



THE VALUE OF THE PRESENCE OF SOCIAL WORK IN THE EMERGENCY DEPARTMENT

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ABSTRACT

Medical social workers within the Dakshina Kannada district have, for a long time, concentrated in other roles within healthcare while overlooking emergency medicine and casualty. A study to assess the value of these workers within emergency departments and casualty was conducted. Questionnaires were administered to healthcare workers, including medical social workers in emergency departments, data from medical social work records on the patients they attended to was collected and analyzed. Patients that were attended to by the medical social workers were compared to those that had no medical social work intervention. The results indicated that medical social work intervention is critical in reducing the number of admissions, with only 15.68% admitted in the social work intervened cohort compared to 21.02% in the other cohort. These interventions prompt early referral to subspecialized services resulting in cost-effective healthcare management. Healthcare workers recognize and appreciate the need for medical social work in the casualty department.

KEYWORDS : Admission, Emergency Department, Medical Social Work, Healthcare, Hospital, Cost

INTRODUCTION

Medical social work services are critical in the healthcare fraternity. Disconnecting social elements from illnesses and the disease process is impossible. According to Kington and Short, the intervention and presence of medical social workers in emergency departments have been limited (410). Developed countries have demonstrated the value of medical social workers in emergency care. The lack of a clearly defined role and known interventional range of this cadre within the emergency department is part of what renders the social work component absent in most casualty departments in Indian Hospitals. Multiple other challenges hinder effective medical social work presence in the emergency department. Lack of funding or underfunding of this work results in diversion and concentration of the few available services in the commonly accepted and dominant spheres of medical social workers.

Literature Review

Medical social workers are trained initially as social workers with an overall scope and focus on the entirety of humanity. Subsequently, they take up specialized roles as medical social workers after further training. This gives them an understanding of the dynamics of healthcare, making it easy for them to function within healthcare. Medical social workers carry out various tasks, some of them being treatments that require a strong social component. Yazaki, Shizu, et al. makes a case for the value of medical social workers in trauma management (Yazaki et al.), a role hardly thought of in the traditional understanding of medical social workers. Saxe Zerden et al. posits that more research and awareness need to be created to enable maximal benefit from the unique value addition by medical social workers (Saxe Zerden et al.).

The practice of medicine within Karnataka district and the larger India has a strong social component noting the centrality of Ayurveda medicine in the whole system. Modern medicine, however, separates the scientific approach of the doctor from the integrated approach of a medical social worker. Emergency doctors take normal medical school

training, which qualifies them as general practitioners. After that, they take shorter but intense training in emergency medicine that enables them to work as emergency doctors. Key to note is the absence of a social science training in their path, making an obvious need for a medical social intervention within their spheres of work.

Medical social work in India has continued to evolve. Medical social workers are expected to attend to emergencies (Acharya). Acharya argues that emergencies can be medical or social. Medical emergencies are scenarios like a heart attack, while social emergencies would be the abuse of a child. In both, heavy emotions and multiple questions are stemming from anxiety that are best handled by a medical social worker. The narrow focus adopted by most medical social workers ties them from within, denying them the willingness to step out and serve in unfamiliar territories within the emergency department.

The absence or limited availability of medical social services within emergency departments results in their tasks being taken up by the physicians, nurses, or other healthcare workers (Ayranci 353) (Power et al. 540). The overall effect is thus a delay in the queues and poor execution of the roles taken up by the other health workers who are untrained for medical social work. Despite the multiple challenges, studies have shown that there is value in having social work in the emergency department (Kaul 110; Selby et al.). A study carried out in a New York Metropolitan hospital showed that of the complex cases referred to social workers, there was a significant reduction in admissions (Beder 45). The medical social work intervention not only offered alternative approaches to the patients but provided relief to the hospital (Olshaker et al. 106), ensuring only the critical and deserving cases received admissions at the facility.

India, as a nation, has social work within its healthcare. A majority are involved in community outreaches and follow-ups and very few works within the emergency departments. A study at the emergency and casualty departments of

Dakshina Kannada district of Karnataka has helped demystify the value of medical social work in these facilities. The roles of medical social workers in emergency departments including but not limited to counseling patients, helping pass on difficult diagnoses, helping patients walk through the death of their loved ones, and opening up patients to seek early alternative methods of treatment.

