involved counseling
interventions in areas of abuse, advance directives, medical noncompliance, and
caregiver concerns. Respondents were requested to choose the most
appropriate health care professional(s) in providing supportive counseling
to patients and their family members. The options included physician, nurse, social worker, and other.

Questions also pertained to the respondents' views regarding utilization of medical social work in the home health care setting. Participants were to address causal factors for social work referrals. The questionnaire did not request qualitative data, although many respondents did write in comments. These comments were not analyzed, but may be relevant to the research findings. The questionnaire is located in Appendix B.

**Weaknesses and Strengths of the Instrument**

Weaknesses of self-report inventories (SRI) relate to the potential of misreporting, as the researcher preselects choices. The use of "other" as a response on the questionnaire provided the respondent with alternative choices. Although, personal comments were not requested, they were not rejected, thus allowing for accurate reflections by the participants.

SRI questionnaires allow for a large quantity of information in a uniform manner and in a short period of time. As well known in the health care profession, paperwork is overwhelming. The researcher desired a simple format in hopes to gain an ample sample size.

**Procedure**

The researcher attended a designated staff meeting to explain the study. Questionnaires were handed out and the researcher scheduled a set date with a chosen staff member to pick-up completed surveys. Fifty-four questionnaires
were returned.

In order to include physicians' input in this study, the researcher sent fifty questionnaires to local physicians that practiced in family or internal medicine. Stamped and addressed envelopes were provided for return of the questionnaires. Seven physicians responded.

Protection of Human Subjects

To maintain the confidentiality and anonymity of human subjects, names of participants were not collected on the completed questionnaire. "Informed Consent" forms were attached to the front of the survey. The form described the purpose and procedure of the study and requested the participants's signature as acknowledgment of consent.

Upon receiving the completed questionnaires, the "Informed Consent" sheets were removed from the completed questionnaires to ensure the anonymity of the respondent. Identification numbers were assigned to the questionnaire for the purpose of rechecking coded data entries if necessary.

A debriefing statement was provided including information on how respondents could obtain information about the study and its results. There were no known risks to human subjects as a result of completing the questionnaire.
FINDINGS

Demographic Information

Demographic data on profession, age, ethnicity, gender and years of practice in the home health care setting was obtained. There were sixty-five respondents. The range of occupations included physicians (8), registered nurses (32), licensed vocational nurses (9), social workers (2), social work assistants (2), chaplain (1), physical therapists (7), occupational therapists (3), and speech therapist (1). Table 1 gives the demographic characteristics of the participants.

Age. The ages of respondents were between age 25 and age 79. The mean age was 45 years old. Two participants did not give a response.

Ethnicity. Caucasians represented 88% of respondents, whereas African Americans and Asians each represented 1.5% of respondents. Native Americans represented 6% of respondents and Hispanics represented 3%.

Gender. Seventy-eight percent of the respondents were female. Eighty-eight percent of physicians were male, while 98% of nurses were female. Sixty-four percent of the rehabilitation therapists were female. Forty percent of social workers were male.

Years of practice in home health care. The range of experience in the home health care setting for nurses, social workers, and rehabilitation therapists was less than one year to eighteen years. The mean was 5.5 years and the
Table 1. Demographic Characteristics of the Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>25 - 35</th>
<th>36 - 45</th>
<th>46 - 55</th>
<th>56 - 65</th>
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</tr>
</thead>
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<tr>
<td>%</td>
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<td>34</td>
<td>22</td>
<td>37</td>
<td>24</td>
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<tr>
<td>Note: Two participants did not respond.</td>
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</table>

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<th>Gender</th>
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<th>Social Worker</th>
<th>Rehab Therapist</th>
</tr>
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<tbody>
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<td>% n</td>
<td>% n</td>
<td>% n</td>
<td>% n</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>88</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
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<td>1</td>
<td>87</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
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<td>% n</td>
<td>% n</td>
<td>% n</td>
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<tr>
<td>12</td>
<td>1</td>
<td>88</td>
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<td>% n</td>
<td>% n</td>
<td>% n</td>
<td>% n</td>
</tr>
<tr>
<td>1.5</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>1.5</td>
<td>88</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
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<td>87</td>
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<td>6</td>
<td>4</td>
<td>1.5</td>
<td>1</td>
<td>87</td>
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<table>
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<th>Occupation</th>
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<th>Nursing</th>
<th>Social Work</th>
<th>Rehab Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
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<td>8</td>
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</tr>
<tr>
<td>12</td>
<td>8</td>
<td>63</td>
<td>63</td>
<td>8</td>
</tr>
</tbody>
</table>

The range of years in practice was from seven to fifty. The mean consisted of 23.75 years. The Median was 20 years.