OBJECTIVES

The study set out to find out the everyday tasks executed by medical social workers in the emergency department. To better appreciate the value of medical social workers, the study sought to understand the value and perception of other health workers towards medical social workers in the emergency department. The study also set to quantitatively evaluate the value of medical social workers in the emergency department, highlighting key conditions in which medical social intervention was most impactful. The study also set to document the demographics of medical social workers and emergency doctors in the Dakshina Kannada district.

METHOD

Data collection was done through administering questionnaires to emergency department medical social workers, healthcare workers in the emergency department, and evaluating records and entries made by the social workers in the emergency department. The questionnaires were a combination of close-ended and open-ended questions. Demographic data of the patients, their chief presenting complaints, and discharge instructions were recorded. The classification of the patient's problems was classified in a given way, as shown in table 1. The classification was necessary for ensuring that medical social work interventions would be well classified and impact well outlined in persons with particular challenges. Demographics of the medical social workers and emergency doctors were obtained from the district health registry offices.

TABLE 1 Classification of the patient's problems potentially leading to their coming to the casualty or emergency department and being sent for social work intervention.

Need for care	
1.	Skilled professionals to handle their cases
2.	Advanced care to supplement home care
3.	Patient choice
Relationships	
1.	Family members
2.	Child or parent
3.	Spouse or partner
Behavioral factors	
1.	Self-esteem issues
2.	Personality and mood changes
3.	Substance abuse and related issues
Environmental/Financials	
1.	Insurance/Medical cover preferences
2.	Work place directives on seeking care
3.	Housing
Family Adjustments	
1.	Adjustment to acute illness
2.	Adjustment to admission in hospital
Legal Aspects	
1.	The power of attorney
2.	Guardian care
Abuse/Gender based Violence	
1.	Posttraumatic stress disorder
2.	Child neglect
3.	Physical abuse by adults to adults

The questionnaires were administered to 21 medical social workers, 76 healthcare workers, and data collected for 338 patients visiting the emergency department between June 2019 and August 2019 and received social care intervention.

The data for the 338 patients were then compared with the admission data of those that did not receive social care interventions. The average age of the 338 patients was 49 years, with a standard deviation of 26 years. 25% of the group was below 20 years, with 33% above the age of 65 years. Comparing the two cohorts, that is, those sent to medical social work with those that were not referred, those seeing social workers were older(average 49 years) while the rest had an average of 36 years.

Of the team that received the questionnaires, among the 21 social health workers, all had experience spanning more than five years, making their input quite valuable. The 76 healthcare workers included 12 physicians and clinicians that clerked patients and wrote admission notes, 41 nursing staff, and 23 patient attendants at the emergency department.

RESULTS

In their daily routine medical social workers are expected to fill records on the incidences they handle and outcomes of the same. This enabled the recording of all the necessary data that was retrieved for this study. Reasons and potential problems bringing the other cohort that was not attended to by social workers were unavailable, but their demographics were available from the hospital admission database. The outcome of the patients handled by medical social workers was that a majority were not admitted. Table 2 below shows the outcomes.

TABLE 2 Showing outcomes of the 338 patients handled by social workers compared to a those not handled by social workers within the facility

Final Outcome	Patients attended to by social workers		Those not attended to or received medical social work interventions in the same period	
	n	%	n	%
Sent home	183	54.14	818	49.01
Admitted	53	15.68	351	21.02
Referred to Nursing Homes	28	8.28	391	23.41
In patient psychiatry	15	4.43	58	3.47
Other Interventions	59	17.45	52	3.11

TABLE 3 Showing mean problem types and their admission status

	ADMITTED						t value	p value
	NO			YES				
	mean	Std	n	mean	Std	N		
Need for care	.70	.71	285	.71	.73	53	1.36	.17
Relationships	.19	.46	285	.09	.33	53	4.58	.00
Behavioral factors	.29	.57	285	.58	.63	53	11.0	.00
Environmental/Financials	.90	.84	285	.75	.69	53	4.5	.00
Family adjustments	.36	.65	285	.34	.74	53	.42	.69
Legal Aspects	.09	.39	285	.07	.44	53	1.47	.14
Gender based violence	.40	.64	285	.64	.69	53	7.78	.00

From the questionnaires administered to the health workers and the social workers, there seemed to be a consensus on the needs, role, and impact of social workers in the emergency department. Key contributions were seen in reducing admissions, proper referral mechanisms to other facilities, and eased communication of the difficult diagnosis. Medical social workers account for less than 2% of the healthcare workforce in Dakshina Kannada. A majority of the medical

social workers (59%) are female. The median age of the medical social workers is 46 compared to 57 for the emergency doctors. This is occasioned by the length in training it takes to train emergency doctors.

DISCUSSION

The study findings indicate that while the multidisciplinary approach to patients is being fronted as the new norm in practice (McLeod and Olsson 147). Medical social workers receive a smaller proportion of all patients visiting emergency departments. The patients sent for social work intervention are generally older and usually have severe cases (Grumet and Trachtman 121). While a multiplicity of factors are responsible for determining who is admitted, reasons related to care are leading in prompting admissions as per the study above. Comparing the percentages of the persons admitted from the two cohorts, it is evident medical social work intervention plays a key role in reducing admissions (Gordon 56; Wallace), and promoting early and specific referrals to the appropriate clinics. The reduced admissions provide cost-effective administration of resources proving social workers help reduce costs at the facilities. Other healthcare workers appreciate the role of social workers and feel the need within the emergency medicine practice (Giles 25). These findings mirror findings in other studies that emphasize the essence of social workers in emergency medicine (Bugnariu 45; Fisher et al. 556; Flomenbaum 389). Prudence thus necessitates the active presence of social workers within these departments. The ages from the demographic data indicate a majority of medical social workers are of senior age. While this could indicate experience, it hints at a challenge of age and ease in relating to the younger generation.

Medical social workers in Dakshina Kannada district feel overwhelmed by the volumes of work expected of them and prefer to work in the areas where if they were absent work would stall. From the questionnaires, while they admit to understanding their role in emergency work, they are hardly ever in casualty departments. A majority ascribe these to shortages of persons to cover for their other roles. Other healthcare workers admit to needing the medical social workers but have nonetheless learned to do without them, only calling them for the very dire situations.

Emergency doctors who are in most cases the in charge of most casualties admit a gap in medical social intervention. Gender-based violence cases and demises of loved ones at the emergency department are areas where they feel medical social workers are most needed. Emergency doctors desire a system that has medical social workers who are permanently stationed within the emergency department and have no other duties elsewhere for them to prioritize working within this department.

CONCLUSION

From the research, various challenges were identified that contribute to how medical social workers engage in the emergency department and casualty. The shortage of staff is one reason, and the presence of other competing responsibilities was another. In spite of the challenges, the value of these workers within the Dakshina Kannada district was proven by the difference in the two comparative cohorts. Emergency doctors and other health workers emphasized the value and need of medical social workers in casualty and emergency care.

Medical social workers within the emergency department play an array of roles. Attending to emergencies which can be either medical or social is on top of their list. Emergencies at all times due to their impromptu nature are accompanied by anxiety and emotions; medical social workers are best skilled to bring the calmness necessary for easy medical intervention.

The study provides empirical data that reinforces an already appreciated fact that social workers are a critical component of the healthcare workforce in the emergency department. Their value addition results in prompt referrals and reduction in unnecessary admissions. The value of medical social workers varies depending on the condition of the patients they are handling. In scenarios where there are few medical social workers within an emergency department, priority should be assigned to the cases for which they show the most value.

Structural and policy changes are necessary for ensuring medical social workers play their role within emergency departments entirely. Legislative interventions that require a certain minimum number of workers per department is one of the possible approaches in ensuring all emergency departments have medical social workers. Continuous medical training in emergency care for the workers is an approach that, when adopted, enhances best practices within that niche. Reporting of medical social interventions and awareness campaigns helps the multidisciplinary team appreciate the value of these workers.

A change in medical reporting in the Dakshina Kannada district can also help amplify the role of medical social workers. Most facilities have provisions for patient bio data, laboratory findings, and prescribed medicines. A section on a medical social intervention made ought to be provided. This will, by default, provoke the patient to seek out for the workers as the patients will not there is a blank section within their treatment notes. However, with no employment of more medical social workers, this may be a source of chaos and may easily overstretch the few workers available.

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