Data Regarding Social-Environmental Concerns

Most respondents believed that tasks dealing with social-environmental concerns of patients and families were clearly within the social work domain. All social work respondents (n = 5) believed that assisting patients and their families with assessment, education, linkage, and application processing was a function of the medical social worker. The area in which physicians, nurse and
rehabilitation therapists differed was in the area of assessment (Table 2).

Nurses did not perceive initial assessment of social-environmental concerns an exclusive role of social workers. Forty-six percent (n=19) viewed nurses to be accountable for assessing social-environmental concerns. However, some nurses acknowledged that assessing social-environmental needs was a shared task with social workers (34%). This was also true of rehabilitation therapist responses, as 27 percent indicated social workers and nurses shared in the task of social-environmental assessment. It should be noted that various respondents commented that all disciplines could assess a patient’s social-environmental needs, but designated the social worker to be chiefly responsible in linkage, education, and application processing.

There was a general consensus (98%-100%) among disciplines in regards to social work intervention in assisting family members with problem resolution to
social-environmental problem areas, when the patient was not competent to make decisions for themselves. Assessing a patient's informal support network was also viewed as a pertinent role of social work (89%). However, this was also an area that was thought to be shared amongst disciplines. Sixty-three percent of nurse respondents perceived it was also their role to assess informal support networks. The rehabilitation therapists viewed nurses and other professionals to also share this task (73%).

The results indicate the majority of respondents consider social-environmental concerns of patients to be a pertinent role of medical social work in home health care, but not always exclusive to social work. As indicated, many home health care professionals accepted shared responsibilities in social-environmental tasks.

**Data Regarding Emotional Problems**

There was more diversity among disciplines in regards to emotional problems of patients. Many respondents did not believe that addressing emotional problem areas was entirely a role of one profession. The majority of participants chose two or more selections in the area of emotional problems. Respondents also wrote in other professionals who would be appropriate in meeting emotional problem areas; "mental health nurse", "psychologist", "chaplain", and "psychiatric nurse." One participant commented, "There is not always a qualified social worker available." Ninety-eight percent of all respondents believed supportive counseling enhances a patient's ability to reach
Table 3. Percentage of Each Professional Group That Indicate Tasks Related to Emotional Problems is a Social Work Role

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Physician</th>
<th>Nurse</th>
<th>Social Worker</th>
<th>Rehab Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Counseling Patients</td>
<td>75</td>
<td>6</td>
<td>97.5</td>
<td>40</td>
</tr>
<tr>
<td>Counseling Family</td>
<td>87.5</td>
<td>7</td>
<td>80</td>
<td>33</td>
</tr>
<tr>
<td>Noncompliance</td>
<td>25</td>
<td>2</td>
<td>46</td>
<td>19</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>60</td>
<td>3</td>
<td>87.8</td>
<td>36</td>
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<tr>
<td>Suspected Abuse</td>
<td>100</td>
<td>8</td>
<td>100</td>
<td>41</td>
</tr>
</tbody>
</table>

optimum health. Table three displays interdisciplinary views of the social work role concerning emotional problem areas patients may endure.

Social workers perceived counseling tasks, areas of abuse, and discussion of advance directives as an expected role in their jobs. Not all social workers (20%) indicated it was their role to intervene when a patient was not compliant with a medical treatment plan of care. Physicians, nurses, and rehabilitation therapists mostly agreed that this was not an area of social work intervention.

Several nurses (73%) indicated they could provide supportive counseling to patients (Table 4). In fact many nurses perceived the ability to address emotional problem areas. Ninety percent of nurse respondents indicated competence in providing families with counseling interventions to aid in understanding and coping with a patient’s illness. Eighty percent believed this
Table 4. Percentage of Each Professional Group That Indicate Tasks Related to Emotional Problems is a Role of Nursing

<table>
<thead>
<tr>
<th>Tasks</th>
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<th>Rehab Therapist</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Counseling Patients</td>
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<td>Suspected Abuse</td>
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<td>85.3</td>
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</table>

was a task of social workers. Counseling patients and their families is viewed as a common role by both professions. This may be an indicator of limited referrals for social workers by nurses.

Utilization Perceptions

The majority of respondents judged social work services to be underutilized. Seventy-eight percent of the 63 respondents (two participants did not respond) believed social work services were underutilized in home health care. Only one respondent considered social work to be overly used, whereas 16 percent stated social workers were adequately used.

Several of the respondents viewed social work as underutilized in home health care, but yet did not view social work as a primary intervention. Fifty-four of the participants did not believe all patients required a social work visit. Never
Table 5. Interprofessional Impressions of the Utilization of Social Workers in Home Health Care

<table>
<thead>
<tr>
<th>SW Intervention for all Patients</th>
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<tr>
<td>%</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>n</td>
<td>30</td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SW Following Hospitalization</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>85</td>
<td>12</td>
</tr>
<tr>
<td>n</td>
<td>55</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Two participants did not respond.

<table>
<thead>
<tr>
<th>Current Utilization</th>
<th>Under</th>
<th>Over</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>75</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>n</td>
<td>49</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: Two participants did not respond.

The less, patients who were discharged following a brief hospitalization were presumed to need social work services. Eighty-five percent of the respondents deemed a social work follow-up visit following a hospital stay was appropriate (Table 5).

Not all home health care referrals derive directly from an acute hospital. It appears the majority of respondents (85%) concluded social work intervention is essential following hospitalization. Patient referrals originating from skilled nursing homes, rehabilitation facilities, and primary care physician's offices appear to have a lesser need social work services. Fifty-four percent of respondents did not consider social work services to be a need for all patients.
DISCUSSION

The research findings cannot be generalized to a larger population of interest in other home health care agencies in other communities. The sample was collected from selected home health care agencies in the local community. Results can be summarized only to this sector.

The hypothesis of this research stated that medical social work services in home health care settings is underutilized because health care professionals do not have a clear understanding of the social work role. The research findings implies a majority of participants illustrated an accurate understanding of social work tasks in meeting patients' and family members' social-environmental concerns and emotional problems. However, most of the respondents signified social workers as underutilized in the home care setting. The reasons for underutilization continue to be in question.

The results indicated medical social workers are not excluded as part of the interdisciplinary team in home health care. Social workers are not perceived to have an exclusive role in either social-environmental concerns or emotional problems of patients and their families. Physicians, nurses, social workers, and rehabilitation therapists frequently expected to share in tasks involving emotional problem areas and some involving social-environmental concerns. This implies most health care professionals follow a biopsychosocial model of care versus a medical model.

The data suggests that various health care professionals are likely to perceive tasks pertaining to social-environmental concerns, a predominant role...
of social work. But, handling patients’ emotional problem areas are not as distinctive to the role of social work. Health care professionals expect emotional problems of patients and their families to be a collective effort among nurses and social workers.

Health care professionals deem social work as essential in meeting psychosocial needs of patients, although there continues to be an overwhelming judgement that social workers are underutilized in home health care. Health care reform demands may hint at reasons for underutilizing social workers. Professionals are badgered regarding eliminating duplication of services in health care (medical model). The implications may be that nurses and other disciplines do not utilize social workers, as they perceive professional competence in handling emotional problems as it relates to a patient’s recovery.

Previous research findings suggests that pooling interdisciplinary expertise increases a better understanding of patients’ needs (Abramson & Mizrahi, 1996). This study data implied that various health care professionals believe social workers and other disciplines are effective in meeting a patients psychosocial needs. But social work is judged by the respondents as an underutilized discipline, thus an interdisciplinary team approach in home care is not executed.

Health care professionals may need clarification by the Health Care & Financing Administration in regards to the boundaries perceived in duplicating health care services. Alliance and coalition building across disciplines is necessary in meeting all components of care for individuals in the community based health care settings. More studies are needed to exhibit the effects of
collaboration among health care professionals in home care. Successful team psychosocial interventions is perceived to lower patient use of medical services (Gross, et al., 1996). An awareness that could be brought to the attention of health care reformers.
Appendix A

INFORMED CONSENT

The Study in which you are about to participate is designed to explore the interprofessional expectations of the various roles of medical professionals in the home health care agency setting. This study is being conducted by Wendy Schill, MSW student, under the supervision of Dr. Rosemary McCaslin, professor of social work. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

In this study you will be asked to share your views regarding the roles physicians, nurses, therapists and social workers carry out in home health care. Participants will complete a survey questionnaire. Questions will pertain to varied job tasks (not including hands of care) that medical professionals are expected to perform for home bound patients.

Your participation in this research is completely voluntary and you are free to withdraw any data at any time during this study. The identity of the participants will remain anonymous. Any information you provide will be held in strict confidence by the researcher. All data will be reported in group form only. At the conclusion of this study, you may receive a report of the results (___Yes, I would like to receive a copy of the study results).
I acknowledge that I have been informed of, and understand the nature of this study and I freely consent to participate.

Participant's Signature ___________________________ Date __________

Researcher's Signature ___________________________ Date __________
Appendix B

QUESTIONNAIRE

Demographic Data:

1. Age____

2. Ethnicity:
   African American___  Asian___  Hispanic___
   Native American___  Caucasian___  Other___

3. Gender:
   Female___  Male___

4. Professional Role:
   Physician___  Registered Nurse___
   Licensed Practical Nurse___  MSW/ LCSW___
   Physical Therapist___  Occupational Therapist___
   Other______________________ (Please indicate professional role)

5. Years of Practice:
   Hospital setting___  Home Health Care setting___
   Hospice___  Skilled Nursing Facility___
   Other______________________ (Please indicate type of setting)
Social-environmental concerns:

1. Which professional should assess a patient’s need for community resources that would enhance their home situation. Community resources include formal services such as assisted transportation, meals-on-wheels, social security, and public social services.

   Physician___    Nurse___    Social Worker___    Other___

2. Following assessment of needed community resources, who’s professional role is it to educate the patient regarding available services?

   Physician___    Nurse___    Social Worker___    Other___

3. If a patient requires assistance in contacting available community resources, who would provide the needed assistance?

   Physician___    Nurse___    Social Worker___    Other___

4. If there is a need for application processing for a patient to be linked to formal service, would you feel any other professional should complete this task other than a social worker?

   Yes___    Who?__________________________

   No___

5. Who should assess a patient’s informal support network? Informal support includes family, friends and neighbors who are able to assist the patient in their home situation?

   Physician___    Nurse___    Social Worker___    Other___

6. Is it a social workers role to assist the patient’s family in possible solutions to social-environmental problems, when a patient is not able to make decisions for themselves?

   Yes___

   No___ Which profession would best fit this task?__________________________

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7. Which professional should inform patients and/or families of how their physical health condition may create social-environmental problems?

Physician___  Nurse___  Social Worker___  Other___

8. By law health care facilities must inquire regarding advance directives, as well as educate patients regarding their rights to complete these documents. What professional would be the appropriate person to review advance directive information with patients?

Physician___  Nurse___  Social Worker___  Other___

9. In your opinion should all home care patients have some form of social work intervention?

Yes___  No___

10. Due to current efforts to control health care costs, patients have shorter lengths of stay in hospital settings. As a result of pressured hospital discharges, should social workers be involved in home follow-up assessments to review appropriate resources and home health service involvement?

Yes___  No___

11. What is your assumption regarding the current utilization of social work services in the home care setting?

underutilized___  overutilization___  adequate___

12. In your opinion what profession is considered to best suite the case management role in home care services?

Physician___  Nurse___  Social Worker___  Other___
In the following section of questions, please select the professional in which you see the task to pertain mostly to that individual. If the task is seen as equally shared amongst professions please indicate so by checking two or more selections.

**Emotional Problems:**

1. Who should provide patients with supportive counseling to enhance their ability to cope with emotional problems that are related to their physical health condition?
   - Physician____
   - Nurse____
   - Social Worker____
   - Other____

2. In your opinion, does supportive counseling enhance a patient's ability to recover or obtain optimum health?
   - Yes____
   - No____

3. Who should provide families with supportive counseling to enhance their ability to cope/understand a patient's health condition?

4. If family members are expected to be involved in providing home caregiving, should supportive counseling services be offered to these individuals?
   - Yes____
   - By whom?
   - Physician____
   - Nurse____
   - Social Worker____
   - Other____
   - No____

5. Who would be the appropriate professional to intervene if a patient does not accept or comply with medical instruction or advise?
   - Physician____
   - Nurse____
   - Social Worker____
   - Other____

6. Often times medical professionals deem that a patient is not capable of staying in their home for various reasons. Who should approach patients and/or families when this issue materializes?
   - Physician____
   - Nurse____
   - Social Worker____
   - Other____
7. If there is suspicion of physical or mental abuse in a home situation who's task is it to notify the local adult protective service agency?

Physician____ Nurse____ Social Worker____ Other____
Appendix C

DEBRIEFING STATEMENT

California State University, San Bernardino and the researcher conducting this study guarantee participants anonymity and confidentiality. Your response to the survey will remain anonymous. This study has been initiated to fulfill the project requirement of the Master’s of Social Work program. The information obtained will be utilized to explore interprofessional expectations of the role of various medical professionals in the home health care agency setting. The study will be conducted by Wendy Schill, MSW student. Questions or concerns regarding the study can be directed to Dr. Rosemary McCaslin, Professor of Social Work, at (909) 880-5507 or Wendy Schill (760) 564-1783.

Thank you for your participation.
REFERENCES


